FACTORS INFLUENCING PREVENTION OF THE SPREAD OF HIV/AIDS AMONG STUDENTS IN OSUPUKO DIVISION, NAROK SOUTH SUB-COUNTY, NAROK COUNTY

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OCTOBER 2017
DECLARATION

Declaration by the Student
This project is my original work and has not been presented for a degree in any other University.

Signature……………………………    Date ………………………
MANKEN JULIUS KAMAKEI
ODL-BDS/6/00072/2/2015

Declaration by the Supervisor
This project has been submitted for examination with my approval as University Supervisor

Signature……………………………    Date ………………………
Dr. Leonard Wambua.
The Management University of Africa
DEDICATION

This work is dedicated to all my family Members and colleagues who are empowered to empower and to my children, who are my source of inspiration. God bless you.
ACKNOWLEDGEMENTS

First and foremost is to God who has given me the strength to carry on even when all looked bleak. Secondly, to my parents, wife and children for their moral support. Special thanks also go to my supervisor Dr. Leonard Wambua who acted as my banner and walked with me throughout the journey. Many thanks to all of them.
ABSTRACT

The Human Immunodeficiency Virus continues to spread in most countries of the world including Kenya. Since it has no cure yet, behavior change has been fronted as the most likely scientific basis for the reduction in its prevalence. This study looked at factors influencing the prevention of the spread of the Human Immunodeficiency virus among students in Osupuko Division, Narok South Sub-County, Narok County. Specific objectives included; to determine the influence of gender issues, HIV and AIDS prevention strategy targeted at adolescent students, knowledge and behavior changes on HIV/AIDS prevention among students in Osupuko Division. This study was a descriptive survey. The study population comprised of schoolboys and girls in Form One to Form Four classes from all Secondary schools in Osupuko Division. Stratified random sampling was used to identify eight schools that made up the sample. The researcher used questionnaire as the primary data collection instrument. The questionnaire were designed to give a brief introduction of the organizations. Research findings were presented using pie charts, bar diagrams and frequency distribution tables. The study found out that there were more male students (47%) as compared to female students. The average number of sexual partners for male students was higher (47.9%) as compared to that of female students (24%). The students cited the following factors that can predispose them to HIV/AIDS: Peer pressure (mean=3.38), Reading or watching pornography (mean 3.23), Curiosity and need to experiment (mean 3.17), Drug and substance abuse (mean 3.06), Mass media (mean 3.02), Male and female circumcision (mean 2.88), Relaxed rules at home and church (mean 2.85), Availability of contraceptives (mean 2.6) and Poverty (mean 2.65). 87% of the students knew how HIV is transmitted while 80.7% of the students knew about HIV/AIDS prevention. There was a significant relationship between gender, HIV and AIDS prevention efforts and knowledge of HIV/AIDS prevention and behavior change among students in Osupuko Division, Narok South Sub-County. The study recommended that guidance and counseling services should be strengthened in schools and should be well manned in schools to enhance behavior change for HIV/AIDS prevention among the students. Ministry of Health and Ministry of Education should target more male students in their sexual behavior change program and jointly work towards availing more reading materials on HIV/AIDS and sexual behavior change.
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>KAIS</td>
<td>Kenya Aids Indicator Survey</td>
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<td>KDHS</td>
<td>Kenya Demographic Health Survey</td>
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<td>NASCOP</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme for HIV and AIDS</td>
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OPERATIONAL DEFINITION OF TERMS

**Abstinence:** This refers to postponing of sexual intercourse before marriage.

**Adolescents:** These are persons aged 15-24 years in secondary schools in Osupuko Division. The terms adolescents, youth and Young people have been used interchangeably in this study.

**AIDS:** Acquired Immuno-Deficiency Syndrome. This is the clinical end stage of HIV in an infected individual characterized by many clinical Signs and symptoms.

**Behavior Change:** This refers to abstinence from sex, condom use and number of sexual Partners.

**Behavior Change Programmes for HIV/AIDS:** These are programmes aimed at promoting Information, education and communication on HIV and AIDS to the general public. Key messages promoted include being sexually abstinent, delaying sexual debut, being faithful, using condoms Consistently and engaging in safer sex.

**HIV:** This stands for Human Immunodeficiency virus: the virus that causes AIDS.

**Safer sex:** Includes every behavior that has the intention of preventing transmission of HIV, such as condom use, abstinence and number of sexual partners.
CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background of the study, statement of the problem, general study objective, specific objectives, research questions, significance and scope of the study.

1.1 Background of the Study

Thirty three million individuals were evaluated to live with the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) before the finish of 2015 all inclusive (UNAIDS, 2008). The appraisals demonstrate that the worldwide HIV/AIDS predominance rate (level of individuals living with the sickness) has leveled off, in spite of the fact that the quantity of individuals living with the malady keeps on expanding (UNAIDS, 2011). An expected 2.7 million individuals turned out to be recently contaminated with the HIV in 2015 and 2 million individuals kicked the bucket of AIDS related causes (UNAIDS, 2012). Youngsters less than 25 years old years are assessed to represent the greater part of all new HIV diseases around the world (UNAIDS, 2012).

Sub-Saharan Africa is home of 66% (68%) of individuals living with HIV/AIDS or 22.5 million contaminated individuals (UNAIDS, 2012). All the countries in the locale have their national HIV commonness rate being more noteworthy than 1 %. In a few nations, over 10% of the grown-ups are as of now evaluated to be HIV positive (UNAIDS, 2012).

In Kenya, the HIV predominance rate expanded to 7.8% of every 2015 from the 6.7% commonness recorded in the year 2006 (NASCOP, 2014). The expansion in the level of the populace living with HIV is a result of more extensive access to antiretroviral drugs. As indicated by the Kenya AIDS Indicator Survey (NASCOP, 2016), around 1.4 million Kenyan grown-ups are living with HIV/AIDS. What's more, four out of each five HIV constructive Kenyans are ignorant of their status and around 66% of the nation's 37 million individuals have never been tried for the infection (NASCOP, 2016). As per a report by NASCOP (2016), Narok County has HIV commonness rate of 3.8%, while Osupuko Division has a HIV predominance rate of 4.6%.
The UNAIDS (2016) report demonstrates that Kenya is one of the nations in Africa where there has been a positive pattern in HIV rate. This is identified with changes in conduct and counteractive action programs. In any case, these mediation programs still achieve just a minority of those in require and various aversion targets like the young people are not being come to enough (NASCOP, 2015). Youngsters are especially helpless and are the way to the future course of the HIV pandemic.

Information from Kenya and different nations in Africa demonstrate that youngsters are at the most serious hazard for HIV contamination, but then they have the most obvious opportunity with regards to turning around patterns in conduct that place them in danger (UNAIDS, 2016). They have to settle on mindful choices about sexual conduct and shield themselves from undesirable pregnancies, HIV, and other sexually transmitted contaminations. It is against this foundation that this investigation will be led to set up factors impacting avoidance of HIV/AIDS among understudies in Osupuko Division, Narok South Sub-County. For this situation, conduct change incorporates measures taken by singular people to shield themselves from HIV disease, for example, forbearance from sex, utilization of condoms and lessening the quantity of sexual accomplices.

Osupuko Division is located in Narok South Sub-County in the Rift Valley of Kenya. The people in Osupuko Division are predominantly Maasai, a small scale pastoralist tribal group. The land in Osupuko Division is fairly flat with the exception of the river valley and areas of large gulley’s due to soil erosion. The people of Osupuko Division have encountered barriers to their social and economic growth. They have suffered from drought and famine, forcing community members to face malnutrition and hardship. The community is also vulnerable to gender inequality, such as early marriages for the girl child and land ownership rights for women. There are twenty-eight secondary schools in Division. However, these schools are not adequate. Approximately 100 school-aged children are currently not in school due to various reasons such as poverty and early marriages. Among these barriers to accessing quality education is child labour, which is quite common among children between 10-16 years old due to HIV/AIDS pandemic which. Most children will work in wheat and maize farms, cattle herding, and for girls in particular, babysitting their younger siblings. Future education projects will include the construction of new classrooms that are safe and conducive to learning. Increasing the quality of education through teacher trainings and increasing PTA capacity will also be Free.
1.2 Statement of the Problem
The availability of new biomedical HIV prevention modalities such as vaccines and microbicides is still many years away. Even when these tools finally emerge, human behavior will remain critical as new prevention strategies are unlikely to be hundred percent effective in preventing HIV prevention. Almost 99% of the youth in Kenya (students inclusive) are aware of the presence of HIV/AIDS pandemic but behavior change is slow as most of them still engage in risky sexual behavior as is evidenced by the high number of teenage pregnancies and school dropouts. The concern for youths in secondary schools is even overwhelming in that in Kenya Osupuko Division inclusive, age at first sexual intercourse is low and age at first marriage seems to have been declining contributing to observed increase in school dropouts.

Data is lacking on factors influencing HIV/AIDS prevention among students in Kenya. Consequently, the factors that influence HIV/AIDS prevention amongst students are not well understood. For instance, it is not known why high levels of awareness about risky sexual behavior do not translate to the desired behavior change.

Although the relative protection by schools remains difficult to measure and guarantee, the physical and psychological changes at adolescence implies that secondary school students are at an extra risk to HIV infection. Despite the current interventions through adolescent sexual and reproductive health (ASRH) programmes, behavior change among some subsections of Kenya’s population such as secondary school students Osupuko Division inclusive has remained a challenge. This could be a serious health problem and the results of this study could encourage students to initiate behavior change and sustain healthy sexual behavior to reduce HIV infection. Thus the need to determine factors influencing HIV/AIDS prevention among secondary school students in Osupuko Division, Narok South Sub-County.

1.3 Objectives
The general objective of this study was to determine factors influencing HIV/AIDS prevention among secondary school students in Osupuko Division, Narok South Sub-County.

1.3.1 Specific Objectives
i. To establish the influence of gender issues on HIV/AIDS prevention among adolescent students in Osupuko Division.
ii. To determine the influence of HIV and AIDS prevention strategy targeted at adolescent students on HIV/AIDS prevention in Osupuko Division.

iii. To assess the influence of knowledge on the HIV/AIDS prevention among adolescent students in Osupuko Division.

iv. To find out the influence of behavior changes on HIV/AIDS prevention among students in Osupuko Division.

1.4 Research Questions

i. What is the influence of gender on HIV/AIDS prevention among adolescent students in Osupuko Division?

ii. To what level does HIV and AIDS prevention efforts influence targeted at adolescent students on HIV/AIDS prevention in Osupuko Division?

iii. What is the influence of knowledge on the HIV/AIDS prevention among adolescent students in Osupuko Division?

iv. What is the influence of behavior changes on HIV/AIDS prevention among students in Osupuko Division?

1.5 Justification of Study

The worldwide group grasped an arrangement of aggressive advancement objectives for the new thousand years toward the start of this decade. Among them was the sense of duty regarding stop and start to turn around the worldwide HIV scourge by 2015. Conduct change remains the world's essential instrument for accomplishing this objective, clearness is desperately required in regards to the ideal methods for creating required conduct changes, thus this examination. Accessible information gives restricted data to formulating powerful HIV/AIDS avoidance procedures focused at the Kenyan young people. Young people likewise shape most of the populace and, henceforth, the requirement for the concentration of this examination. Any examinations that try to comprehend factors behind the watched low change in conduct among the young are sound from a political, financial and social and human rights points of view.

In spite of the fact that we have gained gigantic ground in creating powerful mix antiretroviral treatments to control HIV disease, we have been far less effective in averting contamination. The Maasai people group have extremely retrogressive culture that place them in the danger of disease e.g. Home conveyances oversaw by untalented orderlies and
polygamy and FGM among other. The people group need to more edify on these elements that can put their life in hazard.

Numerous people who are contaminated don't have the foggiest idea about that they are and, in this way, they keep on spreading infection to contacts by sexual contact, needle sharing, or mother-to-youngerster transmission. We are not close having a viable precaution HIV immunization, nor is a cure for those effectively tainted on the prompt skyline. The danger of developing medication safe infections is additionally dependably with us. For every one of these reasons and the sky is the limit from there, it is basic that examination endeavors proceed until the point when we can state that HIV has been killed or is never again a general medical issue on the planet.

The study will provide guidelines on how to promote desired behavior among the youth to prevent HIV/AIDS especially in this era of no known and effective cure for AIDS. The study findings will form an important platform for implementers and policy makers in using effective strategies for behavior change promotion among the youth in Osupuko Division and in Kenya as a whole. The study findings would contribute to the body of knowledge in the area of HIV/AIDS prevention and control, thus reducing the number of HIV/AIDS infections.

1.6 Scope of the Study
The scope of this study was Osupuko Division in Narok County, Kenya, where it sought to establish factors influencing HIV/AIDS prevention among secondary school students within a time scope of three months. The researcher believed that the respondents gave an insight on the current study.

1.7 Chapter Summary
The chapter discussed in details the background of the study, statement of the problem, general study objective, specific objectives, research questions, significance and scope of the study.
2.0 Introduction
This chapter provides background of the key components of the study, this was done by reviewing existing literature of researchers on areas of performance and studies on HIV/AIDS preventions.

2.1 Theoretical Literature Review
Youths constitute the quickest developing populace for new AIDS contaminations (Plessis, 2003). However, current anticipation endeavors are barely engaged and don't satisfactorily address the particular logical requirement for youths (UNAIDS, 2006). In the field of young people AIDS explore, three fundamental models have been connected inside standard brain science. With the end goal of this investigation, the Health Belief Model (Becker and John, 1984) will apply.

As indicated by Becker and John (1974), the Health Belief Model depends on a thought of various results both that are wellbeing upgrading and those that are wellbeing debilitating. It contains four components, contending that individuals' activities depend on a blend of the subjective feeling of powerlessness or defenselessness to disease, saw seriousness of the results of the ailment, saw advantages or feeling of viability from taking part in the prescribed conduct before choosing whether or not to trigger changes in wellbeing related conduct.

Young people need enough assets and accessible data support to have the capacity to roll out the improvements important to secure themselves. As indicated by the Health Belief Model of conduct change, people must see themselves to be in danger of the wellbeing danger, before they take activities to decrease hazardous practices or to take part in solid option conduct. In this manner, teenagers who report high saw hazard for HIV/AIDS hone more secure sexual practices, while the individuals who see generally safe for contracting HIV/AIDS report honing risky sexual practices.
2.2 Empirical Literature Review

2.2.1 Gender and HIV and AIDS

The primary mode of HIV/AIDS transmission is sexual. Because gender norms shape attitudes towards and information sharing on sex, sexuality, sexual risk taking and fidelity, they play a clear role in determining the course of the epidemic. In some societies, gender norms require females to remain ignorant, passive, subordinate and faithful in sexual relations while simultaneously promoting the notion that men ought to be knowledgeable and experienced. This may prevent both sexes from accessing preventative or curative information and services.

A series of vulnerability factors influence the engagement in risky sexual behaviors. Determinants of female vulnerability include poverty, cultural and sexual norms, violence, legal issues that impede women’s access to assets, information and services and physiological factors (G.O.K, 2015). Youths both male and female are particularly vulnerable and at risk due to risky behaviors such as unprotected sex, injecting drugs, commercial sex and a limited empowerment. Limited empowerment, restricted access to and control over resources, assets and opportunities, economic dependence of females on males, and associated power differences between sexes particularly in sexual relations are associated with women’s limited control over their own health, the timing, context, and safety of intercourse and vulnerability to gender based violence.

In some contexts, female responsibility for care giving reduces girls and women’s participation in productive and economic activities (including education) as the epidemic spreads. This in turn constricts women’s social and economic opportunities further contributing to the cycle of poverty, lack of empowerment and vulnerability to infection. In some cases, laws and regulatory framework discriminate against women and reinforce their subordinate status in such spheres as property and inheritance rights, marriage, employment, rape, and sexual harassment and reproductive rights. Physiologically, women are more susceptible to HIV infection than men are.

Transmission during sexual intercourse is almost twice as likely to lead to female infection as to male infection. Gender based cultural practices such as female genital mutilation and widow inheritance may increase the spread of the HIV virus. Stigma and a culture of silence and denial exuberates the epidemic by preventing diagnosis and care seeking and reducing communication between sexual partners. According to Bennett et al., (2007), adolescence is a period of transition from childhood to adulthood marked by physical, psychological
and social maturation. This is due to unplanned sexual intercourse as young people do not plan about having sex because the social environment does not allow them to do so.

As a rule, young men meet young ladies on their way to the market or waterway and in the event that they concur, they have sex. It is at this age that the rate of STIs including HIV/AIDS is at its highest. In most traditional societies, the period of transition from childhood to adulthood was short. Young people often took on the same responsibilities as adults. The change was often abrupt marked by ceremonies of initiation, which included practical instruction on adult behavior and sex education unlike in the modern society (Bennett et al., 2007). This has resulted to a large number of the youth engaging in sex at an age when they cannot fully realize the consequences of their actions resulting in unwanted pregnancies, abortions and STIs. This is complicated further by high frequency of changing sexual partners.

To understand young people’s behavior, it is necessary to understand the period of adolescence, the challenges it brings and the changes that come with it. Physical, mental and emotional development occurs at different and uneven rates in adolescents. They become physically mature before they have fully developed mental, emotional or social skills necessary to understand or practice safer sex behavior. As part of maturing process, young people often question established social norms and attitudes.

Maturing also means developing one’s own adult identity as part of a gender specific process. The process of changing from child to adult often takes the form of testing alternative views, behaviors and norms. As part of this process, adolescents tend to increasingly identify themselves with peer group values or behavior. Risky behavior among adolescents is associated to rebellion against adults, which is a normal part of teenagers acquiring their own identity. The risks may be different among young people in different cultures but often include experimentation with sexual activities, alcohol and drug abuse. Risk taking among adolescents is strongly linked to the fact that the pleasure or importance of the movement may outweigh their ability to foresee or care about long-term consequences of their actions. Because adolescence is a period in which an identity is acquired, it is also a period of uncertainty (Jackson, 2002).
2.2.2 HIV and AIDS Prevention Efforts

There are numerous religious and social quandaries in managing HIV as sexually transmitted. Discovering approaches to adjust and change sexual conduct to wipe out the further spread of HIV has turned out to be amazingly troublesome (Kenyatta University, AIDS Control Unit, 2006). Sexual contact is the most successive methods for transmission of HIV.

In the vicinity of 75% and 85% of all HIV diseases in grown-ups and young people worldwide are transmitted through unprotected sex. Hetero intercourse represents over 70% of all grown-up and immature contaminations and gay intercourse represents a further 5-10%, in spite of the fact that the extents may vary from district to area.

Absence of impression of hazard and feeling of resistance can be critical hindrances in changing pre-adult's conduct. Numerous young people feel safe to HIV contamination. For example, understudies met in Malawi, South Africa, Tanzania and Kenya, uncovered that they didn't see themselves as in danger of contracting HIV, while others said that on the off chance that they wound up noticeably tainted, other individuals would be dependable and not themselves (Macphail and Campbell, 2001).

Since the disclosure of HIV, there have been many projects and measures to advance behavioral change towards more secure sex. In spite of the gigantic endeavors, the quantity of HIV diseases keeps on expanding significantly for the most part in some creating nations. Helps is principally a STD. The main viable strategy to diminish HIV transmission at display is by more secure sexual practices. When discussing sexual hazard and more secure sex, hold it that HIV is available in the sexual liquids of contaminated individuals including the vaginal discharges of ladies and the semen both pre-discharge greasing up bodily fluid and the discharge of men.

In the event that these liquids come into contact with a piece of the body that enables them to access the circulatory system for instance the vaginal mucosa, the butt-centric mucosa and wounds and the injuries on the skin or in the mouth, at that point a sexual conduct is considered in danger of transmitting the infection. Unprotected butt-centric and vaginal entrances are the sexual practices most unequivocally connected with contracting HIV in the event that one accomplice is contaminated. More secure sex as per them incorporates each conduct that has the expectation of staying away from transmission of HIV. They go ahead to state that if this condition isn't satisfied, more secure sex incorporates utilizing a
condom effectively every time one has butt-centric or vaginal sex (Macphail and Campbell, 2001).

Notwithstanding, the quantities of new determinations of HIV particularly among the immature s mirror a lot of perilous sex both by HIV constructive and contrary people. Regardless of tremendous aversion endeavors, various examinations have uncovered considerable measure of hazardous sex in the populace everywhere and in various sub-gatherings. In spite of the fact that sex has an organic capacity, it is a standout amongst the most socially differing of human exercises. The importance of sex varies significantly among social orders, societies, sub-societies and people (Macphail and Campbell, 2001).

Moloney (2015) has described these parts into three social affairs particularly, factors that are associated with the attributes of the individual, factors inside the sexual relationship and factors that get from the gathering or culture of which the individual is an area. He too has recognized the going with components as influencing how much a man will figure out how to guarantee against defilement: a man's impression of his or her own specific ability to grasp a particular lead, the perspective of the individual risk of HIV infection result wants.

Seen social and gathering norms. The key present is the assumption that people settle on decisions about and possibly have control over their lead. Regardless, enthusiastic parts may interfere with adjusted fundamental administration. This together with conclusions of wretchedness, foolish or different inconsequential slants, the sexual energy of putting it all on the line, camouflaged homophobia in a couple of men who take part in sexual relations with men and assumptions of fault in a couple of survivors would all have the capacity to be blocks to more secure sex. Right when adolescents have a sentiment self-ampleness and certainty (rather than weakness and a sentiment self-futility), they are better prepared to settle without anyone else decisions, they have less need to substantiate themselves to their buddies by pulling out all the stops.

The quantities of new finding of HIV mirror a lot of dangerous sex both by HIV constructive and HIV adverse people. In spite of immense counteractive action endeavors, various investigations have uncovered generous instances of hazardous sex in the populace everywhere and in various subgroups among the young all through the world. Early marriage or what is ordinarily called youngster marriage is intrinsically unlawful however socially acknowledged and endured. The age that was accounted for was 14 years and 19 years. Many guardians would drive their little girls to name the sexual accomplice in charge
of the pregnancy with the goal that they would consult for marriage. Early marriage has likewise been ascribed to inaction, giving adoration for cash and parent's absence of school expenses, which influences them to offer in to the weight for marriage. Conduct Change Communication (BCC) procedures assume an indispensable part in this procedure and can set the tone for a thorough reaction (Moloney, 2015)
2.2.3 Influence of knowledge on the HIV/AIDS prevention among adolescent

The high mortality and morbidity among adolescents has also affected the health sector, manpower development and the economy at large (Tobijor, 2000). The impact of HIV/AIDS among adolescents is felt by the society at large. Students die or leave schools, reducing both the quality and efficiency of the educational system (Tobijor, 2000). Previous studies carried out in Kenya indicate that despite adolescents having information and awareness of HIV/AIDS, many were still engaging in risky sexual behavior (Obiero et al., 2000).

According to Obiero et al. (2000), a large number of youth engage in sex at an age when they cannot fully realize the consequences of their actions resulting in unwanted pregnancies, abortions and STIs. Wambua (2000) conducted a study in Machakos District, among church going youth. He found that up to 80.7% of the youth were aware that pregnancy can be prevented by abstinence and 19.7% suggested the use of condoms to prevent pregnancy. Wambua (2000) also revealed that more than half of the youth in his study were sexually active, with only 30.5% abstaining from sex. In Kenya, HIV/AIDS among adolescents is almost entirely a sexually transmitted infection.

A report by the KDHS (2003) indicated that 90% of adolescents get infected with HIV through sexual contact and that teenage girls are more susceptible and vulnerable to the epidemic, with an infection rate of five times more than boys of the same age. The same report revealed that girls might be at a more serious danger of HIV disease than boys because of physiological factors. They are more exposed to the virus during sex because of the large mucosal surface in the virgina (KDHS, 2003). Also, the semen which has a high concentration of the virus than the virginal fluids stays in the virgina for a long time. Lastly, since infections in women are asymptomatic, women may have STIs for a long time before receiving treatment and this can facilitate HIV infection (KDHS, 2003). This increases the number of sexually active people whereby 90% of adolescents teenagers are sexually dynamic by the age of 20 years. More so, adolescents are less likely to be protected from the consequences of sexual intercourse and more likely to be ignorant of the ways in which accidental pregnancies or sexually transmitted infections can be prevented (NASCOP, 2015).
As indicated by Ogden (2000), advancing more secure sex might be more confounded than basically expanding learning. Conduct change and support programs give basic wellbeing data, persuade individuals to decrease hazard and builds people's aptitudes in utilizing condoms and arranging more secure sex (Global HIV Prevention Working Group, 2003). Successful methodologies for youngsters and kids include fundamental abilities based instruction that advances the selection of sound practices (Global HIV Prevention Working Group, 2003). These incorporate assuming more prominent liability for their own lives, settling on sound decisions, picking up quality to oppose negative weights and limiting unsafe practices (Global HIV Prevention Working Group, 2003).

It has turned out to be certain that avoidance of HIV/AIDS among young people is fundamental and that by understanding components that incline teenagers to dangerous conduct might be the absolute most effective weapon against the spread of HIV/AIDS plague (Tobijor, 2000). There might be conduct changes that would diminish transmission of HIV. Expanded mindfulness could prompt diminishments in hazardous sexual practices through expanded condom utilize, delays in sexual presentation, decrease in the quantity of sexual accomplices and most likely a lessening in the predominance of different STIs.

As per an investigation completed by the Government of Kenya (2002), Kenyans are extremely learned about HIV/AIDS and STIs. Learning of male condoms was high. Significant extents of the respondents announced having numerous sexual accomplices. Notwithstanding high familiarity with the malady, a critical number of sexually dynamic respondents over the objective gatherings detailed having numerous non-general sex contacts unabated. This diligent conduct demonstrates that uplifted consciousness of the HIV/AIDS and STIs and of the adequacy of condom utilize and learning of HIV aversion strategies were not converting into more secure sex.

Ogden (2000) recommends a few conceivable outcomes of information, which are; that expanding learning builds fear in a person, which may then reason foreswearing bringing about no impact on conduct or even an inconvenient impact on conduct, enhanced information may enhance the person's impression of reality and their view of hazard, which could in this way cause an adjustment in conduct, as the individual is not encounter fear and enhancing learning may expand the attention to the earnestness of the disease.
2.2.4 Influence of behavior changes on HIV/AIDS prevention

Sexual conduct is private and examples of sexual conduct are not surely knew. There are additionally numerous religious and social difficulties in managing HIV as sexually transmitted. Discovering approaches to modify and change sexual conduct to take out the further spread of HIV has ended up being greatly troublesome (Kenyatta University, AIDS Control Unit, 2006). In the vicinity of 75% and 85% of all HIV diseases in grown-ups and young people worldwide are transmitted through unprotected sex. Hetero intercourse represents over 70% of all grown-up and pre-adult diseases and gay intercourse represents a further 5-10%, despite the fact that the extents may vary from area to district.

In spite of the immense endeavors, the quantity of HIV diseases keeps on expanding significantly basically in some creating nations. Helps is fundamentally a STD. The main handy strategy to diminish HIV transmission at show is by more secure sexual practices. About portion of all new H.I.V contaminations happen among the adolescent matured between 15-24 years old. In a few nations in Africa where AIDS is far reaching, early and dangerous sexual action expands youngsters' defenselessness to HIV. HIV is moved in high hazard bunches which frequently incorporates noteworthy number of youngsters (UNAIDS, 2015).

The effect of HIV/AIDS among young people is felt by the general public on the loose. Understudies are kicking the bucket or leaving schools, lessening both the quality and effectiveness of the instructive framework (Tobijar, 2000). However, the young additionally exhibit a window of chance for turning around HIV rates particularly when viable avoidance projects can contact them before they participate in dangerous conduct.

Youth can be a profoundly charged formative period. This is on account of this period is portrayed by the mental needs of youngsters to individuate from parental connection and shape their own particular firmer characters (Appelbaum, 2003).

This period does however as a rule include youngsters moving to an aggregate companion assemble personality, before proceeding onward to shape their own particular feeling of self. They move toward becoming pulled in to and made defenseless by the standardizing social impacts of their companions. The personality emergency of puberty incorporates an emergency of sexuality.
The rise of sexual needs even with uncertain social and sexual characters can be both befuddling and troublesome. The improvement of dejection, withdrawal, frequently including oppositional degenerate and hazardous practices is basic among young people (Kaupeni et al., 2004). Youngsters regularly try different things with drugs, liquor, easygoing sex and other unsafe practices. It is hence that Applebaum (2003) properly calls attention to that the conduct of teenagers regularly puts them at expanded danger of HIV contamination.

Youngsters are hard to order as a solitary gathering since they live inside to a great degree variable settings. Regardless of the aggregate perfect of giving human services, protected and glad situations for kids to develop, as a general rule reveals a progression of physical, sexual, mental, social and good misuse. Concentrate on youths is essential since it is the age when sexual propensities and choices about hazard conduct and safe practices are shaped. A portion of the most elevated contamination rates of STIs are in youths. The HIV/AIDS pandemic alone is adequate motivation to look another at wellbeing administrations that address the requirements of teenagers.

The last damage is that young ladies are more effectively contaminated than young men by unprotected sex that regardless of the possibility that inspired, they may do not have the arranging aptitudes and energy to keep away from. In this way concentrate on young people is vital in light of the fact that it is the age when sexual propensities and choices about hazard conduct and safe practices are shaped. In spite of the fact that sex has an organic capacity, it is a standout amongst the most socially various of human exercises. The importance of sex varies significantly among social orders, societies, sub-societies and people.

The fundamental preface is the presumption that individuals settle on choices about and conceivably have control over their conduct. Be that as it may, enthusiastic variables may meddle with reasonable basic leadership. This together with sentiments of wretchedness, self-destructive or other reckless propensities, the sensual excitement of going for broke, disguised homophobia in a few men who engage in sexual relations with men and sentiments of blame in a few survivors would all be able to be snags to more secure sex.
2.2.5 **HIV/AIDS prevention**

HIV avoidance conduct projects can target people, families, groups, whole social orders or (in a perfect world) a mix of all these. Very much planned projects try to accomplish comes about on numerous levels. They advance precise individual learning and impression of hazard and increment singular inspiration to stay away from unsafe conduct (the Global HIV Prevention and Working Group, 2008). Aversion programs likewise assemble singular abilities expected to use to adequately arrange unsafe circumstances. Inside family units, HIV anticipation programs mean to diminish the shame related with both HIV and sexuality, to propel open talks about sexuality and medicine use and to affect sex parts and models.

At a gathering level, reasonable HIV programs hope to extend the regard related with more secure practices to help group individuals diminish their hazard, to manufacture solidarity and correspondence and to strengthen new standards. Human conduct is mind boggling. Boundless conduct changes are trying to accomplish and there are essential holes in information on the viability of HIV counteractive action (Global HIV Prevention Group, 2008). However, research to date clearly chronicles the impact of different behavioral interventions in diminishing HIV illness.

HIV aversion endeavors focusing on youngsters have generally centered around postponing the beginning of sex, advancing restraint, diminishing recurrence also, number of sexual assistants, more secure sexual practices and condom use and treatment of STIs (FHI, 2001). Hold it that the objective of an AIDS aversion program for teenagers ought to be to decrease HIV/AIDS through selection of safe examples of conduct. Have recognized the accompanying behavioral projects focused at the young. The administration of Kenya has recognized the need to build up youth-accommodating HIV avoidance administrations. Youth-accommodating administrations are available, worthy and suitable for young people.

They are expansive based wellbeing and related administrations gave to youngsters to meet their individual wellbeing needs in a way and condition to pull in intrigue and manage their inspiration to use such administrations. As of now, Kenya has a couple of youth inviting administrations where youngsters can get to conceptive social insurance administrations.
Cases incorporate, VCT, directing on regenerative medical problems and medication mishandle and conceiptive clinical administrations.

In spite of the endeavors made to build up youth-accommodating HIV counteractive action administrations, the greater part of the all new HIV diseases on the planet happen among youngsters under age 25. The way to working effectively with youngsters is to create real grown-up youth organizations ahead of schedule in the arranging of intercessions (UNAIDS, 2006). This is fundamental for creating shared targets and additionally to better comprehend the particular determinants of positive direct change including the enabling variables that can roll out a relentless area for improvement (FHI, 2001). Exceptional advance has been made in advising the general population about HIV/AIDS. Sustenance of these projects and affecting genuine change in conduct and at last decreasing STDs and HIV/AIDS and undesirable pregnancies among the school going youth lamentably keeps on being an issue (Karuru 2004).

In spite of an underlying hesitance amid the 1980’s to recognize the gravity of the pandemic, Kenya now has political sense of duty regarding switch the spread of HIV and AIDS. The National AIDS Control Council was set up in 2000 under the Office of the President to give administration and a more grounded coordination system for another multi-sectoral national reaction to HIV/AIDS. The NAC has a cost get ready for viable HIV administration, including HIV counteractive action, for the period 2005/6-2009/10 and organizes all HIV and AIDS projects, strategies and intercessions in the nation, working and liaising with partners from government, common society, the private area, outside offices and the corporate world.

In September 2003, the Kenyan government endorsed a bill that would make it a criminal offense to fire or deny work to anybody on the premise of his/her HIV status and would keep back up plans from raising premiums or refusing any assistance to HIV-positive customers. With the death of the HIV/AIDS Prevention and Control Act in December 2006, Kenya now has an approach forbidding HIV screening for general business purposes and guaranteeing that AIDS examine conventions including human subjects are explored and affirmed by a national or nearby moral audit board.
2.3 Summary and Research gaps

From the afore-mentioned, it is evident that various studies have been carried out in the field of adolescents and HIV/AIDS. However, most of these studies have focused on knowledge, attitudes, and the use of VCT by the youth. A study carried out by Obiero et al., (2000), indicated that despite adolescents having information and awareness on HIV/AIDS, many were still engaging in risky sexual behavior. Karuru, (2004) looked at factors inclining young people to HIV/AIDS in chose optional schools of Kiambu District, Central Province, Kenya, but did not look at the factors influencing behavior change among the students. Hence the need for this study. Another study carried out in Uganda by the Makerere Institute of Social Research in 2003 focused on behavior change of the out-of-school youth. However, this study focused on school going youths where most of the behavior programs have been implemented.

The worry for adolescents in optional schools is overpowering in light of the fact that in Kenya (Osupuko Division comprehensive), age at first sex is low (14 years) and age at first marriage appears to have been declining (16 years) adding to watched increment in school dropouts (NASCOP, 2015). As indicated by the worldwide HIV anticipation working gathering (2003), many investigations have shown that an assortment of techniques can enable people to start conduct change and manage sound conduct to lessen chance.

The requirement for this investigation is upheld by the Global HIV anticipation working gathering (2003), which shows that conduct change and upkeep programs give basic wellbeing data, rouse individuals to lessen dangers and increment a person's aptitudes in arranging more secure sex. It is likewise obvious that in the current years in Kenya, treatment has been over-underlined eclipsing aversion. HIV reactions in Kenya have been driven from the national level with general and larger projects that have not concentrated on the extraordinary needs of particular most in danger populaces like the young in country regions.
Empirical evidence is still lacking on behavior change by the youth and others to effectively adhere to abstinence and condom use promotion among the youth in school is difficult, hence the need for this study. The high level of awareness of HIV and AIDS in Kenya has not been matched by comparable behavior change especially among the youth.

Further, as per the KAIS 2008 report, 70% of HIV positive grown-ups are presently living in country territories while the majority of HIV battles are packed in the urban regions thus this examination with the goal that the investigation discoveries could be utilized as a part of giving strategies and rules on the HIV and AIDS reaction in Kenya. Youth speak to the eventual fate of Kenya and need uncommon consideration in HIV counteractive action programs. They report high sexual action and low condom utilize, which puts them at expanded danger of contamination with STIs including HIV. A multi-faceted approach that includes forbearance, loyalty and condom utilize is critically required.

2.4 Conceptual Framework
A conceptual structure is a diagrammatical research instrument planned to help the analyst to create mindfulness and comprehension of the circumstance under investigation and to impart this. A reasonable structure is utilized as a part of research to diagram conceivable game-plans or to introduce a favored way to deal with a thought or thought. An autonomous variable is one that is ventured to influence or decide a needy variable. It can be changed as required, and its esteems don't speak to an issue requiring clarification in an investigation, however are taken just as given. The autonomous factors in the investigation was: access to business data administrations, absence of administrative preparing and experience, government arrangements and controls, innovative changes and capital information/access to fund.
2.5 Operationalization of Variables

2.5.1 Independent Variables

**Gender issues on HIV/AIDS prevention**

Sex is a socially developed meaning of ladies and men. Regardless of advance in numerous parts of the worldwide HIV reaction, ladies - especially immature young ladies and young ladies - keep on being lopsidedly influenced by HIV. Youthful young ladies and young ladies in sub-Saharan Africa procure HIV five to seven years sooner than their male associates. These disparities are more serious for underestimated ladies, including female sex specialists, transgender ladies, vagrant ladies and ladies with incapacities who are likewise at an increased danger of separation and brutality.
**HIV and AIDS prevention strategy**

HIV and AIDS avoidance endeavors are intercessions that plan to end the transmission of HIV. They are executed to either secure an individual and their group, or are taken off as general well-being strategies. Enabling ladies and young ladies, youngsters and key populaces with the organization to assert their rights, get a quality training, appreciate solid lives and take measures to shield themselves from HIV is an imperative segment of blend HIV aversion.

**Knowledge on the HIV/AIDS prevention**

Learning is a commonality, mindfulness, or comprehension of somebody. Lacking information, negative demeanors and hazardous practices are significant obstacles to keeping the spread of HIV. This examination expected to evaluate HIV-related information, states of mind and practices of secondary school understudies in Osupuko Division.

**Behavior changes on HIV/AIDS prevention**

Conduct change is an intuitive procedure with groups to create custom fitted messages and methodologies utilizing an assortment of correspondence channels to create positive practices. With regards to the AIDS pestilence, conduct change is a fundamental piece of a far reaching program that incorporates the two administrations and wares. Before people and groups can diminish their level of hazard or change their practices, they should first comprehend essential actualities about HIV and AIDS, embrace key states of mind, take in an arrangement of abilities and be offered access to suitable items and administrations. They should likewise see their condition as supporting conduct change and the upkeep of safe practices, and additionally steady of looking for fitting treatment for anticipation, care and support.
2.5.2 Dependent Variable

HIV/AIDS prevention

HIV anticipation alludes to hones done to keep the spread of HIV/AIDS. HIV counteractive action practices might be finished by people to ensure their own particular wellbeing and the soundness of those in their group, or might be founded by governments or different associations as "general wellbeing approaches.

2.6 Chapter Summary

The chapter discussed the theoretical literature review, empirical literature review, summary and Research gaps, conceptual framework and operationalization of variables.
CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction
In this section, all methodological details of the study are presented under appropriate sub-topics. They included: study design, target population, sample and sampling procedure, ethical considerations, data collection methods and research instruments, pilot study, data management and data analysis.

3.1 Research Design
This study was a descriptive survey. This was considered as an appropriate research design because according to Cohen and Lawrence (1995), descriptive surveys gather data at a particular point in time with the intention of describing existing conditions or identifying standards against which existing conditions can be compared or determined relationships that existed between specific events.

3.2 Target Population
The study population comprised of schoolboys and girls in Form One to Form Four classes from all Secondary schools in Osupuko Division. There are twenty-eight secondary schools in Osupuko Division. A total of 4,500 students were targeted. Secondary school students were chosen since they are in the adolescent stage and comprises the sexually active group in the society NASCOP (2006). Besides, adolescents are the window of hope of tomorrow and whatever happens at this stage had a great impact both on the individual and the society at large. Hence, the importance of knowing factors influencing HIV/AIDS prevention among the secondary schools students in Osupuko Division, Narok South Sub-County, Narok County.

3.3 Sample and Sampling technique
Stratified random sampling was used to identify eight schools that made up the sample. According Cohen and Lawrence (1995), a sample of 10% of the population is adequate in large populations, while 20% of the population is acceptable in small populations. In this study, 20% was acceptable as the population was small, hence the 8 schools out of 28 schools. The
sample was stratified into four categories namely, mixed day schools, mixed boarding schools, single boarding boy’s schools and single boarding girl’s schools. Since there was only one mixed boarding school in the area, it was purposively included in the sample. Class registers were used to randomly sample students by use of systematic random sampling. Probability of population by sample size was used to determine the number of students to be sampled per form depending on the sizes of the classes.

3.4 Research Instruments
Since the study involved collection of primary survey data, a questionnaire was administered. Each item in the questionnaire was developed to address a specific objective of the study. This being a study in the social sciences, a questionnaire was suitable to use as the questions especially the closed ended ones are easy to analyze, administer and economical to use in terms of time and money. Four research assistants were used to administer the questionnaires to the participants. The research assistants distributed the questionnaires to the participants after seeking for informed consent. They later collected the questionnaires after the participants had filled them.

3.5 Pilot Study
Two optional schools from Osupuko Division were arbitrarily chosen for the pilot examine. The two schools were consequently not engaged with the last investigation. The motivation behind the pilot think about was to decide the administrability and unwavering quality of the instrument. The test-retest method was utilized to set up the unwavering quality of the poll. The poll was controlled twice to the respondents with a period pass interim of two weeks.

3.5.1 Validity
Validity is the precision and significance of deductions, which depend on the exploration comes about (Jwan, 2010). At the end of the day, legitimacy is how much outcomes got from the examination of the information really speaks to the marvels under investigation. All evaluations of legitimacy are subjective conclusions in light of the judgment of the specialist. The pilot study enhanced confront legitimacy of the instruments as substance legitimacy of an instrument was enhanced through master judgment. All things considered,
the scientist looked for help of his manager who helped enhance content legitimacy of the instrument.

3.5.2 Reliability
Reliability is a measure of how much an examination instrument yields predictable outcomes or information after rehashed trial (Jwan, 2010). The unwavering quality of the examination was acknowledged through a pilot consider.

3.6 Data Collection procedure
The researcher used questionnaire as the primary data collection instrument. The questionnaire was designed to give a brief introduction of the organizations. The questionnaire was divided into sections representing the various variables adopted for study. For each section of the chosen study included closed structured and open ended questions which collected the views, opinion, and attitude from the respondent which was not captured by the researcher. The questionnaire was administered through drop and pick method to the respondents. The questions were designed to collect quantitative data. The open ended questionnaires gave unrestricted freedom of answer to respondents.

3.7 Data Analysis
Research findings were presented using pie charts, bar diagrams and frequency distribution tables.

3.8 Ethical Considerations
The researcher got permission to carry out the study from the University. Likewise, permission was sought from the various individual principals of the sampled schools before involving the students as subjects in the study because these students are minors, and those who did not give their consent were not be forced to participate in the study. The privacy and confidentiality of the information given by the subjects were maintained in the course of the study.
3.9 Chapter Summary

The part thought on the examination configuration, target populace, test and inspecting strategy, instruments, pilot ponder, legitimacy, unwavering quality test, information gathering system, information Analysis and introduction and moral contemplations.
CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

The purpose of this study was to establish factors influencing prevention of the spread of HIV/AIDS among students in Osupuko Division, Narok South Sub-County, Narok County. The data that were collected were coded and entered in excel package where the analysis was done. Frequency tables and charts were used to present the findings upon which discussion and conclusions were made.

4.1 Presentation of Research Findings

4.1.1 Characteristics of the Respondents

Table 4.1 below shows characteristics of the respondents in terms of age, sex and form.

Table 4.1: Characteristics of the Respondents (Sex and Age)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>202</td>
<td>58.9</td>
</tr>
<tr>
<td>Female</td>
<td>141</td>
<td>41.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-15 yrs</td>
<td>67</td>
<td>19.5</td>
</tr>
<tr>
<td>16-19 yrs</td>
<td>268</td>
<td>78.1</td>
</tr>
</tbody>
</table>

As shown in the table 4.1 above, majority (78.1%) of the respondents were in the age range of 16 to 19 years while minority, (19.5%) were 13 to 15 years age bracket. It was also established that 40.5% of the respondents that were interviewed were female, while 58.9% were male.
4.1.2 Religion of Respondents

Table 4.2 below shows the religion of the respondents.

Table 4.2: Religion of Respondents

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muslim</td>
<td>8</td>
<td>2.3</td>
</tr>
<tr>
<td>Protestant</td>
<td>181</td>
<td>52.7</td>
</tr>
<tr>
<td>Catholic</td>
<td>98</td>
<td>28.6</td>
</tr>
<tr>
<td>No response</td>
<td>56</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>343</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Results in table 4.2 show that majority of the respondents (52.7%) were Protestants while 28.6% were catholic. About 16% of the respondents did not respond suggesting that they could not identify with any religious affiliation. Religion was important in the study as it provides moral guidance in issues of sex before marriage, abortion and marriage, thus preventing the spread of HIV/AIDS.

4.1.3: Respondents’ Use of Leisure Time

Table 4.3 shows how respondents use their leisure time.

Table 4.3: Distribution of Respondents’ Use of Leisure Time

<table>
<thead>
<tr>
<th>Use of leisure time</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Games/sports</td>
<td>181</td>
<td>52.8</td>
</tr>
<tr>
<td>Watching videos</td>
<td>106</td>
<td>30.9</td>
</tr>
<tr>
<td>Drama club</td>
<td>20</td>
<td>5.8</td>
</tr>
<tr>
<td>Discos</td>
<td>8</td>
<td>2.3</td>
</tr>
<tr>
<td>In bars</td>
<td>4</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>343</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As shown in table 4.3, majority of the respondents (49.3%) spent their leisure time in sports while another 29.2% watched videos. 1.2% of the respondents spent their free time in bars and another 0.6% practicing to be musicians. Leisure activities are important pastime,
therefore, help keep youth busy. This in turn diverts their attention from immoral activities that include pre-marital sex and drugs and substance-abuse.

4.1.4 Socio-Demographic Factors

Involvement in Sex

Figure 4.2 shows the distribution of respondents’ involvement in sex.

**Figure 4.2: Distribution of Respondents’ Involvement in Sex**

![Pie chart showing the distribution of respondents' involvement in sex: 56% have never had sexual intercourse, 36% have engaged in sex, and 8% did not respond.](image)

As shown in Figure 4.1 above, majority of the respondents (56%) had never had sexual intercourse while 36% had engaged in sex. Eight percent of respondents did not respond to the question probably because they were uncomfortable revealing such information about themselves. These results show that the proportion of 36% of respondents who had been engaged in sex were vulnerable to contracting HIV. This also implies that the message on attitude change towards casual sex had little impact.
Inclusion in Sex on the Basis of Gender.

Figure 4.3 shows the distribution of respondents’ involvement in sex on the basis of gender.

**Figure 4.3: Distribution of Respondents’ Involvement in Sex on the Basis of Gender**

Results shown in Figure 4.2 above show that 47.9% of the male respondents compared to 24% of the female respondents conceded to have had a sexual experience. It is however possible that boys accepted to having sex so as to look like real men. Girls on the other hand suppressed acknowledging exposure to sex so as not to appear to have loose morals. These results are similar to those attained by a study carried out by Karuru (2004), where more male students (47%) as compared to female students (24%) had engaged in sex.

**Age at First Sexual Intercourse**

The respondents who had engaged in sex were asked to state the age at which they had their first sexual intercourse. The reactions got are as appeared in table 4.4 below.

**Table 4.4: Respondents’ Age at First Sexual Intercourse**

Table 4.4 below shows the respondents’ age at first sexual intercourse.
<table>
<thead>
<tr>
<th>Age of respondents</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>24</td>
<td>4.3</td>
</tr>
<tr>
<td>8</td>
<td>26</td>
<td>5.9</td>
</tr>
<tr>
<td>9</td>
<td>24</td>
<td>4.3</td>
</tr>
<tr>
<td>10</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>12</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>13</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>14</td>
<td>30</td>
<td>9.2</td>
</tr>
<tr>
<td>15</td>
<td>30</td>
<td>9.2</td>
</tr>
<tr>
<td>16</td>
<td>34</td>
<td>13.5</td>
</tr>
<tr>
<td>17</td>
<td>30</td>
<td>9.2</td>
</tr>
<tr>
<td>18</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>No response</td>
<td>33</td>
<td>13.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>343</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.4 above, shows that about one quarter of the respondents (29.7%) had their first sexual experience at the age of 12 or less. This shows that many of the respondents had sex while still very young. The average age of first sexual experience was 13.56 years. The average age of first sexual intercourse was slightly higher for boys (13.59 years) than for girls (13.45 years). This indicates that girls were more likely to get into sex at a younger age than boys. This confirms the results of a study by NASCOP (2005), where by the age at first sexual debut of adolescents was discovered to be 12 years, and that by the age of 20 years, 90% of adolescents usually have been engaged in sexual intercourse.

**Last Date of Sexual Intercourse**

Figure 4.4 below shows the last dates of sexual intercourse for the respondents who had engaged in sex.
Figure 4.4 above depicts the last time the respondents had sexual intercourse prior to the survey. It shows that 32.8% of the respondents had sex between 7-12 months prior to the survey while 26.2% had engaged in sex 1 – 6 months before the study was carried out. About ten percent of the students had had sex within two weeks before the survey. 31.1% of the respondents gave no response probably due to the myths and taboos surrounding the subject of talking about sexual issues openly in the society. Wambua (2001) conducted a study among church going youth in Machakos District and discovered that 69% of the respondents had engaged in sex, while only 30.5% of the respondents abstained. These findings by Wambua (2001) tally with the findings of this study.

**Number of sexual partners**

Table 4.5 below shows the distribution of the respondents’ number of sexual partners.
Table 4.5: Distribution of Respondents Number of Sexual Partners

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2.03</td>
<td>2.036</td>
</tr>
<tr>
<td>Female</td>
<td>1.43</td>
<td>2.158</td>
</tr>
</tbody>
</table>

Table 4.5 shows that the average number of sexual partners for boys was higher (2.03) than that of girls (1.43). The findings are evidence that the youth were active sexually and any efforts to encourage responsible sex or behavior change are most relevant.

**Use of Condom during Last Sexual Intercourse**

Figure 4.5 below shows whether respondents used condoms during their last sexual intercourse.

**Figure 4.5: Respondents’ Use of Condoms during their Last Sexual Intercourse**

Figure 4.5 above shows the use of condom amongst respondents where 50.8% had used condoms while 49.2% had not. It also shows that more females (60%) than boys (52.2%) had used a condom. The findings imply that about one half of the students that had engaged
in sex never used protection and therefore had exposed themselves to the risk of contracting HIV and other STDs.

**Frequency of Condom Usage**

Table 4.6 shows the respondents frequency in their use of condoms

**Table 4.6: Distribution of Respondents’ Use of Condoms**

<table>
<thead>
<tr>
<th>Use of condoms</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>At every time</td>
<td>36</td>
<td>58.1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>18</td>
<td>29.0</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

From table 4.6 above, majority of the respondents that had used a condom (58.1%) did so every time they had sex while 29% used it sometimes. This shows that condom use was still not effective means of protection as it was not used every time by those that had sex indicating that the youth were still engaging in risky behavior, predisposing them to HIV/AIDS. This tallies with the findings of Karuru (2004) who concluded that knowledge of the students on facts about HIV/AIDS was not reflected in their prevention measures against the disease as only 12.8% of the study population reported to have used condoms on regular basis.

**Unprotected Sex as Evidence of Love**

Figure 4.6 below shows whether or not respondents view unprotected sex as evidence of love.
The respondents were asked whether having unprotected sex with their partners was proof that they were loved. Majority of the respondents (72.2%) were negative while 27.8% believed so. It can be seen that 38.3% of the boys compared to 10.3% of the females believed in this. This implies that boys were more likely to demand for unprotected sex as a way of seeking assurance that they were loved by the partners.

**Perception on Persistent Use of Condom**

Figure 4.7 below shows the respondents’ perception on persistent use of condoms
Figure 4.7 above shows that a large proportion (44.3%) of the respondents would fear that they were not trusted by their partners while 13.1% would feel that they were suspected of having STDs. This shows that many of the respondents who had had sex would be uncomfortable if their partners insisted on consistent condom use. The findings imply that many of the respondents treasured unprotected sex. This is a dangerous notion and is not consistent with teachings on HIV and AIDS prevention. Unprotected sex predisposes the youth to HIV/AIDS infection as hetero-sexual sex is one of the ways through which HIV is spread.

Perception on Abstinence from Sex
Table 4.7 below shows the respondents perception on abstinence from sex

Table 4.7: Respondents’ Perception on Abstinence from Sex

<table>
<thead>
<tr>
<th>Perception on abstinence</th>
<th>Ever had sex</th>
<th>Male f(%)</th>
<th>Female f(%)</th>
<th>Yes f(%)</th>
<th>No f(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coward</td>
<td></td>
<td>106 (58.9)</td>
<td>72 (60.5)</td>
<td>66 (56.9)</td>
<td>100 (59.9)</td>
</tr>
<tr>
<td>Not functioning sexually</td>
<td></td>
<td>80 (44.4)</td>
<td>36 (30.3)</td>
<td>38 (32.8)</td>
<td>72 (43.1)</td>
</tr>
<tr>
<td>Responsible</td>
<td></td>
<td>38 (21.1)</td>
<td>41 (34.5)</td>
<td>18 (15.5)</td>
<td>59 (35.3)</td>
</tr>
<tr>
<td>Infected with HIV</td>
<td></td>
<td>30 (16.7)</td>
<td>28 (25.5)</td>
<td>24 (20.7)</td>
<td>30 (18.0)</td>
</tr>
<tr>
<td>Nothing</td>
<td></td>
<td>36 (20.0)</td>
<td>12 (10.1)</td>
<td>18 (15.5)</td>
<td>26 (15.6)</td>
</tr>
</tbody>
</table>

Percentages and totals based on respondents
Table 4.7 above shows that slightly more females (60.5 %) than males (58.9%) thought they would be regarded as cowards when they abstained from sex. It can also be seen that more of those that had never had sex (59.9%) thought they were regarded in this manner. The latter finding does not suggest that students would engage in sex so as not to be regarded as cowardly. The findings further show that more males (44%) than females (30.3%) felt that they would be regarded as being sexually dysfunctional if they abstained from sex. More of those that had never had sex (43.1%) also believed they would be regarded as dysfunctional. Apparently very few of the respondents thought they would be
viewed positively when abstaining from sex. This suggests that many of the youth believed that abstinence was not regarded as a positive virtue by the larger society. This supports research findings of a study carried out amongst adolescents by the Kenya Ministry of Health (2001). The study revealed that adolescents engaged in unprotected sex, thus predisposing themselves to HIV infection.

4.1.5 Knowledge on HIV and AIDS

This target tried to build up the information. levels of the respondents with respect to HIV and AIDS. This depended on information of the key approaches to lessen IDS transmission, for example, going without sex, being unwavering to one un uninfected accomplice and utilizing of condoms. Table 4.10 below shows the mean rankings and standard deviations obtained on several factors that predispose adolescents to HIV/AIDS.

Factors Predisposing Adolescents to HIV/AIDS

Table 4.8 below shows the respondents views on factors predisposing adolescents to HIV/AIDS

Table 4.8: Respondents’ views on Factors Predisposing Adolescents to HIV/AIDS

<table>
<thead>
<tr>
<th>Predisposition to HIV/AIDS</th>
<th>N</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer pressure/influence</td>
<td>281</td>
<td>3.38</td>
</tr>
<tr>
<td>Reading or watching pornography</td>
<td>297</td>
<td>3.23</td>
</tr>
<tr>
<td>Curiosity/need to experiment</td>
<td>246</td>
<td>3.17</td>
</tr>
<tr>
<td>Drug use and abuse</td>
<td>303</td>
<td>3.06</td>
</tr>
<tr>
<td>Poor role modeling by parents</td>
<td>252</td>
<td>3.05</td>
</tr>
<tr>
<td>Influence from mass media</td>
<td>266</td>
<td>3.02</td>
</tr>
<tr>
<td>Male/female circumcision</td>
<td>283</td>
<td>2.92</td>
</tr>
<tr>
<td>Relaxed rules at home/church/ in society</td>
<td>257</td>
<td>2.88</td>
</tr>
<tr>
<td>Availability of contraceptives</td>
<td>230</td>
<td>2.85</td>
</tr>
<tr>
<td>Poverty</td>
<td>264</td>
<td>2.65</td>
</tr>
</tbody>
</table>

Table 4.8 above shows that the respondents highly ranked peer pressure/influence as a factor predisposing adolescents to HIV/AIDS. This is probably because they encouraged each other to indulge in reckless sexual practices. Exposure to pornography (mean=3.23)
was also highly ranked as a factor that may lead adolescents to HIV/AIDS. Pornography encouraged sex or sexual practices that do not emphasize safe sex according to the respondents (mean 3.23). Poverty (mean=2.65) and availability of contraceptives (mean=2.85) were regarded least as factors predisposing adolescents to HIV and AIDS. This shows that the respondents did not view a direct linkage between HIV and poverty.

**Knowledge about HIV/AIDS**

Table 4.9 below shows the respondents knowledge about HIV/AIDS

<table>
<thead>
<tr>
<th>Knowledge about HIV/AIDS</th>
<th>True N (%</th>
<th>False N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person can be infected with HIV/AIDS and not even know it</td>
<td>298 (87.0)</td>
<td>44 (13.0)</td>
</tr>
<tr>
<td>A person who is sick with aids can infect others</td>
<td>296 (86.2)</td>
<td>45 (13.8)</td>
</tr>
<tr>
<td>HIV is transmitted by engaging in unprotected sexual intercourse with an infected person</td>
<td>294 (85.8)</td>
<td>49 (14.2)</td>
</tr>
<tr>
<td>A person with many different partners could be at risk of HIV infection</td>
<td>277 (80.7)</td>
<td>66 (19.3)</td>
</tr>
<tr>
<td>Risk of contracting HIV is increased by presence of other sexually transmitted diseases</td>
<td>261 (76.2)</td>
<td>82 (23.8)</td>
</tr>
<tr>
<td>One can tell someone infected with HIV virus by just looking at him or her</td>
<td>68 (19.7)</td>
<td>275 (80.3)</td>
</tr>
</tbody>
</table>

Table 4.9 above demonstrates that the biggest extent of respondents concurred that a man can be tainted with HIV/AIDS and not even know it (87%). They also agreed that a sick person would infect others (86.2%). There was a high proportion of students agreeing that HIV is transmitted by engaging in unprotected sexual intercourse with an infected person (85.8%). Students disagreed with the statement that one can tell someone infected with HIV/AIDS virus by just looking at him or her. The findings generally show that the respondents were well informed about issues related to HIV and AIDS. This implies that the students had been equipped with information regarding the same. It is therefore plausible to deduce that HIV/AIDS campaigns should focus on teaching the youth to use the information they have to stay safe. A study carried out by Karuru (2004) indicated that students were aware of the factors that can predispose them to HIV/AIDS. The study
further revealed that knowledge of the students on facts about HIV/AIDS was not reflected in their prevention measures against the disease, as only 12.8% of the students used condoms on regular basis and majority of the adolescents did not consider themselves to be at risk of contracting HIV. Thus, there is need for adolescents to learn facts about HIV/AIDS before they become sexually active and the information needs to be regularly reinforced and built in both the classroom and beyond.

4.1.6 Behavior Programs Targeted at Adolescents

This objective sought to assess the respondents’ awareness of programs targeting adolescents as well as their impact in encouraging behavior change. The respondents were asked to give their opinions of what they thought HIV prevention focused on.

Focus of HIV Prevention Efforts
Table 4.10 below shows the respondents views on HIV prevention measures.

<table>
<thead>
<tr>
<th>HIV prevention measures</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting abstinence</td>
<td>139</td>
<td>40.5</td>
</tr>
<tr>
<td>Use of condom</td>
<td>68</td>
<td>19.8</td>
</tr>
<tr>
<td>Treatment of sexually transmitted Infections</td>
<td>20</td>
<td>5.8</td>
</tr>
<tr>
<td>Delaying the sexual onset of intercourse</td>
<td>18</td>
<td>5.2</td>
</tr>
<tr>
<td>Decreasing frequency and number of sexual partners</td>
<td>6</td>
<td>1.7</td>
</tr>
<tr>
<td>All the above</td>
<td>34</td>
<td>9.9</td>
</tr>
<tr>
<td>No response</td>
<td>58</td>
<td>16.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>343</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

From table 4.10, it can be observed that a larger number of the respondents (40.5%) rated promotion of abstinence as the most important HIV intervention effort. 19.8% of the respondents said that condoms were a means of HIV/AIDS prevention. Another 5.8% said that treatment of sexually transmitted infections could prevent HIV/AIDS transmission,
while 5.2% of the respondents indicated that delaying the onset sexual of intercourse could reduce the spread of HIV/AIDS. The findings show that the students are aware that abstinence is the most effective method of stopping the spread of HIV/AIDS. This confirms a study that was carried out by Ambagwa (2004). The study findings were that majority of the students (88%), were aware of how to avoid contracting HIV, the virus that causes AIDS.

Most effective Behavioral Programs Targeted at the Youth

Table 4.11 below shows the respondents views on information highlighted most in behavior change programmes

Table 4.11: Respondents’ View on Information Highlighted Most in Behavior Change Programmes

<table>
<thead>
<tr>
<th>Information highlighted most in behavior change programmes</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing frequency and number of sexual partners</td>
<td>85</td>
<td>24.8</td>
</tr>
<tr>
<td>Promoting abstinence</td>
<td>70</td>
<td>20.4</td>
</tr>
<tr>
<td>Delaying the onset of sexual intercourse</td>
<td>62</td>
<td>18.1</td>
</tr>
<tr>
<td>Treatment of sexually transmitted infections</td>
<td>46</td>
<td>13.4</td>
</tr>
<tr>
<td>Use of condom</td>
<td>18</td>
<td>5.2</td>
</tr>
<tr>
<td>No response</td>
<td>62</td>
<td>18.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>343</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.11 shows that majority of the respondents (24.8%) rated decreasing frequency in number of sexual partners as the information highlighted most in behavior change programs targeted at the youth. 20.4% of the respondents indicated that messages on promoting abstinence were highlighted most in behavior change programs targeted at the youth. 18.1% of the respondents indicated that messages that promoted the delay of the onset of sexual intercourse were highlighted most in behavioral programs targeted at the youth. Another 13.4% of the respondents indicated that messages on treatment of Sexually Transmitted Infections were highlighted most in behavioral programs targeted at the youth. However, 18.1% of the respondents gave no response. This indicated that there was a
strong relationship between information, awareness, knowledge, perception and behavior change.

**Knowledge about Voluntary Counseling and Testing (VCT)**

Figure 4.8 below shows the respondents’ knowledge about Voluntary Counseling and Testing.

**Figure 4.8: Respondents’ Knowledge about Voluntary Counseling and Testing**

Figure 4.8 shows that majority of the respondents (77.0%) were aware of VCT while a minority of the respondents (14.9%) had no idea about VCT. Only 8.2% did not respond to the question. With the knowledge of VCT, then it is possible for behavior change to occur. This is because one of the services offered in a VCT centre is education about HIV/AIDS, and this could lead to behavior change and prevention of HIV among students.
Services Offered at VCT Centers

Figure 4.9 below shows the respondents views about services offered at VCT centers.

**Figure 4.9: Respondents’ Views about Services Offered at VCT Centers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing for HIV status</td>
<td>75.2%</td>
</tr>
<tr>
<td>Treatment for HIV/AIDS</td>
<td>4.7%</td>
</tr>
<tr>
<td>Financial support</td>
<td>3.5%</td>
</tr>
<tr>
<td>Counseling to cope with results</td>
<td>1.7%</td>
</tr>
<tr>
<td>Giving food</td>
<td>1.2%</td>
</tr>
<tr>
<td>No response</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

The respondents were asked about services offered in a VCT centre. From the figure 4.9, majority of the respondents (75.2%) stated testing for HIV status as the main activity which goes on at VCT while 4.7% of the respondents mentioned treatment for HIV/AIDS as the main activity which goes on at VCT. Financial support (3.5%) and Counseling to cope with results (1.7%) were also mentioned by the respondents as activities which go on at VCT. About 13.7% did not respond to the question. These findings imply that majority of students were well informed about the kind of support services that were provided at a VCT centre. Testing for HIV status is important because it enables the clients to know their HIV status so that those who are HIV negative can adopt behavior change that can prevent them from getting infected.

**Voluntary Counseling and Testing within Twelve Months**

Figure 4.10 below shows whether the respondents had visited a VCT center 12 months prior to this study.
Figure 4.10 shows that majority of the respondents (79%) had not visited VCT 12 months before this study while a minority of the respondents (21%) had visited VCT 12 months before this study. It can also be seen that more girls than boys did attend VCTs. Similarly respondents that had engaged in sex sought VCTs more than those that had not. More needs to be done to encourage more youth to attend VCTs to not only know their status but also to seek information about HIV and AIDS. Failure to attend VCT centers may hinder behavior change among adolescents as they will not have access to information on HIV/AIDS given in these centers.

Knowledge about Youth Friendly Services

Figure 4.11 below shows the respondents Knowledge about youth friendly serviced
The respondents were asked about their awareness of the youth-friendly services. Figure 4.11 depicts that majority of the respondents (46.9%) had heard about youth friendly services, while 38.5% had not heard of the services. Only 14.6% did not respond to the question. Youth-friendly services are accessible, acceptable and appropriate for adolescents (M.O.H, 2005). They are broad-based health and related services provided to young people to meet their individual health needs in a manner and environment to attract interest and sustain their motivation to utilize such services as VCT and reproductive health education. This is meant to enhance behavior change as the students will not fear to seek VCT services due to stigmatization or ignorance.

**Source of Information about Youth Friendly Services**

Figure 4.12 below shows the respondents source of information about youth-friendly services.
Figure 4.12: Respondents’ source of Information about Youth Friendly Services

![Bar Chart](image)

Figure 4.12 above shows that a larger proportion of the respondents (40.4%) had heard about the youth friendly services from relatives and friends, 29.8% had heard about the services in church, 11.2% from televisions while 3.7% heard about youth friendly services from their teachers. This shows that information about youth friendly services had not been channeled through the schools where the youth spent most of their time.

4.2 Limitations of the Study

The stigma attached to HIV/AIDS behaviors such as pre-marital sex and drug and substance abuse, may have influenced the participants’ responses.

The fact that the study was only conducted in Osupuko Division, Narok South Sub-County was a limitation given that the findings may not be applicable to the rest of the sub-counties in Kenya. However the researcher assumed that the findings of the study was the same in other sub-counties in Kenya hence the situation at Narok can be a reflective of other areas in Kenya.

4.3 Chapter Summary

The chapter has discussed in details the presentation of the research findings and limitations of the study.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary of the study, discussions and conclusions. The researchers then present the major recommendations for both the research and for the policy and practice.

5.1 Summary of Findings

Other than 16% of the students, the rest identified with the two main religious groups namely protestant (52.7%) and catholic (28.6%). 91.2% of the students spent their leisure time meaningfully by engaging in games, sports and drama clubs. 56%t of the students had abstained from sex prior to the study. More male students (47%) as compared to female students (24%) had engaged in sex between 7-12 months prior to the survey. The average number of sexual partners for male students was higher (47.9%) as compared to that of female students (24%).

50.1% of the students who engaged in sex used condoms, as compared to 49% of the students that never used condoms. The students cited the following factors that can predispose them to HIV/AIDS: Peer pressure (mean=3.38), Reading or watching pornography (mean 3.23), Curiosity and need to experiment (mean 3.17), Drug and substance abuse (mean 3.06), Mass media (mean3.02), Male and female circumcision (mean 2.88), Relaxed rules at home and church (mean 2.85), Availability of contraceptives (mean 2.6) and Poverty (mean 2.65).

Students have knowledge on HIV/AIDS. 87% of the students knew how HIV is transmitted while 80.7% of the students knew about HIV/AIDS prevention. According to the students, the most effective behavior programmes targeted at the youth are, decreasing frequency and number of sexual partners, use of condoms, delaying the onset of sexual intercourse and treatment of STIs. 77% of the students have knowledge on VCT. 79% of the students
had not visited a VCT centre during the last 12 months prior to the study due to fear of knowing their HIV status. 39% of the students had not heard about youth friendly services. The students cited the following activities undertaken in schools relating to HIV prevention; Peer education and counseling (44.3%), Guidance and counseling (32.4%) and Teachers teaching students about HIV/AIDS (4.7%). There is a significant relationship between gender and behavior change for HIV prevention among students in Osupuko Division, Narok South Sub-County. More female students had embraced behavior change than their male counterparts. There is a significant relationship between HIV and AIDS prevention efforts and behavior change for HIV/AIDS prevention among students in Osupuko Division, Narok South Sub-County. The prevention efforts should target the male adolescents more for behavior change.

There is no significant relationship between knowledge of HIV/AIDS prevention and behavior change among students in Osupuko Division, Narok South Sub-County. Knowledge of HIV and AIDS did not deter the students from engaging in risky sexual behavior thus need to combine knowledge with prevention efforts such as youth friendly services and peer programmes for effective behavior change.

5.2 Recommendations

Guidance and counseling services should be strengthened in schools and should be well manned in schools to enhance behavior change for HIV/AIDS prevention among the students.

Ministry of Health and Ministry of Education should target more male students in their sexual behavior change programmes.

Ministry of Health and Ministry of Education should jointly work towards availing more reading materials on HIV/AIDS and sexual behavior change.

5.3 Conclusions

There is a relationship between gender and behavior change for HIV/AIDS prevention among students. This can be explained by the fact that guys have more sexual accomplices than females.
HIV and AIDS prevention efforts such as youth friendly services, peer education and use of condoms have a significant influence on behavior change for HIV/AIDS prevention among students. There is no noteworthy connection between information of HIV/AIDS avoidance and behavior change for HIV/AIDS prevention among students. Despite having knowledge on HIV/AIDS prevention this did not stop the students from engaging in risky sexual behavior.
REFERENCES


APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

Manken Julius Kamakei
The Management University of Africa
10\textsuperscript{th} June, 2017.

Dear respondent,

\textbf{REF: REQUEST FOR YOUR PARTICIPATION IN RESEARCH STUDY}

You have been selected to participate in this study. The aim of this study is to assess the factors influencing the prevention of HIV/AIDS among secondary school students in Osupuko Division, Narok South Sub-County. You are kindly requested to be very honest with your answers. You are not required to write your names and any information given by you will be treated with utmost privacy and confidentiality. The responses will not be discussed with anybody. Your co-operation will be highly appreciated because it will lead to the success of this study.

Thank you.

Manken Julius Kamakei
APPENDIX II: QUESTIONNAIRE

You are required to respond to the following questions by ticking in the spaces provided against each option or by writing in the spaces provided where there are no options.

Where ‘’others’’ is your option, please specify appropriately in the spaces provided.

SECTION A: BACKGROUND INFORMATION OF THE RESPONDENT

1. Sex:
   Male [ ]
   Female [ ]

2. Age
   Less than 13 yrs [ ]
   13 – 15 years [ ]
   16 – 19 years [ ]

3. Where is your home now?
   Rural [ ]
   Urban [ ]

4. What is your religion (tick appropriately)
   Protestant [ ]
   Catholic [ ]
   Muslim [ ]
   SDA [ ]
   Others (specify) ____________________________________________

5. Whom do you stay with at home?
Parents ☐
Uncle ☐
Sister ☐
Brother ☐
Aunt ☐

Others (specify) _________________________________________

6. Where do you spend your leisure time?
Discos ☐
Games/sports ☐
Watching videos ☐
In bars ☐
Drama club ☐

Others (specify) _________________________________________

SECTION B: SOCIO-DEMOGRAPHIC FACTORS

Have you ever had sex?
Yes ☐
No ☐

7. How old were you when you had sex for the first time?

________________________________________________________

8. How many sexual partners do you have?

________________________________________________________

9. a) Have you used a condom?
Yes ☐
No ☐
Not applicable…………………

13. a) Have you ever suffered from a sexually transmitted infection?
Yes ☐
No ☐
14. Does having unprotected sex with your boyfriend/girlfriend prove that he/she loves you?

Yes □

No □

15. What do you think people say about you when you abstain from sex? (tick all if applicable).

Coward □

Infected with HIV □

Not functioning sexually □

Responsible □

Nothing □

SECTION C: KNOWLEDGE ON HIV/AIDS

The following are suggested factors that predispose adolescents to HIV/AIDS. Please indicate your opinion of these statements by putting a tick against SD, D, N or SA on the box provided after each question where; SD stand for Strongly Disagree with the statement, D stands for Disagree with the statement, A stands for Agree with the statement. N stands for Neither Agree nor Disagree with the statement and SA stands for Strongly Agree with the statement.

<table>
<thead>
<tr>
<th>Factors predisposing adolescents to HIV/AIDS</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/female circumcision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading or watching pornography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug use and abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer pressure/influence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influence from mass media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Availability of contraceptives
Curiosity/need to experiment
Poor role modeling by parents
Relaxed rules at home/church/society

16. Which of the following statements are True or False in your opinion? (Tick in the blank spaces provided).

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A person can be infected with HIV/AIDS but not even know about it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) One can tell someone infected with HIV/AIDS virus by just looking at him or her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) A person who is sick with AIDS can infect others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Risk of contracting HIV is increased by presence of other sexually transmitted diseases.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) HIV is transmitted by engaging in unprotected sexual intercourse with an infected person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) A person with many different sexual partners could be at risk of HIV infection.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION D: BEHAVIOUR PROGRAMS TARGETED AT ADOLESCENTS

17. in your opinion, HIV prevention efforts focus on, (tick one only)

- Delaying the sexual onset of sexual intercourse
- Promoting abstinence
- Decreasing frequency and number of sexual partners
- Use of condom
- Treatment of sexually transmitted infections (STIs)
- All the above

18. Which of the following behavioral programs targeted at the youth is the most effective? (Tick only one)
Parental counselling

School based programs like being taught about HIV/AIDS in schools

Use of peer counsellors as agents for behaviour change

Newspapers

The mass media

Others (specify) ________________________________

19. Have you ever heard about Voluntary Counseling and Testing (VCT)?
   Yes □ No □

20. What happens at a VCT centre? (More than one answer is allowed).
   Financial support e.g. school fees □
   Testing for HIV status □
   Treatment for HIV/AIDS □
   Giving food □
   Counselling to cope with results □

21. a) During the last twelve months, did you have any Voluntary Counselling and Testing?
   Yes □ No □
   b) If yes, where did you seek VCT?
      Hospital □
      Private □
      clinic □
      VCT centre □
      Herbal □

Others (specify) __________________________________________

25. a) Have you ever heard about youth friendly services?
   Yes □ No □
   b) If yes, how did you learn about youth friendly services?
      Through friend/relative
Television

Church

Teacher

Others (specify) _______________________________________________

Thank you for your co-operation

APPENDIX III: RESEARCH STUDY WORKPLAN

The research will be carried out between June 2017 and August 2017

<table>
<thead>
<tr>
<th>Activity</th>
<th>June 2017</th>
<th>June 2017</th>
<th>July 2017</th>
<th>July 2017</th>
<th>July 2017</th>
<th>August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposal Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical Clearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposal submission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data entry and analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Submission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX IV: RESEARCH STUDY BUDGET

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity required</th>
<th>Price per item</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pencils</td>
<td>5</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Biro pens</td>
<td>5</td>
<td>30</td>
<td>150</td>
</tr>
<tr>
<td>Notebook</td>
<td>2</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Eraser</td>
<td>5</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Folder</td>
<td>1</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Lunch</td>
<td>10 days</td>
<td>200</td>
<td>2000</td>
</tr>
<tr>
<td>Wages for assistant</td>
<td>10 days</td>
<td>300</td>
<td>3000</td>
</tr>
<tr>
<td>Internet bundle</td>
<td>10 days</td>
<td>500</td>
<td>5000</td>
</tr>
<tr>
<td>Printing Final Copy</td>
<td>60 pgs 8 copies</td>
<td>5</td>
<td>2200</td>
</tr>
<tr>
<td>Printing of Questionnaires</td>
<td>40 @3pgs</td>
<td>20</td>
<td>2400</td>
</tr>
<tr>
<td>Binding</td>
<td>8 copies</td>
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<td>2800</td>
</tr>
<tr>
<td>Airtime</td>
<td>10 days</td>
<td>200</td>
<td>2000</td>
</tr>
<tr>
<td>Transport</td>
<td>10 days</td>
<td>100</td>
<td>1000</td>
</tr>
<tr>
<td>Miscellaneous10%</td>
<td>10 days</td>
<td></td>
<td>1,880</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>23,680</strong></td>
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</tbody>
</table>