Students' Sexual behaviour in the Context Of HIV/Aids Education in Public Secondary Schools: A Case for Kangudo Division, Kenya

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Abstract

The HIV/AIDS Education Sector Policy in Kenya of the year 2006 advocates for effective teaching of HIV/AIDS issues in schools. Through the infusion of HIV/AIDS messages across the curriculum, it is expected that learners will acquire responsible sexual behaviour that will reduce the spread of HIV/AIDS. In the year 2007, Kangundo division had HIV/AIDS prevalence rate of 8.4%. HIV/AIDS education therefore can benefit school going adolescents in the division. This study investigated students' sexual behavior after the introduction of HIV/AIDS education in public secondary schools in Kangundo division. The research design used was ex post facto. The target population was 19 public secondary schools in the division. The researchers randomly selected 80 teachers and 160 students from 18 public secondary schools in the division to participate in the study. Questionnaires were used to collect data from the teachers and students. The findings of the study revealed that majority of the students were engaging in irresponsible sexual behaviour and drug abuse even after the introduction of the HIV/AIDS education in schools. This made students vulnerable to HIV/AIDS infection. Students were also possible active agents of HIV/AIDS transmission. The study recommended that HIV/AIDS education in schools should be improved and sustained. There is also need to make serious appeal to the students to change their sexual behaviour through the media, community based organizations, the church and the family unit. Stakeholders in the education sector should collaborate to deal with drug and substance abuse in schools.

Key terms: HIV/AIDS, Students, Sexual behaviour, Drug and substance abuse

1. Introduction

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is caused by HIV virus. The virus attacks certain cells of the body's immune system. Over time, the immune system becomes weak (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2002). Weak immune system makes the victims susceptible to opportunistic infections since the body is unable to defend itself from life-threatening infections and cancers (Frenay & Mahoney, 2001). According to Bankole and Mabekoje (2008), HIV/AIDS has no cure. Provision of correct information about HIV/AIDS therefore remains one of the key prevention strategies recommended against the spread of the disease. The main method of HIV/AIDS transmission is through heterosexual sex (Joint United Nations Programme on Acquired Immune Deficiency Syndrome [UNAIDS], 2002).

The first case of HIV/AIDS was found in the United States of America (USA) in the early 1980's amongst homosexuals and gay persons (Law, King, Zitek & Hebl, 2007). At first, people believed that AIDS afflicted only homosexuals. Church leaders said that it was a curse from God (UNESCO, 2004). Currently, HIV/AIDS statistics are alarming. According to UNAIDS (2007), an estimated 25 million people have died of HIV/AIDS related diseases, 13 million people are orphaned and about 4.3 million people were infected in the year 2006 globally.

Africa accounts for 70% of all those estimated to be living with AIDS (UNAIDS, 2007). Southern Africa is the epicenter of the AIDS pandemic. All countries in the Southern African region, except Angola, have an estimated adult HIV prevalence of over 10% (World Bank, 2005). South Africa, with HIV prevalence of 18.8% and 5.5 million people living with HIV, has the largest number of persons living with HIV/AIDS in the world (UNAIDS, 2006).

The first cases of HIV infection in Kenya were noted in the late 1970s in communities around Lake Victoria (Johnstone, 2000). The Kenya Ministry of Health officially reported the first case of AIDS in 1984 (Ruto, Chege & Wawire, 2009). Since then, the prevalence of HIV/AIDS in Kenya has progressively increased from negligible levels of the late 1980s to the current alarming rates. An estimated 1.3 million people in Kenya lived with the HIV/AIDS in 2007 (Japan International Cooperation Agency [JICA], 2007). HIV has not been striking the population uniformly. Young people have been more affected **(**UNESCO, 2005). UNAIDS (2001) asserts that approximately sixty percent (60%) of the world's HIV infections occur in youth between the ages 15 to 24 years. This is a severe threat to the whole society. These young people may have some productive years living with HIV infection but sooner or later will develop HIV/AIDS and become dependent on care from family members.
The size of the pandemic globally has put the AIDS problem a priority in the international agenda. Education for All (EFA) regional meeting held in South Africa in December 1999 recognized that to achieve EFA, it must implement educational programs and actions to combat HIV/AIDS **(**Nkinyangi & Ochanda, 2003). Later, the world conference on EFA in Dakar in the year 2000 made a commitment to tackling HIV/AIDS as a matter of extreme urgency. Education is the most powerful weapon that can be used to change the world. It is a basic instrument for eradicating poverty, constructing citizenship and improving people's ability to control their own lives. Accordingly, the World Bank (2002) contends that the education sector has a central role in the multisectoral response to HIV/AIDS in Africa. It is regarded as a social vaccine against the spread of HIV, especially through the empowerment of young women and girls, its ability to reach children and young people, and its contribution to knowledge, attitude, skills and behaviour.

The commission of inquiry into education system (Republic of Kenya, 1998) was mandated to suggest ways and means of developing comprehensive social ethics, values and AIDS related programs. It recommended that HIV/AIDS education be integrated in the curriculum. HIV/AIDS Education Sector Policy, which was formulated in 2006, formalizes the rights and responsibilities of every person involved in the education sector with regard to HIV/AIDS **(**Republic of Kenya, 2006). The principles in the HIV/AIDS education sector policy include access to education, access to information, equality, privacy and confidentiality, care, treatment and support of the affected and infected people in the education sector. The policy advocates for the effective teaching of the HIV/AIDS issues in schools.

Ruto et al. (2009) note that under the HIV/AIDS education sector policy, the Ministry of Education (MOE) sought to infuse/integrate HIV/AIDS education into the school curriculum as a form of social vaccine that would permeate through all schools. This was expected to accelerate the efforts to curb the spread of HIV among young people in general and children in particular. In 2004, the Kenya Institute of Education (KIE) revised the national curriculum. The HIV/AIDS curriculum was integrated in the revised curriculum for both primary and secondary schools. All teachers were expected to teach using the revised curriculum. Githinji and Changa'ch (2011) noted that the integration of HIV/AIDS messages in the curriculum aimed at increasing the levels of awareness and knowledge among the learners. According to Odu and Akanle (2008), it is expected that when one has the knowledge of HIV/AIDS, the accompanying behaviour would be logical. Having the knowledge of prevention, transmission and other facts should encourage individuals to adopt safe sexual behaviour. Possession of adequate and correct knowledge is highly correlated to preventive efforts. This has motivated most educational projects on HIV/AIDS since it is assumed that knowledge will help to overcome fear, denial and also contribute to behaviour modification.

Kangundo division is in Machakos district. According to Machakos district strategic plan for the years 2005 – 2010 (Republic of Kenya, 2005), HIV/AIDS in the district is a major health problem with the prevalence averaging 15%. With regard to bed occupancy, about 50% of the hospital beds in the district are occupied by patients with HIV/AIDs related diseases. So serious is the spread of HIV/AIDS in schools in the district that in the year 2003, the then Machakos hospital superintendent reported that the infection rates among students in the district had reached alarming rates.

He noted that out of every 100 pints of blood they collected from schools, 8% was HIV tainted. This was despite the fact that they were handling boys and girls aged between 12 and 17 years (Otieno, 2003). In the year 2003, it was reported that HIV/AIDS infection in Mwingi, a district neighbouring Machakos district, was rising at an alarming rate. The then area medical officer of health observed that 70% of beds at the district hospital were occupied by HIV/AIDS patients, while 4 out of 10 persons who visited the Voluntary Counselling and Testing (VCT) centers tested HIV positive. He further noted that for the students donating blood, the figures of those testing HIV positive were higher than those of adults (Otieno, 2003). This shows the gravity of HIV/AIDS in schools in the stated districts. Data obtained from Kangundo General Hospital Comprehensive Care Clinic by the researchers in the year 2008 revealed that the average number of people undergoing VCT was only 20 per month. There were 340 children on HIV care. Out of these patients, 204 (60%) were female and 136 (40%) were male. There were 2,368 adults on HIV care, of which 1,792 (75.7%) were women and 576 (24.5%) are men. This was quite a high number considering that UNESCO (2002) reported that most people do not undergo VCT and many HIV/AIDS cases go unreported. According to the Kenya Ministry of Health Survey (Ministry of Health [MOH], 2007), Kangundo division had HIV/AIDS prevalence rate of 8.4%. Since the integration of HIV/AIDs curriculum in schools, no study has been conducted in Kangundo division to examine students' sexual behaviour considering that they are highly vulnerable to new infections.

2. Objective of the study

The main objective of the study was to assess students' sexual behaviour in the context of HIV/AIDS education in public secondary schools in Kangundo division.

3. Theoretical framework

The study was based on the theory of optimistic bias. The theory is credited to Weisten (1984). The theory advances that individuals think they are less likely than average persons to experience health problems. In assessing their own risks, they may not realize the impact of behavioural risk factors. For instance, Johnson (2000) survey found out that eighty four percent (84%) of Kenyan adolescent boys perceive themselves to be at no risk of getting AIDS. The case of girls was a bit different, with eighty percent (80%) of them considering themselves to be at no risk or small risk of getting AIDS. In a recent study in Kenya by Ikamari and Towett (2007), 33.5% of all the sexually experienced adolescents reported that they were not at risk at all of contracting HIV/AIDS, 42.9 percent indicated small risk, 14.7 percent indicated moderate risk and only 8.9 percent of them reported being at a great risk of contracting HIV/AIDS. Majority of the sexually experienced adolescents therefore did not perceive themselves as being at a great risk of contracting HIV/AIDS despite low use of condoms reported in the study. Applied to the current study, the theory indicates that despite HIV/AIDS awareness brought about by the introduction of HIV/AIDS education in schools, students engage in risky sexual activities feeling that these would not impact negatively on their sexual lives except in the lives of their colleagues. HIV/AIDS can only affect their friends, not them.

4. Methodology

The study adopted ex-post facto research design. According to Cohen and Marion (1994), ex-post facto research is a method of eliciting possible antecedents of events, which have happened and cannot, because of that fact, be manipulated by the investigator. The rationale for choosing this design lies in the fact that the events being investigated had already taken place and the researcher could not manipulate them in any way. The variables HIV/AIDS education and student behaviour have already formed in the students and therefore cannot be manipulated to establish causation. Kangundo division has 19 public secondary schools. Eighteen schools were randomly selected. Eighty teachers and 160 students participated in the study. Data was collected using questionnaires. The questionnaire items were peer reviewed by the researchers to ensure content validity. A pilot study was also conducted among 8 teachers and 16 students randomly selected in two public secondary schools neighbouring Kangundo division. The researcher chose 8 teachers and 16 students as per Mulusa (1990) who says that piloting should involve 10% of the total sample. Ambiguous questions were modified or discarded after the teachers and students in the pilot schools submitted their filled questionnaires. To establish the reliability of the questionnaires, the results of the pilot study were compiled and split half correlation calculated using Statistical Package for Social Science (SPSS) version 17. The computed reliability coefficients were 0.82 for the teachers' and 0.84 for the students' questionnaire.

The questionnaires were therefore considered reliable as per Mugenda and Mugenda (2001) who assert that a coefficient of 0.80 or more implies that there is a high degree of reliability of the questionnaire items. Data were analyzed using both quantitative and qualitative statistics.

5. Results

5.1 Students' engagement in sexual intercourse

This research item required the students to indicate whether or not they had ever had sex. This was mainly to familiarize the researchers with the students' sexual behaviour. The results are as shown in table 1:

Table 1: Students' response on whether they had ever had sex

Response	Frequency	Percent
Yes	144	90.0
No	16	10.0
Total	**160**	**100.0**

Data presented in table 1 show that 90% of the students in the division were sexually active. Abstinence was practiced by few students (10%). Most of the students were therefore at the centre of the HIV/AIDS epidemic in terms of vulnerability and new infections. Integration of HIV/AIDS education into the school curriculum would therefore benefits this critical population through acquisition of knowledge resulting to positive behaviour change.

5.2 Last time students had sexual relationship with anyone

The study investigated the last time the students had sexual relationship with anyone. It was mainly to help the researchers establish the characteristics of the students' sexual behaviour in the context of HIV/AIDS education. The data obtained from the students is presented in table 2.

Table 2: The last time students had sexual relationship with any one

Response	Frequency	Percent
Days ago	13	**8.1**
Weeks ago	25	**15.6**
Months ago	43	**26.8**
Years ago	63	39.5
Never	16	10.0
Total	**160**	**100.0**

Data presented in table 2 revealed that over half of the students (50.5%) engaged in sex raging from months to days ago. The findings suggest that the students' social environment provide opportunities for sexual activities. Evidently, the integration of HIV/AIDS messages in the curriculum was doing little to deter irresponsible sexual activities among the students. The finding concurs with Wanga (2000), Stephen (2003) and Jerusha (2006) who noted that increased awareness and knowledge on HIV/AIDS does not necessarily lead to change of behaviour.

5.3 The age of first sexual debut

A question was posed to the students to indicate the age at which they first engaged in sexual intercourse. The results are as shown in table 3.

Table 3: The age at which students had first sexual intercourse

Response	Frequency	Percent
1 – 5 years	1	0.6
6 – 10 years	38	23.7
11 – 15 years	72	45.0
16 – 20 years	33	20.7
Never had sex	16	10.0
Total	**160**	**100.0**

Table 3 shows that 45.0% of the students had first sexual debut between 11 and 15 years and this was followed by 23.7% at between the ages 6 to 10 years. Majority of the students (65.7%) therefore had the first sexual debut while in upper primary or in the early years of secondary education. The findings are in agreement with studies by Muthoni (1996) in Nairobi and Ngumzo (1996) in Makandara division who reported early initiation of children into sexual intercourse. These two studies found that by the age of 13 years, a substantial number of boys and girls were sexually active. In Kangundo division, 31.3% of the students were sexually active by the age of 10 years. This was alarming considering that this is the HIV/AIDS generation where cases of mother to child transmission are real and therefore some of the students may be infected. HIV/AIDS education right from lower primary schools was therefore a timely intervention.

5.4 Duration of time students had known their sexual partners

The study analyzed the duration of time students had known their sexual partners. The item was important in order to establish whether students took time to understand their partners before engaging in sex to reduce their vulnerability to HIV/AIDS infection. The findings are as shown in table 4.

Table 4: Duration of time students had known their sexual partners before engaging in sex

Response	Frequency	Percent
For days	25	15.6
For weeks	41	25.6
For months	54	33.7
Above 1 year	23	14.3
Do not know them	17	10.8
Total	**160**	**100.0**

Data presented in table 4 indicate that majority of the students (52%) did not take time to learn about their sexual partners. Some students (10.8%) did not know their sexual partners, 15.6% had only known their partners for days while 25.6% had known their partners for weeks. Incidents of casual sex were therefore high among the students. Findings on age of first sexual debut and duration of time the students had known their sexual partners may point to inherent weaknesses with HIV/AIDs education in schools in Kenya. The programme may not be meeting its objectives in terms of positive behaviour change among the students. Ruto et al. (2009) study revealed some challenges in the implementation of the programme. Their study found that most of the education practitioners had low or non-existent knowledge of the contents of the HIV/AIDS in education policy document. The consequences of teachers' low level of knowledge was reflected by learners in the study schools scoring poorly in definition, causes, symptoms, prevention and effect of HIV/AIDS. In Kangundo division, the consequence of inherent weaknesses in the implementation of HIV/AIDS education is inadequate empowerment of the students to make rational choice in terms of delayed sexual debut and control of sexual drives and pressure in casual relationships.

5.5 Students' sexual behaviour with their first/new sexual partner

The students were given four statements related to possible sexual behaviour with a new/first partner. This was meant to establish whether students were practicing sexual behaviours that reduced risk of vulnerability to HIV/AIDS and other sexually transmitted infections. The results are as shown in table 5.

Table 5: Students' sexual behaviour with their first/new sexual partner

Action before sexual activity with a new partners	Response	Frequency	Percent
Seek Voluntary Counseling and Testing services	Yes	125	78.1
	No	31	19.3
	Don't Know	4	2.6
	Total	**160**	**100**
Ask how many sexual partners he/she had before	Yes	114	71.2
	No	38	23.7
	Don't Know	8	5.1
	Total	**160**	**100.0**
Abstain from sexual intercourse	Yes	109	68.1
	No	42	26.3
	Don't Know	9	5.6
	Total	**160**	**100.0**
Insist on condom use	Yes	85	53.1
	No	72	45.0
	Don't Know	3	1.9
	Total	**160**	**100.0**

Data presented in table 5 show that majority of the students (78.1%) would go for VCT, 71.2% indicated that they would ask a new partner how many sexual partners he/she had before they met while 68.1% indicated they would abstain. Fifty three percent (53.1%) reported that they would insist on condom use. The data therefore suggest that majority of the students would insist on sexual behaviours that reduce the risk of contracting HIV/AIDS and other sexually transmitted diseases. Thus, HIV/AIDS education was empowering students in terms of knowledge on sexual behaviour that reduce risk of new infections. Notable among the benefits were awareness on the need for VCT before sexual intercourse, abstinence and condom use during sexual intercourse. This is in line with Johnstone (2000) who emphasizes that HIV/AIDS education programs should emphasize on abstinence, establishing HIV/AIDS sero status through VCT, and use of condoms whenever having sex or being faithful to one uninfected sexual partner.

However, there was a major discrepancy between reported sexual behaviours and actual practice in the context of the study. It was evident that majority of the students engaged in casual sex (Table 4) and therefore reducing the possibility of seeking VCT services before sexual intercourse. Visiting a VCT center before sexual intercourse was therefore more of a desired than a practiced action. The same generalization was made on students' desire for abstinence since majority of the students were sexually active weeks prior to the study with some not having prior knowledge of their partners. It was also notable that while condom use was the most viable option for a student population that was highly sexually active (only 10% had abstained), a significant percent of students (45%) would not emphasize on condom use during sexual intercourse. The findings on students' sexual behaviour in the context of HIV/AIDS education in schools in Kangundo division are in line with those reported by Kelly (2000) that HIV/AIDS education does not necessarily result to positive change in sexual behaviour. However, the findings are contrasted by Johnstone (2000) who concluded that knowledge about HIV/AIDS has in many cases resulted to positive behaviour change.

5.6 Students' involvement in drug and substance abuse

The study also sought to investigate whether students were involved in drug and substance abuse. Drug and substance abuse is highly related to irresponsible sexual behaviour because it impairs judgment. The data obtained from the students and teachers is summarized in table 6.

Table 6: Students' involvement in drug and substance abuse

	Students		Teachers	
Response	**Frequency**	**Percent**	**Frequency**	**Percent**
Yes	136	85.0	64	80.0
No	8	5.0	7	8.7
Don't Know	16	10.0	9	11.3
Total	**160**	**100**	**80**	**100.0**

Data presented in table 6 revealed that 85% of the students and 80% of the teachers were in agreement that students in the division were abusing drugs and substances. Kiragu and Zabin (1993) found that young women who used drugs were more than four times as likely to be sexually active compared to those who did not. In the same study, young men who used drugs were twice as likely to be sexually active as those who did not. Drug abuse may therefore explain the many incidents of irresponsible sexual behaviour among the students despite the implementation of HIV/AIDS education in schools.

5.6 Conclusion and recommendations

The study concluded that despite the introduction of HIV/AIDS education in schools, students were engaging in the heterosexual casual sex and drug abuse. This made them vulnerable to new HIV/AIDS infection. They were also active agents to transmit HIV/AIDS. While HIV/AIDS education may be making significant gains in empowering students with knowledge on sexual behaviour practices that help in preventing the disease, students' involvement in drug and substance abuse was eroding the gains achieved by the intervention.

5.7 Recommendations

The study recommended that the Ministry of Education, the National Campaign Against Drug Abuse Authority (NACADA) in collaboration with the local community should develop programmes to deal with drug abuse menace in schools. The MOE should sustain and improve on HIV/AIDS education in schools. The MOE, school administrators, teachers, community based organizations, the church, the media, the family unit and school based peer groups should make concerted efforts to appeal to students to change their sexual behaviour. Such efforts should also include exposing students to AIDS victims and using the victims as resource persons. Moreover, there is need to evaluate HIV/AIDS education in schools for continuous improvement.

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