

Trends in HIV/AIDS Infection and Sexual Behaviour Change among Teacher Trainees: A Study of a Teacher-Training College in Western Kenya

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Abstract

The available information indicates that so far there is no conclusive cure for HIV/AIDS. The approach taken by various stakeholders to reduce HIV infection do not seem to impact on behaviour change especially among young people (Kenya Aids Indicator Survey, 2007). This study sought to find out whether young people are responding appropriately to sexual behaviour change messages. The study was informed by Rosenstock's Modified Health Belief Model (1974). A total of 216 student-teachers were purposively selected. Both survey and causal comparative research designs were adopted. Questionnaires and Focus Group Discussions were used to generate data which was analyzed using descriptive statistics. The study revealed that all the respondents are aware of the most common mode of transmission of HIV infection as sexual intercourse. There was a significant relationship between: year of study and current involvement in sexual relationship; Voluntary Counselling and Testing visits and consideration in choosing sexual partners.

Key Words: Gender, Development, Human Sexuality

INTRODUCTION

HIV/AIDS remains a major concern in Kenya and especially in learning institutions because of high prevalence rates reported among teachers and significantly higher rates among the younger ages, the college going students. Most new infections are because of heterosexual contact with an infected partner. About 75% of all AIDS cases occur among people in the most economically productive age group of 20-45years (Ministry of education, 2001). —If the teachers were intensively involved in the campaign against HIV/AIDS for the last two decades, Kenya would be miles ahead in the prevention of infections and care of the infected!! (Education Watch, June-July 2008). A healthy society will always yield creative and innovative people. HIV/AIDS is likely to stifle the latter (Population report, 1989).

KNUT is worried that the negative impact of HIV/AIDS would compromise the government's policy gains on provision of both free primary and secondary education as strategies towards achievements of Education for All by 2015 and the consequent Millennium Development Goals (Education Watch, June-July 2008).

In the worst affected countries, the epidemic is causing death to the education work force leading to untold suffering of children, young people and their families, (UNAIDS, 2003). HIV/AIDS is undermining institutional capacity needed to protect the health and development of children and young people. It is also threatening the human capital

necessary for development, yet HIV infection is preventable by avoiding risky behaviours. HIV effects on education system are an issue of concern to all educationists. High infection rates, the prolonged incubation period of HIV and the delayed responses of the education sector imply that full impact of HIV/AIDS on education is yet to come. All aspects of education system, are likely to be affected in many countries particularly those in sub-Sahara Africa (Education Watch, June-July 2008). Republic of Kenya (2000) reports that the supply of experienced teachers is reduced by HIV/AIDS related illnesses and besides the AIDS pandemic is threatening to reverse enrolment and completion rates despite the high literacy rates because children are kept out of school if they are needed at home to care for the sick family members or children drop out of school if their families cannot afford school fees due to reduced household income as a result of HIV/AIDS death. Teenage children are also susceptible to HIV infection. According to available research, teachers' deaths in Kenya tripled between 1995 and 1999 owing to HIV/AIDS with the pandemic being the greatest contributor to the teachers' mortality (Ministry of Education, 2001). Teacher' deaths resulting from HIV/AIDS was as high as six per day. By simple mathematics, this would translate to approximately 180 teachers per month and consequently 2160 teachers per year. These are well trained, qualified as well as experienced individuals in whom the government has invested heavily (Education Watch, June-July 2008). Nelson Mandela the former South African President said that HIV/AIDS epidemic is a bigger challenge than apartheid, (United Nations Agency for International Development Dec, 2003). The concerted efforts to reduce HIV prevalence has not translate into significant behaviour change as new infections occur every day especially among young people (KAIS, 2007). Medical efforts seem to have failed to yield any useful curative results for HIV infection. Behavioural change programmes targeting populations at especially high risk are among the most cost effective prevention-intervention available and present a core component of any National HIV prevention programme (UNAIDS, 2004).

Statement of the Problem

HIV/AIDS remains a killer disease. Effective behaviour change programs require an integrated approach where people embrace the issues and consider them as much possible their own business and since schools provide a good playground for learners, parents and teachers, it is vital to exploit the situation. At the same time, thousands of teachers have been infected! The above scenario is certainly a drawback to the Kenyan education sector at a time when teachers' recruitment policies are unclear and unpredictable and largely dictated by the state of the economy (Education Watch, June-July 2008).

A significant number of Kenyan adults have multiple sexual partners which increase their vulnerability and exposure to HIV infection. Programmes designed to slow the spread of HIV need to focus on reducing transmission through sexual contact (Ministry of Health, 2001). It is against this background that behaviour change is being advocated as a major move to prevent new infections. The college students were targeted because they are most sexually active and they represent the future workforce of this country.

Objectives

- 1 To investigate college students' awareness of the most common mode of transmission of HIV infection.
- 2 To investigate the relationship between year of study and current involvement in sexual relationships.
- 3 To investigate the relationship between VCT visit and consideration in choosing sexual partners.

Hypotheses

HO₁ There is no significant relationship between year of study and current involvement in sexual relationship.

HO₂ There is no significant relationship between VCT visit and consideration in choosing sexual partners.

Awareness of Transmission of HIV Infection

Research has shown that 80% of HIV infection is through sexual intercourse with an infected person while 20% is transmitted through other means (NASCOP Feb, 2007). It is against this background that behavioural change is being advocated as the major move to prevent new infections. Around the world, successful preventive programmes among the youth are ones that equip them with knowledge, skills and attitudes to delay sex and prevent infections once they become sexually active (World Bank, 2005).

According to NASCOP (2001), despite evidence that large proportions of older adolescents and young adults who live both in rural and urban setting in Kenya appear to have high levels (98%) of knowledge and awareness about the prevalence, methods of transmission and deadliness of AIDS, they have not changed their sexual behaviour. Related to this is the fact that the world today has placed more people than ever before in contact with many sources of sex information. Sexual attitudes and beliefs are transmitted by numerous socialization agents. The peer group, in particular, wields a powerful influence even more than parents do. Other important influences are media and sex education in the school system. The church also affects the attitude development. Students face a difficult task in learning to manage their sexuality. Unfortunately, despite sex education in school and college system, people often possess inadequate sex knowledge (Shiprah *et al.*, 2006). According to NASCOP (Feb, 2007) report on HIV/AIDS, there has been a slow change in sexual behaviour among Kenyans despite having adequate knowledge on HIV prevention. According to Kenya Institute of Education (2003), information on HIV/AIDS has been integrated in various subjects in the school and college curriculum in Kenya. However, a major challenge related to the issues of HIV/AIDS in schools and colleges is the lack of role models among teachers in schools and tutors in colleges as well as parents at home.

MATERIALS AND METHODS

This study adopted a mixed research methodology. The combination of qualitative and quantitative data collection methods improves the accuracy and validity of the —research findings (Ashley, Start, Slater & Deshingkar, 2003). This study adopted survey and causal comparative research designs. Survey research is concerned with the present (Best & Khan 1984). Causal comparative research design was appropriate in that the researcher did not have complete control and manipulation of independent variable but attempted to determine reasons or causes for the current status of the phenomenon under study (Mugenda & Mugenda, 2003).

The research population consisted of all single male and female student teachers at the Primary Teachers' Training College. There were 720 single student-teachers at the college where 57% were male and 43% were female. A total of 30% (216) of the population was sampled for the study. Stratified random sampling technique was used to categorize the student-teachers according to gender and year of study. Equal numbers of male to female student-teachers were selected to participate in the study.

The data was collected using questionnaires and Focus Group Discussions. In order to increase the return rate, the researcher self administered the questionnaires and collected them immediately. This ensured a return rate of 216 (100%) usable questionnaires. The questionnaire is described as the most popular instrument particularly in cases of big inquiries (Kothari, 2007). Focus group discussions were used to elicit in-depth information on sexual behaviour change and HIV/AIDS infection. At least five Focus Group Discussions with a membership of six segregated by age, sex and year of study were conducted.

The data was computed using Statistical Package for Social Sciences (SPSS). The researcher used descriptive statistics to analyze the data collected. This was in form of frequencies and percentages. The Inferential statistical method used was Chi-square and the level of significance was tested at 0.05.

FINDINGS AND DISCUSSIONS

Awareness of the most Common Mode of Transmission of HIV/AIDS

All the respondents 216 (100%) were aware of the most common mode of transmission of HIV/AIDS as sexual intercourse. NASCOP (Feb 2007) noted that 80% of HIV infection is transmitted through sexual intercourse. Both print and electronic media have played a role in sensitization of the major mode of transmission of HIV/AIDS infection as sexual intercourse. But some of the respondents do not seem to have changed their sexual behaviour as indicated by their view on transmission of HIV/AIDS through unprotected sex, where 73% of the respondents agreed with the statement while 27% disagreed with it. This corresponds to a study by NASCOP (2006) who noted that despite evidence that large proportions of older adolescents and young adults who live both in rural and urban settings in Kenya appear to have high levels (98%) of knowledge and awareness about the prevalence, methods of transmission and deadliness of AIDS, they have not changed their sexual behaviour.

Relationship between Year of Study and Current Involvement in Sexual Relationship

There was a significant relationship between year of study and current involvement in a sexual relationship. The hypothesis was tested using chi-square at 0.05 level of significance and the findings were ($\chi^2 = 4.212$, $p < 0.04$). The null hypothesis was rejected. Majority (90%) of first year college students were involved in sexual relationship (pre-marital sex) while 80% of second year college students were involved in sexual relationship as shown in Table 1.

Table 1. Relationship between year of study and involvement in sexual relationship

			Year of Study		
			First Year	Second Year	Total
Current Involvement in relationship	Yes	Count	96	86	182
		% within year of study	89.7%	79.6%	84.7%
	No	Count	11	22	33
Total		% within year of study	10.3%	20.4	15.3%
		Count	107	108	215
		% within year of study	100.0%	100.0%	100.0%

This corresponds to a study by UNAIDS (2000b) who noted that in a study in western Kenya, a third of young married men said they had had more than ten partners before marriage and an average number of premarital partners were close to 9. Majority of college students were below 25 years old and most of them were exercising their freedom for the first time and infatuation played a bigger portion than true love. That is why as noted in Focus Group Discussions, most of these relationships broke sooner. Rosenthal, Moore and Brumen (1990) noted that partner turnover rate is greater during adolescence and the early twenties than in later years. This is true not only for numbers of casual partners, but also for those relationships perceived as being regular and monogamous and although these serially monogamous pairings may be of short duration, their regular status, in the minds of many of the young people confers safety with respect to STD transmission.

Relationship between VCT Visit and Consideration in Choosing Sexual Partners

There was a significant relationship between VCT visit and consideration in choosing sexual partners. The hypothesis was tested using chi-square at 0.05 level of significance and the findings were ($\chi^2 = 17.334$, $p < 0.001$). The null hypothesis was rejected.

All the participants (100%) who chose sexual partners by considering those who looked healthy had not been to a VCT themselves as shown in Table 2.

Table 2. Relationship between VCT visit and consideration in choosing sexual partners

			Considration in choosing partner				Total
			Those who look healty	Those who are well behaved	Those have gone for VCT test	Those I kow very well	
VCT testing	Yes	Count	0	37	56	11	104
		% with consideration in choosing partners	.0%	52.1%	76.7%	50%	61.2%
	No	Count	4	34	17	11	66
		% with consideration in choosing partners	100.0%	47.9%	23.3%	50.0%	38.8%
Total	Count		4	71	73	22	170
	% with consideration in choosing partners		100.0%	100.0%	100.0%	100.0%	100.0%

Those who chose by considering the behaviour- well behaved ones, (48%) had not been to VCT. Of the ones who considered those who had been to a VCT, (23%) had not been to a VCT themselves while those who chose ‘those they know’, (50%) had not been to VCT. UNAIDS, UNICEF and WHO (2002) found out that in Botswana, a fifth of young pupils in secondary schools still believe they could screen out risky partners by looks alone. This can be a very risky method of choosing lovers since the only way to know if one is infected by HIV/AIDS is through a blood test. Kaamara (2005) noted that it is of paramount importance that institutions of learning should encourage their students to visit VCT since when one is aware that he/she is HIV negative status; she/he stands to avoid risky sexual relationships.

All the respondents were aware of the most common mode of transmission of HIV/AIDS as sexual intercourse. Majority of first year college students were involved in sexual relationship (pre-marital sex) than second year college students. Most of the respondents who choose sexual partners by considering those who looked health, those who were well behaved, those who had been to VCT, and ‘those they know’ had not been to a VCT themselves.

RECOMMENDATIONS

To check the spread of HIV infection, it is recommended that:

- College students need to practice responsible sexual behaviour.
- VCT services ought to be availed in colleges and students should be encouraged to know their status.
- Communication programmes should go beyond merely offering information to fostering practical risk-avoidance skills like self-esteem, assertiveness, critical thinking, decision making and creative thinking to eliminating transmission through sexual contact.

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BIO-DATA

Hellen has wide teaching experience in high schools and as a part time lecturer at Moi University, The university of Eastern Africa (Baraton) and Mt. Kenya University. She holds a B. ed degree, higher diploma in counselling studies, and a M. Phil in guidance and counselling. She is also a counsellor and an affiliate of the Kenya Association of Professional counsellors. She is currently pursuing her D. Phil in Educational psychology at the University of Eldoret.