

The HIV/AIDS pandemic among Technical College Trainees, its implication on their sexual behavior. A case of the selected Technical Institute in Kimilili-Bungoma Sub-county, Kenya.

Oroni Nicholas Barasa¹, Rispah N. Wepukhulu² and Florence Wanjala³

2.1 Abstract

This study is set to determine the impact of the knowledge of Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) (HIV/AIDS,) among technical trainees on their sexual behavior. HIV/AIDS is currently the most threatening menace to the current and future generations. The national and county governments are employing intensive HIV/AIDS campaigns and have even provided a life skill curriculum to technical colleges. However, high levels of new infections are still being reported among the youths and technical trainees in particular. This could be attributed to low level of HIV/AIDS knowledge among them. The study was carried out in Matili Technical Training Institute, Kimilili- Bungoma sub-county, Bungoma County. Ex-post facto design was used. The target population of 350 trainees was used and a sample of 240 trainees, 155 male and 85 female was selected through stratified and proportionate simple random sampling methods. Data was collected by use of questionnaires which were self-administered by the researcher. Data was analyzed using descriptive statistics namely, frequencies and cross-tabulations. The study findings indicated that on average 51% of the trainees do not have correct facts about HIV/AIDS. This is an indication of low knowledge level of HIV/AIDS and its impact on sexual behavior among the trainees. It was further observed that teenage sex is common among technical colleges' trainees with 45% of all respondents being sexually active. Trainees engage in unprotected or casual sex since 80% of the sexually active youth revealed that they have never used a condom. The study recommends that precise and simplified HIV/AIDS information sources should be made available to technical Colleges' trainees. These may include wall charts, brochures and HIV/AIDS information updates from the ministry of health; peer group directed programmes on sexual behavior and spread of a HIV/AIDS should be strengthened in the technical training colleges is hoped that the recommendations of this study are helpful in improving and re-inventing the findings and HIV/AIDS awareness campaign strategies in Kenya.

Keywords: HIV/AIDS, Implication, Knowledge, Sexual behavior, Trainees

2.2 Introduction

The HIV and AIDS Pandemic is now a global crisis and constitute one of the most formidable challenges to Education and training. It mainly affects people in their prime years of life, the hardest hit being those in their productive ages of between 15 to 60 years. The death of parent has left about 1.5 million children as orphans under the care of grandparents/guardians who may not have the capacity and skills to look after them well. It also affects the Technical institutions in such a way that the capacities to pay fees for trainees are low. This has also led to high dependency rate which aggravates problems associated with the already widespread poverty in the society. The HIV/AIDS policy defines the Ministry of Education position and practices for the comprehensive response to HIV and AIDS pandemic. In addition, it provides guidance for those who deal with the day to day HIV and AIDS related issues and problems that arise within the institutions, outlines trainees and employees' rights, responsibilities and expected behavior in technical education in colleges.

The number of people suffering from HIV/AIDS has reached pandemic proportions UNESCO (2004), further observes that over 25million people have died from aids related illness and over 36millions people worldwide are HIV positive. Gitonga (2001) likens HIV/AIDS to the great plague, which killed a quarter of Europeans population in the middle age. HIV/AIDS problem now transcends religious, political and ethnic boundaries and affects all and sundry, rich and poor, the infected and those who are not. In sub-Saharan Africa, one in every five people is living with HIV/AIDS, which is the leading cause of death (E.A. standard correspondent, 28th august, 2003). New infections in sub-Saharan Africa are extraordinary high

and comparison to other regions of the world. The national aids control council (NACC, 2004) reported that 57% of the people living with HIV/AIDS in sub-Saharan Africa between 1985 and 2004 are women whereas men and children constitute 43%. This shows gender disparities with women being the most vulnerable group.

The report further indicates that by the year 2004, sub-Saharan Africa's 25.4million people were living HIV against 15million for the rest of the whole world. This implies that sub-Saharan Africa bears the blunt of the epidemic. Kenya is among the countries that are hard hit by the HIV/AIDS. By the year 2000, a total of 207,800 Kenyans comprising of 78,000 children, 900,000 men and 1,100,000 women were HIV positive (Willis, 2002). Willis (2002) further observed that this constitutes 7% of the then Kenyan population of 29million. By the year 2000, there were 730,000 orphans of which 30% had died (Willis, 2002). NACC (2004) reports that the prevalence rate among women stands at 9% compared to that of men at less than 5%. The rate for the urban areas was 38% as the rural people took the biggest share of 62% (NAS COP,2003).

The youth is a vulnerable group in issues relating to HIV/AIDS. According to UNAIDS (1999) there are more than one billion youths worldwide aged 10 to 19 years affected by HIV/AIDS. The same report further asserts that the youth could also be defined as people aged 15-24 years, according to UN definition. This study considered the young people in the age bracket of 15-25 where college trainees fall. WHO (2003) estimates that half of the people in the 15-24 age bracket worldwide were infected by HIV/AIDS. IJNAIDS (1999) observes that 85% of the youth infections live in developing countries and that more than half of all new infections worldwide (over 7,000 each day) are among the adolescents. These reports are indicators that the youths are vulnerable to contracting HIV/AIDS.

Since the first case of HIV and AIDS was diagnosed more than three decades ago, the pandemic has continued to claim many lives in the country. Until recently, HIV and AIDS data showed that the most at risk of infection were between the ages of 14-50 years. However, the 2007 Kenya AIDS indicator survey (KAIS) has shown that the prevalence rate has extended to 60 years and beyond. This implies that all the employees who will be retiring at age 60 years should become a concern of the colleges with technical education. Likewise, trainees are vulnerable to the infection.

According to Johnstone (2000), one third of HIV positive cases worldwide are aged between 14 and 24 years. The HIV cases of youths (10-24years)in Kenya are alarmingly high bearing in mind that a third of Kenya's population fall in the teenage category (Johnstone,2000).Johnstone(2000) further observes that half of Kenya's population is below 16 years and 20% of teenagers are said to be HIV positive. It was projected that by the year 2006, 40% of all infections would occur among those under 20 years of age. The same report further argues that most sexual activity among teenagers is unprotected hence the high level of HIV prevalence. Research done in Kisumu revealed that 18% of teenagers became HIV positive within the first year of sexual engagement and that by the age of 19 years, 33% of those who were sexually active had been infected with the virus. These high rates of infections could be due to lack of knowledge or even failure to internalize the consequences of irresponsible sexual behavior. NACC (2004) asserts that 98% of HIV infections among adolescents are through sexual intercourse. This gave impetus to the current study.

The government of Kenya (GOK) has tried to create HIV/AIDS awareness in Kenya. This is done through making information on HIV/AIDS available for the Kenyan middle colleges. GOK has further provided HIV/AIDS syllabus and textbooks which include: bloom or doom; your choice; aids facilitator's handbook and let us talk about AIDS. besides, the awareness in schools and colleges, there are posters, billboards at road junctions, wall hangings with HIV/AIDS related information, calendars, newspapers adverts and mass media programmes, all creating awareness on HIV/AIDS to as many as would hear, read and watch. It is

possible that the campaign by the government and other stakeholders have contributed to the reduced estimated HIV prevalence rates from 9.8% in 1998 to 4.3% in 2008 (republic of Kenya,2008).

However, the prevalence is still high among the youth. The teenagers, among whom some are in technical training colleges are recording high rate of infection cases. HIV/AIDS is a major threat to human life. The rate of new infections among the technical trainees is worrying. The government of Kenya has endeavored to address this worrying situation through campaigns and inclusion of HIV/AIDS in the college syllabus. Despite these initiatives the infections rates among the trainees have been on the rise. This appears to suggest that there is low knowledge level on HIV/AIDS among college trainees. Therefore, this study sought to determine the trainees' knowledge levels on HIV/AIDS and its impact on their sexual behavior, with the following specific objectives; To investigate the impact of HIV/AIDS knowledge on sexual behavior among technical trainees; To establish whether there are differences in the HIV/AIDS knowledge level between male and female trainees in technical colleges; To assess the level of knowledge of HIV/AIDS among technical trainees and To determine the factors that influences the level of knowledge of HIV/AIDS among technical trainees

2.3 Methodology

The study used ex-post facto designs. Kerlinger (1973) describes ex-post facto design as a systematic empirical inquiry where the researcher does not have direct control of independent variables because their manifestations have already occurred or because they cannot be manipulated. The study was carried out in Matili technical training college of Kimilili- Bungoma Sub-county of Bungoma County. The fact that HIV/AIDS cases are recorded among the youths in this area, some of whom are in technical college prompted the selection of this institution. The sub-county also has both rural and urban settings and therefore a good representation of the wider county. The population consisted of artisans, craft, and diploma trainee in Matili Technical College. There were a total of 350 trainees in Matili Technical College.

The study adopted stratified, proportionate, and random sampling procedures. Stratified sampling was used to select institute according to student gender (female/male). Proportionate sampling was used to select institutions according to institute categories namely mixed institutions. Random sampling was used to get specific respondents in a given institute. The researcher obtained sample of 240 trainees from population of 350 college trainees as recommended by Kathuri and Pals (1993).

The researcher used a questionnaire to collect data. A pilot study was conducted before the actual data collection in two technical colleges outside the sub-county to test the reliability of the questionnaire. Cronbachs coefficient had a reliability coefficient of 0.74 upon piloting and was therefore considered reliable. The researchers administered the questionnaires to the respondents with the help of the teacher counselors. Few trainees who sought clarification were assisted accordingly. Data was analyzed using descriptive statistics, namely; frequencies and cross-tabulations.

2.4 Findings

This section presents research findings in line with the objectives that guided this study. A total of 240 trainees responded to the questionnaires. Out of these, 155(65%) were male trainees while 85(35%) were female trainees. Trainees' sexual behavior and how HIV/AIDS knowledge impacts on their behavior. The sampled trainees had varied views and opinions on how one should address sexual behavior. About 19% of all the respondents believed that the climax of love with a friend was sexual intercourse. This confirms the earlier findings by babendreier (2003) that there are many youths who are sexually active. On cross tabulation, 39% of the sampled trainees believe that it was hard to be a virgin today. Although 60% believed it is possible, a ratio of 39:60 is rather high and this reveals that there could be many trainees in the college who are sexually active. The issue of having sexual partners was also examined. Majority of the respondents (70%) did not believe that one should have sexual partners; 30% of the respondents believed that one should have one sexual partner. Nevertheless, the fact that one can change sexual partners should a relationship

with one partner go sour does not rule out room for infection. Also, the point at which one starts a new sexual relationship leaves many gaps unfilled and therefore the risk still stands with either the new or a previous friend.

The study revealed that majority (56%) of the respondents felt that it was hard for youth to stop sexual intercourse once they started this habit. Only 44% felt that one can stop. However the overall impression is that majority of the respondents felt that one cannot stop sex once he or she has engaged in it. Johnston (2000) did a research on sexual habits and reported that it is setting on earlier today than it was in the past. The findings of this study confirmed this since 6% of the respondents had their first sexual encounter while below 12 years and 20% of all the respondents had their first sexual encounter while below 15 years. It was only 59% of all respondents who had no sexual experience at teenage. Results in the study showed that 38% of all the respondents had sexual intercourse while in primary and secondary,

The study also wanted to establish whether trainees' made use of VCT centre near their home or college. Many trainees had not utilized the VCT centre. On cross tabulation; only 13% had sought services from the facility while 87% had not made use of the facility which indicated that many trainees had not embraced the idea of taking a HIV test in order to determine their HIV status. The study also sought to find out those trainees who were influenced by parents (guardians), the school or even the church to chill from sex. Only 180 of the 240 trainees who said that they had avoided sexual intercourse for fear of aids had discussed these issues with their parents or guardians. The guardians or parents had influenced 74% to stop being sexually active at teenage. Approximately 74% had heard their religious leaders talk about aids and had therefore avoided sex. Of the 150 trainees who had avoided sex, 75% had at least heard the message concerning HIV/AIDS from someone; be it a parent, guardian, religious leader or a teacher. However, of the 108 trainees whose schools had programmes that at times discuss HIV/AIDS, 79% had resolved to "chill" from sexual activity completely. This reveals that parents, church and the school programs influence trainees in their sexual behavior.

Gender difference in HIV/AIDS knowledge level and sexual behavior

In the society, the female seems to be the marginalized gender. The young girl is more vulnerable to contracting the HIV virus in comparison to her male counterpart. This section discusses the differences between female and male trainees as far as HIV/AIDS knowledge is concerned and their opinion and feelings on sexual behavior. Approximately 17% of male compared to 12% of female trainees know the meaning of HIV. This means more male than female are aware of what the acronym HIV/AIDS mean. Further analysis reflected that 76% of all male respondents had heard of HIV/AIDS within a month before answering this questionnaire as compared to 70% of the female. This could mean that 30% of female had not heard of HIV/AIDS within the last one month as compared to 24% of the male trainees. Johnston (2001) observes that boys are not restricted from leaving home as is the case with girls.

The freedom for exploration could have exposed boys to HIV/AIDS information more than girls, an observation confirmed in this study. The researcher further investigated whether there existed any gender difference on the knowledge of the "to chill", the results reflected that majority of male respondents (71%) knew the meaning of "to chill" compared to 49% for female respondents knew the meaning of the phrase "to chill" compared to their female counterparts. The study revealed that 5% of the sampled males believed that one cannot contract HIV through sharing needles while only 3% of their female trainees' counterparts share the same opinion. This difference could explain why many male trainees share needles especially those who engage in drug abuse (Johnston, 2001). This poses a risk in contracting HIV/AIDS. There was a difference between male and female where 90% of the males knew that one can be tested free of charge compared to 92% of the females. On the same breath, those who knew what VCT stands for were 61% for the males compared to 67% for the females' trainees. More females seemed to be informed than males and this implied that more awareness campaigns could have been put in place amongst the females than is the case for males. There are more ignorant males trainees than females in the case of roles of a VCT centre.

The figures reflected that more females than males know the roles of a VCT centre. The explanation here is that 71% of the females. The researcher wanted to establish whether trainees discussed HIV/AIDS with their parents. Many of the males had not discussed HIV/AIDS with their caretakers and this could lead to the lower level of knowledge as compared to the females' trainees.

On the issue of whether the church discusses HIV/AIDS or not, 83% of the males had heard their religious leaders discuss HIV/AIDS as compared to 85% of females. This further reflects that more females are being reached for awareness than males. Johnston (2003) asserts that the society has concentrated so much on giving the girl child more attention than the boy child. On cross tabulation between gender and colleges that had programs which discuss HIV/AIDS, 50% of the males compared to 67% of their female counterparts had such programs in their colleges. The reflection that 47% of all male respondents compared to female 32% who had not known of programs in their college which addressed HIV/AIDS is an indicator that fewer males than females are effectively reached with HIV/AIDS information.

The issue of teenage sex was examined. It was found that male respondents seemed to be in favour of teenage sex more than their female counterparts. From the study 77% of the male respondents or 53% believe that it is hard to be a virgin while only 30% of the females shared the same feelings on the issue of being sexually active at teenage. However 39% of the male respondents believed that sex was okay if one had one sexual partner compared to 23% of the females. On the issue of protected or safer sex, a higher number of boys (65%) compared to girls (37%) felt that they should use a condom for protection every time they engage in sexual experience. Female's exposure and vulnerability to HIV/AIDS is higher could be reinforced by a study conducted by Johnston (2003) which reported that female condoms are expensive, Only 2% of all the males sampled said they failed to use a condom because it was expensive compared to 3% of the girls, Almost a quarter of all the boys had used a condom during sex as compared to less than 10% of all girls that had used a condom.

Level of knowledge of HIV/AIDS among technical trainees

The study revealed that the level of knowledge on HIV/AIDS varied from one trainee to another. On the meaning of aids, 73% of the sampled trainees knew what AIDS means, while 18% did not get the facts right whereas 9% did not give the responses on the meaning of AIDS. This implied that about 27% of all the respondents could not tell the meaning of the acronym AIDS. On cross-tabulation, only 14% knew what HIV meant, while 77% of all the respondents who chose to respond to this item got it wrong. This is clear indicator that there are trainees who do not know what this particular term means. On further analysis, 93% of all the respondents knew that HIV virus has no cure and 2% (or 8) were not sure, whereas 4% did not think that the virus had no cure. Out of all the sampled trainees, only 64% of the total sample got the correct meaning of VCT. The rest 36% either did not know or were unsure. This confirms the studies done earlier by Johnstone (2000) which revealed that some young people cannot tell what VCT stands for. The study revealed that 11% of the respondents did not know of a VCT centre anywhere near or far from their place of residence. 'Interestingly, of all trainees who have heard of a VCT centre, 51% claimed that the facility was not within reach. This implied that only 49% of all the respondents may often think of a VCT centre by virtue of frequently seeing it and therefore may consider paying a visit to the facility in future.

Despite having seen or heard about a VCT centre or even having one near home, only 47(13%) had gone for VCT services whereas 83% stated categorically that they had never visited the facility. An issue that could contribute to trainees' ignorance on the effects of HIV/AIDS in the society could be lack of openness among the family members. Majority (54%) of all the respondents did not know of a relative who had died of HIV/AIDS related illness within the last two years. A further 8% were not sure and only 36% had seen or known the cause of death among relatives. This confirms that there is low awareness level of even the most common slogan or statement in the concern for the HIV menace. The abbreviations ABC (where A stands for abstain; B for be faithful and C stands for condom) was also examined. On average, only a half or 51% could tell what ABC stands for. The rest either were not sure or did not know altogether. This

confirms the fears that there are a number of trainees who are not aware of the trends and dynamics of the HIV/AIDS scourge and how best to take care of selfness from contracting the scourge.

The college programs that take care of HIV/AIDS knowledge are limited to a few colleges and also known to a limited number of trainees. According to the research findings, only 60% were aware of such programs. The rest 40% either did not know or were not sure while others did not respond indicating that they may not be aware. On the average the study established that 49% of the trainees do not have correct facts about HIV/AIDS. This is an indication of low knowledge level of HIV/AIDS and its impact on sexual behavior among trainees.

Factors that influences HIV/AIDS knowledge among trainees

About 22% of all respondents' trainees indicated that they had never discussed HIV/AIDS with parents or guardians. However, 19% of all respondents believe that discussing sex with parents/guardians is a taboo. Among all sampled trainees, 68% did not know that people could be tested of HIV/AIDS free of charge. This implies that a good number of college trainees do not discuss HIV/AIDS and issues of sex with their parents/guardians

The researcher sought to establish the percentage of trainees who had asexual experience against their background. It was observed that out of 60 respondents who stayed with their mothers, 47% have had sexual experiences. This is a high percentage considering that it was 39% of all the sexually active trainees. Concerning those who stayed with their fathers, 56% were sexually active and among those who stayed with both parents 33% were sexually active. Among those who stayed with a guardian or relative, 40% were sexually active. The fact that 35% of all respondents were not comfortable discussing HIV/AIDS and sex related issues with their parents and that an average of 35% of all respondents had a sexual encounter is a pointer that many guardians/parents do not discuss the HIV/AIDS and sexually with their college trainees/children. The reason given was that parents/guardians were too busy to afford such time according to 26% of the respondents. The family seems to have neglected the responsibility of educating their children on sexuality. In the case of religion, 28% of those discouraged by their religious leaders from discussing HIV/AIDS and sex related issues did not know what VCT stands for. This means that a great percentage of the trainees who were discouraged from evaluating and discussing sex related issues and HIV/AIDS did not have relevant information that could help them make informed choices.

Peer influence also prompts ignorance on the issue of HIV/AIDS. Among 100 trainees who were discouraged from discussing issues related to HIV/AIDS and sex by their peers, only 12% know the meaning of HIV whereas 88% were ignorant. However among 109 trainees discouraged by their peers through jeering or being laughed at, 30% did not know what the abbreviations VCT stand for. Among those trainees who were jeered at by their peers whenever they wished to discuss HIV/AIDS and sex, 16% did not know what VCT stands for.

2.5 Conclusions and Recommendations

The study found out that many technical colleges lack a clear programme that addresses HIV/AIDS knowledge among technical college trainees in that a large number of technical trainees have incorrect facts on HIV/AIDS. It was also found out that a large number of Technical trainees reflect high level of HIV/AIDS knowledge with female showing a higher level of knowledge than male trainees and there are technical trainees who know little about VCT centre and their roles.

It was found that HIV/AIDS knowledge promotes abstinence or safer sex and Teenage sex is common among technical trainees; it could be unprotected or casual thus leading to HIV infection. It was observed that sexual debut sets in quite early and many Technical trainees who do not have reliable HIV/AIDS knowledge could be sexually active before turning 17 years. It was also found out that agents on HIV/AIDS knowledge such as churches, homes and schools enhance awareness and positive change of sexual behavior among the technical trainees.

The study revealed that religious leaders, parents, teachers and counselors are key contributors in creating HIV/AIDS knowledge among technical trainees.

The study found out that Peer influences one's HIV/AIDS knowledge and the sexual behavior while the female trainees have a higher level of knowledge on HIV/AIDS related facts than male trainees. More males in technical colleges are sexually active compared to female but females are more open to discussing HIV/AIDS and sex with their parents and guardians than male thus learning a lot on the same and it was found out that female are less likely to use a condom than male trainees.

The male trainees, should also be given attention in the creation of HIV/AIDS awareness and sexual behavior as oppose to the current emphasis on the female child and Detailed sex education be introduced to primary and secondary schools to enable adolescents as young as 10 years make informed choices on their knowledge of their sexual behavior to check on early sexual engagements.

VCT centre be made available in technical colleges. This will prompt technical trainees to pay a visit so as to know their HIV status and this will help them make proper decision on their sexual behavior. Precise and simplified HIV/AIDS information sources should be made available to teenagers in particular those who are in technical institutions. The Parents and guardians should take the responsibility of discussing HIV/AIDS and sex with their children, sons and daughters especially those in technical colleges.

The Churches and other religious organizations should develop a detailed HIV/AIDS curriculum for the youth in their churches to enhance creation of HIV/AIDS knowledge in their sponsored institutions. Peer group directed programs be introduced and strengthened especially in issues related to sex and HIV/AIDS in order that they may influence their peers positively in technical training colleges.

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Oroni Nicholas Barasa¹

Rispah N. Wepukhulu²

Florence Wanjala³

Kibabii University