

Influence of Guidance on HIV/AIDS Awareness among Secondary School Learners in Kabete Sub-County, Kiambu County, Kenya

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Abstract

Ever since HIV/AIDS was declared a national disaster, the prevalence rate of the disease had been reducing but in recent past the prevalence rate for youth aged between 15 to 24 years has been on the rise. Even with the efforts made by the Kenyan government, 41% of all new HIV infections occurred among the youth in Kenya aged 15-24 years in 2013 according to the National Aids Control Council, 2015. In this regard, the level of awareness of youth at this age bracket needed to be evaluated. The youth bracket of 15-24 years comprises of learners in secondary schools, and those in tertiary institution. This paper presents work carried out on influence of guidance on HIV/AIDS awareness among secondary among school learners in Kabete sub- county, Kiambu county. The study specifically looked at determining whether guidance from peers, parents, school and media promotes HIV/AIDS awareness among the learners in secondary schools aged 15 years to 18 years. Learners were asked questions on the causes of HIV/AIDS, preventive and control measures of HIV/AIDS and stigma and discrimination encountered by PLWHA; this provided information on the HIV/AIDS awareness among the learners. The study adapted a descriptive survey research design. It has targeted secondary schools' students in Kabete sub-county, Kiambu county. Simple random sampling was used to select 281 students as respondents. Questionnaires were the tool to be used to collect data and quantitative data was obtained and analyzed using descriptive statistics. The results obtained indicated that guidance had a lot of influence on HIV/AIDS awareness among the learners. The learners had awareness in the causes, stigmatization and discrimination of PLWHA and control measures of HIV/AIDS but awareness on preventive measures of HIV/AIDS was low.

Peer guidance created a lot of awareness on sex education matters but learners rarely talked about the virus due to stigma. Parental and Media guidance were noted as being ineffective

since they are not used often to create awareness. School guidance through the guidance and counselling department have been able to create HIV/AIDS awareness among the learner.

Keywords: HIV/AIDS, Awareness, Guidance

Introduction

On September 2018, the cabinet secretary of health in Kenya, Sicily Kariuki stated that the government had raised concerns over the increase in new HIV infections among adolescents and the youth in Kenya since over 40% of all new infections were youth aged between 15-24 years and this was seen as a drawback in the fight against the disease (Akelle, 2019). The age bracket of 15-24 years involves the Kenyan youth who are in learning institutions specifically secondary and tertiary level. To explain the worrying trend, studies should be carried out on whether the learners have HIV/AIDS awareness. The purpose of this study was to investigate the influence of guidance on HIV/AIDS awareness among secondary school learners in Kabete sub-county, Kiambu county. The objective of this study was to investigate the influence of guidance on HIV/AIDS awareness among secondary school learners. This was achieved by identifying whether peer guidance, parental guidance, media and schools are promoting HIV/AIDS awareness among secondary school learners. HIV/AIDS awareness is being able to recognize the causes of HIV/AIDS, preventive and control measures of HIV/AIDS, stigmatization and discrimination encountered by PLWHA (NACC, 2014). The study was carried out in Kabete sub-county in Kiambu county. This area was chosen since the researcher was familiar with it. The schools chosen for the study will be randomly selected within Kabete sub-county where both public and private schools have an equal chance of being selected.

Guidance

Guidance is a life process that equips a person with knowledge and techniques in identifying and handling problems even before they confront him (Oketch & Ngumba, 2010).

Through socializing learners get advice on various aspects of life. Socializing agents like families, peers, schools and mass media, are known to influence sexual behavior and practices through peer pressure, parenting trends, exposure to pornographic material and knowledge and use of contraceptives. (Omutunde & Ekanem, 2008)

On peer guidance, peers tend to educate each other as adults assume that sex education is not taking place just because there is no direction in home or school (Wachira, 2000). Persons in the same age group are the most available and popular source sex education (Karanja, 2004). In the case of Zambia, it had a high rate and found it difficult to reach young people on matters concerning HIV and reproductive health information since teachers considered the topic difficult or embarrassing and the only solution found to be working was peer educator program (KAPC, 2008).

According to Florida Health (2008), peer guidance can be provided by PLWHA or anyone dedicated in creating awareness on HIV/AIDS. Peers are to provide guidance and advocacy so as to supplement education and information obtained from other avenues. Since peer support programs are critical in improving health services to the youth and adolescents, the peer educator should fulfill the following roles; firstly, raising awareness and challenging stigma within communities and health facilities, secondly enhancing the quality of services given to PLWHA and improving the uptake of and linkages between services. Thirdly, they should contribute to a responsive and enabling service environment that can lead to improved patient outcome and improved coping capacity of PLWHA.

Finally, is to create opportunities of PLWHA to actively participate in planning, delivering and monitoring services that affect them that's according to Child Survival Working Group (2016).

Youth Net (2006) describes peer education as a process whereby well trained and motivated young people undertake informal or organized educational activities with their peers. This intervention is able to reach large number of youth even though youth guidance is time, labor and cost intensive while recruitment of appropriate peers is difficult. It also highlights that youth require more training and supervision than adults but it by far the best way of creating awareness among youth.

On parental guidance, Nearly 30% of students did not receive any information on sex education from parents in Kenya (Sidze., *et al*, 2017). According to Guilama-Ramos., *et al*. (2008) parents i.e. mothers may not be able to communicate about sexual health to the children since the mothers may lack knowledge, embarrassed or lack self-efficiency towards taking to one's child. As indicated by Eddoin (2002), there is an important role played by family of orientation in HI/AIDS awareness among adolescents but due to their own ignorance on the issue; parents and grandparents may be less able to enhance HIV/AIDS awareness among adolescents. Dilorio *et al*., 2003) also stated that parents have an important role in promoting the sexual health of adolescence where research confirmed that there is reduced risk of HIV transmission among youth who have discussions about sex with their parents. Greater repetition of discussions was related to adolescents feeling closer to their parents and abler to communicate about sex as investigated by (Martino *et al*., 2008).

As a step to allow adolescents to be more aware of their HIV status (The National HTS Guidelines, 2015) recommended that adolescents and youth of 15 years and above can give their own consent for testing without parental/guardian consent but highly encouraged to disclose their status to parents (NASCO, 2015). It is clear from above statements that parental guidance has a potential to create more awareness to the youth but it is highly unutilized.

On media guidance, Brown et al. (2009) highlighted that adolescents constantly mention media as a source of sexual information besides schools, peers and parents. This clearly shows that media influences learners sexual behavior.

Media may be used to create awareness towards HIV/AIDS or publicize content that may lead to transmission of HIV/AIDS. KEMRI (2017) identified an association between the mass media and sexual activity among the adolescents in Kenya where it concluded that watching programs with sexual content may influence sexual teen behavior. Kihu and Ute (2013) state that the media have a social responsibility on reporting matters involving HIV/AIDS while observing ethical reporting and in doing so it assists in fighting myths revolving around HIV/AIDS and being able to highlight challenges witnessed by PLWHA.

Information given out by the media may be misreported or not correct (Evonne & James, 2019) highlighted sources of articles in the *Nation Newspaper* between 2011-2015 where 69.8% articles were sourced from media house owners' reporters, 12.5% from HIV/AIDS agencies and 4.4% from correspondents. This lead to misreporting on the issues of HIV frames valences, the action frame, victim frame and severity of HIV/AIDS. Misreporting on the media has great consequences to the society.

On school guidance, according to Sidze et al., (2017), 96% of form two and form three in Kenya schools received sex education on which was basic and didn't include safe sex and 67% of the student wanted more hours dedicated to sexual education.

Another study showed that learners wanted to be taught sex education programs do not encourage teenage sexual ability nor do they lay the initiation to sexual activity but they only improve adolescent's decision making skills as well as boosting self-confidence, (Mbugua, 2007)

also illustrates that abstinence messages in Kenya have been ineffective in curtailing the rate of teenage pregnancy and HIV/AIDS so sex education should be looked upon. Wachira (2000) argues that the science syllabus cannot cater for sex education but views sex education as a factual information about reproduction, its anatomy and physiology is wrong sex education should cater depth coverage of sexual relationship, its consequences and how to take care of emotions from one's sexuality hence, sex education should cover all aspects of sex so as to develop attitude and behavior patterns helping children to cope with daily concerns of human sexuality.

Kenyan teachers and students claim that less emphasis is placed on gender equity and rights as well as pregnancy prevention and contraceptive usage 68% of teachers felt that more training was required on HIV/AIDS and sex education while 45% were unprepared or uncomfortable answering student's questions on sexuality education. It was noted that 62% of the teachers believed that making contraceptives available encourages young people to have sex (Dreweke, 2007).

HIV/AIDS Awareness

According to Elishiba, (2013), sexual intercourse is the main cause of infection in Kenya. The HIV virus is mainly concentrated in the blood, semen and vaginal fluid. Sexual intercourse with an infected person, contaminated blood and body transplant can lead to HIV/AIDS infection.

According to Salan (2014), to avoid unsafe blood transfusion, Kenya National Blood Transfusion Service has to screen every blood donated so as to remove various disease causing organisms.

This clearly shows that HIV/AIDS can be caused by blood transfusion from an infected person.

As stated by Elishiba (2013), the Kenyan ministry of health projected that mother to child transmission in 2010 was accounting for 5-10% of all infected people living with HIV.

The virus in this case is usually transmitted during pregnancy, labor, delivery or after the child's birth or during breast feeding according to (UNAIDS, 2000). The Kenyan government has made various efforts so as to reduce MTCT. The maternal services at government hospitals has been made free and through various campaigns like Beyond Zero campaigns, the rate of MTCT has actually reduced.

According to KASF (2014), the adoption of the set strategies will reduce the annual HIV infection among adults by 75% and reduce the rate of transmission from mother to child from 14% to 5%. The interventions mainly include the granulation of the HIV epidemic so as to intensify HIV prevention while prioritizing on geographies and population. According to (Nathlee *et al*, 2016) the largest number of HIV infection was reported for females with signs of disruption in their genital epithelium and abnormal vaginal discharge. The disruption of the vaginal epithelial barrier will allow movement of HIV into the Laminae propriae where HIV cells are most abundant and this enhances HIV acquisition as stated by Mesquitol *et al*. (2009).

It is clear that if the mucosal lining of the female genital tract is disrupted, the chances of contracting HIV are high.

According to Soilleux and Coleman, (2004) male circumcision may reduce HIV infection through the following biological explanations. Poverty increases the risk of HIV/AIDS as it propels the unemployed into migratory labour pools in search of temporary and seasonal work that is, poverty may drive women and girls into sex for money so as to feed themselves increasing their chances of contracting the virus (ILOAIDS, 2005).

As stated by Desmond (2006), the HIV epidemic has its origins in Africa poverty and unless or until poverty is dealt with or reduced there will be little progress in reducing the transmission of the virus and even in coping with its economic consequences.

Migration to urban centers with hopes of finding employment and for some women when they fail at finding employment the pressure of poverty will lead them to engaging in sexual transactions so as to support themselves and their families financially (Portia Mambo Rau, 2017).

Clark (2004) states that in a certain Malawi village there has been over 800 child marriages broken in the last 3 years. Banning of certain traditions like polygamy and child marriages will help to curb the spread of HIV/AIDS. Drug and substance abuse can greatly lead to the spread of HIV/AIDS. The sharing or use of contaminated instrument by drug users like needles can rapidly spread the virus among them (UNAID, 2001). The National Aids Control Council (2014) notes that some misconceptions about HIV/AIDS that the majority believe about HIV/AIDS are that it is a punishment for bad behavior, the spread of HIV is associated with sex workers, even buying food from a person who is HIV positive may result to them contracting the virus.

This leads to discrimination and stigmatization of people living with HIV/AIDS (Kenya Law Reports, 2007) states that people living with HIV/AIDS should not be discriminated against in employment, educational institutions, travelling and habitation, public service, credit and insurance services, quality health services and general prohibition or any form of discrimination should also be discouraged.

Preventing and controlling HIV/AIDS that have been stipulated in the Kenyan law through an act of parliament number 14 of 2006 (Kenya Law Reports, 2007). The act clearly states the areas of focus to be looked at so as to effectively tackle the HIV/AIDS epidemic i.e. it entails provision of HIV education, information and communication is very important in tackling the virus. HIV/AIDS education should be well addressed in all levels of learning institution so as to make everyone aware of the cause, symptoms and various prevention methods.

According to NACC (2016), informal employment among fishing communities surrounding Lake Victoria has the highest rate of HIV/AIDS prevalence in the country and therefore the education must be provided both in formal and informal sectors. HIV/AIDS education must also be established in the communities where various members of the community are trained in ways of controlling and preventing HIV/AIDS. Proper counselling should be given to those members of the society who may be HIV positive so as to discourage them from sexual activities that may result to the transmission of the HIV/AIDS virus and this is in accordance with (CDC Kenya, 2015).

Research Methodology

A good research design is a plan going to be used by the researcher to conduct the research intended, so as to answer the research questions (Babbie & Mouton, 2001). Descriptive survey research design was used. A descriptive survey research design is a type of research used to obtain data which will help to determine the specific characteristics of a given group (Kothari, 2007). The targeted population was thirty-six secondary schools in Kabete sub-county, Kiambu county, Kenya. The targeted respondents were form four and form three students; who are above the age of 15 years who were approximately two thousand six hundred and twenty-six (2626) students in Kabete sub-county.

An adequate sample size was to be selected so as to represent the whole population. According to Orodho (2010), sampling is described as a process of selecting a sub-set of cases in order to draw conclusion about the entire set. 10% of the accessible population is enough for a descriptive survey (Mugenda & Mungenda, 2009) and since the target population is 2,626 a sample size of 281 students was used in this study.

A simple random sampling procedure was applied. Five schools were randomly selected using raffle papers and sixty students per school took part in the exercise. The research instrument used were questionnaires. It had two sections whereby section (A) enquired whether there was guidance on HIV/AIDS awareness gotten from peers, parents, school and media. Section (B) enquired whether the learner was knowledgeable on the following areas of HIV/AIDS awareness: Part (A) causes of HIV/AIDS; part (B) prevention and control measures of HIV/AIDS and part (C) will be dealing with stigmatization and discrimination of PLWHA.

Validity and reliability of the instrument used ensured that the data collected was precise and able to give answers to our research questions. This is the degree to which a test measures what it is supposed to measure for accuracy and meaningfulness of the research. According to Kothari (2004), clarity of the statements or questions, the appropriateness of the wording and the content of the questionnaire should be appropriate so as to determine the learners' level of HIV/AIDS awareness.

Pilot study was conducted to test for validity of the instrument, which involved presenting the questionnaire to guidance and counselling departments in each school before the survey was carried and recommendations were made which resulted to changes in the questionnaire so as to improve validity. According to Mugenda and Mugenda (2004) reliability is the degree to which research instruments yield consistent results after repeated tests. Test-retest is a technique of applying the same test twice to the same group.

Correlation coefficient of the questions to be used was calculated using Pearson's product. The correlation coefficient was 0.802, since it was above 0.70 the content of the questionnaire was considered to be consistent and hence reliable. Data collection was done from 6th September, 2019 to 17th October, 2019.

The researcher personally collected the data with the assistance from the school's personnel mainly from the guidance and counselling department. Five schools were randomly selected, that is: Kibiku High School, St Angela Wangunyu Girls Secondary School, Kirangari Boys High School, A.C.K Gikuni Secondary School and Faulu Nasi Academy. Each school was given 60 questionnaires and learners were also randomly selected. 281 questionnaires were used for the study. Before any data collection, an introduction letter was given so as to explain details of the research.

This enabled us to be allowed to collect data in the sample schools. Appointment with heads of various sample school were made and research materials were given to the guidance and counselling department and administered at their own convenient time. The data collected is available and can be verified upon request.

Data analysis techniques deals with the process of coding, data entry and analysis so as to bring meaning to raw data collected (Mugenda & Mugenda, 1999). Quantitative data drawn from questionnaires was analyzed using descriptive statistics. The research topic was very sensitive and therefore permission was sought from respective school administrators. The level of confidentiality was outmost and the responses from the research was used for academic purpose only.

Results and Discussion

On peer guidance, when asked the last time they discussed with their peers about HIV/AIDS; nearly 44% of them indicated that they had never talked about the virus. This is in comparison to 26% who indicated that they had actually had a discussion about HIV/AIDS in the last three months.

Table 1. Response in percentage for peer discussion on HIV/AIDS versus Time

Time	Response (%)
Less than 12 months	2.34%
3 to 6 months	19.22%
Less than 3 months	10.68%
never	43.78%

This is a clear indication that the topic surrounding HIV/AIDS is not common among learners. The learners are either unaware of the effects of the virus or easily ignore discussing about the virus. When asked if any of the learners friends was infected or affected by the virus, 85% of the stated that none of their friends had been affected by the virus in any way.

This study clearly shows that even if one is affected or infected by the virus, it is not common for learners to openly declare their status amongst their peers in fear of stigmatization and discrimination encountered by PLWAH. Approximately 72% of the learners confirmed that they receive sex education advice from their peers which agrees with (Karanja, 2004). It is a clear indication that if a learner is misled by a fellow learner who has insufficient information, the consequences may lead to HIV/AIDS infection. A lot of effort has to done to ensure learners have accurate knowledge so as to advising fellow peers well.

On parental guidance, more than half of the learners' parents had never talked with their children on matters concerning HIV/AIDS

Table 2. Response in percentage for HIV/AIDS discussion between learners and their parents versus Time

Time	Response (%)
Less than 3 months	18.86%
3 to 6 months	12.46%
The last one year	13.88%
never	54.09%

This clearly shows that the parents are not aware that they are supposed to offer guidance to the learners so as to avoid new infections. This is parental ignorance where talking about HIV/AIDS is seen as a taboo and the parents may assume that the responsibility does not lay on them but other parts of the society like church, schools, media and even health facilities which agrees with (Sidze et al., 2017). 97% of the learners indicated that neither their parents nor relatives are affected by HIV/AIDS.

This number is too high to be accurate and if this would be a national statistic of PLWHA then it would not have been declared a national disaster.

The high figure clearly demonstrates that PLWHA cannot even open up to their family members that they are positive in fear of being judged, stigmatized, discriminated or even abandoned. On matters concerning sex education, 77% of the learners identified that a mother is the most available parent to talk to on matters pertaining sex education. Only 17% indicated that the father was the most available parent.

This indicates that the mother should be well equipped so as to answer the learner's sexual questions to the best of her ability.

The father should be made aware that he has a responsibility of providing sex education to his child and become more approachable to the learner on matters concerning sex education. The study agrees with (NASCOP, 2015) which indicated that parental guidance is under-utilized.

On media guidance when asked which of the media among them print, social media (internet) and television and radio that was easier to access sex education, social media and internet was described as the easiest to access sex education. The current generation is a social media generation. Learners are seen to have more access to the internet than other forms of media and this is because it is faster as answers are gotten immediately. Television and Radio programs lack privacy that is many viewers or listeners and matters of sex education are not freely talked about in depth due to ethical and cultural reasons and hence seen as inadequate while print media is seen as being tiresome and boring.

Table 3. Response in percentage for Social media platforms that promote HIV/AIDS awareness versus various social media platforms.

Social media platforms.	Response (%)
What 'up	11%
Facebook	33.8%
Instagram	9.6%
none	40.57%

This is a clear indication that social media sites are highly un-utilized when it comes to creating awareness about HIV/AIDS. 33.8% of the learners stated that they had seen HIV/AIDS adverts on Facebook which is low compared to the number of Facebook users currently in the country.

This study agrees with (KEMRI,2017) since both studies conclude that media is under-utilized in creating HIV/AIDS Awareness.

On school guidance, about 64% of the learners indicated that their schools had effective guidance and counselling departments. When guidance and counselling departments are effective they are able to offer good and accurate advice on matters concerning sex education and HIV/AIDS awareness. The department should be well funded and organized so as to perform its duties effectively. It is worrying that 34% of the learners stated that their school guidance and counselling departments are not effective and this may lead to learners searching for sexual advice from other uncomprehensive sources.

The learners also stated that 33% of teachers are not able to effectively respond to questions on sex education. Which agrees with (Dreweke, 2007). The guidance and counselling department is also mandated to develop peer educator programmes.

The aim of the program is to educate few students with the knowledge of sex education and HIV/AIDS awareness and other learners can easily consult with them. 42% of the learners indicated that their schools do not have a peer educator program. This clearly means that the guidance department has failed in its mandate or the peer educator program is not effective as it should be.

When the learners were asked on when was the last time a sex education program was held at their school; more than half of the students indicated that their schools had never held a sex education program. This agrees with (Wachira, 2000).

This is a clear indication that sex education programs which contribute to HIV/AIDS awareness in schools are not being utilized to an effective level. This might be the cause of the high prevalence rate of HIV/AIDS between 15-24 years. The topic of sex education may also be seen as inappropriate to the learners at this age bracket hence this study agrees with (Dreweke, 2007).

On HIV/AIDS awareness, 54% the learners gave the correct answers on the causes of HIV/AIDS hence a lot of effort is required to increase the awareness on the causes of HIV/AIDS secondary school learners. This finding was similar to the health policy of February (2016) which stated that Kenya had made an effort of 51% in tackling the virus since the learners' awareness lies with in that region.

On the section of stigmatization and discrimination, 70% of the learners gave correct answers in this section, 14.35% gave the wrong answers, 8.84% were undecided, 4.87% did not know while 1.12% gave no answer. These results disagree with (NACC, 2014) which stated that the discrimination level was above 45% but, in our case, it was lower than 30% among the learners. This illustrates that although the learners are aware they tend to be ignorant on this topic.

On the preventive and control measures the study indicated that there is awareness on control measures but on preventive measures is a different case.

Table 4. Response in percentage for learners awareness in various prevention measures of HIV/AIDS as a function awareness

Awareness level	Response (%)
Aware	39.74%
Not aware	34.05%
undecided	7.47%
Don't know	9.05%

No answer

9.69%

74.26% of the learners were aware of the control measures this study agrees with (NACC,2016) that indicated most of the Kenyan citizens were aware of HIV/AIDS control measures but disagrees on the preventive measures since they were below 50%.This is clear indication that a lot of effort is required to enhance awareness on preventive measures of HIV/AIDS.

Conclusion

More than half of the learners clearly indicated that they usually receive sex education advice from their peers but less than a third stated that they have had a discussion about HIV/AIDS with their peers. It was also evident that peers do not freely open up on whether they are infected or affected by HIV/AIDS. It can be concluded that peer guidance can be used as an avenue of creating HIV/AIDS awareness but it is currently under-utilized and hence seen as not being effective.

More than half of the learners have never received parental guidance on matters concerning HIV/AIDS awareness and sex education. Less than a quarter of the learners identified the father as the most available parent to talk to on sexual issues. It can therefore be concluded that parental guidance is doing little towards creating HIV/AIDS awareness hence becoming in-effective and the male parent should strive to become more accessible to the learner so as to provide sex education.

The learner identified social media and internet as the media easiest to access sex education. The main problem is that social media and internet at large is not well regulated and the learner can access information that has been distorted.

It is worrying to find out that most of the learners have never seen an advert concerning HI/AIDS in social media which is the most visited media by the learner in accessing sex education. It can be concluded that media guidance has not been fully utilized to create HIV/AIDS awareness among secondary school learners.

School guidance is mainly provided by the guidance and counselling department and peer educator programs. More than half of the learners indicated that their school had an effective guidance and counselling department with capable staff who are able respond effectively on questions involving sex education and HIV/AIDS. It can therefore be concluded that guidance and counselling departments in the school have been able to create HIV/AIDS awareness among secondary school learners.

Nearly half of the learners stated that their schools do not have peer educator programs while half indicated that their schools had never held a sex education program. These programs provide an avenue for the learners to ask questions and acquire knowledge hence increasing their awareness on HIV/AIDS.

It can be concluded that peer educator and sex education programs have been under-utilized by school hence reducing the influence of school guidance on HIV/AIDS awareness.

The learners' awareness about HIV/AIDS depends on which section one is engaged in. On causes of HIV/AIDS, the learners are aware that blood transfusion, tattoos and scarification procedures, polygamy and drugs can easily lead to HIV/AIDS infection. What the learners are not aware of is that poverty and wars are indirect causes that can lead to HIV/AIDS infection.

In this section the learners scored above average on the awareness on causes of HIV/AIDS hence they are aware on causes of HIV/AIDS.

On stigmatization and discrimination, the learners were well aware that HIV/AIDS virus is not a punishment from God, hugging a HIV/AIDS positive person will not lead to an infection, carrying out economic activities with PLWHA will not lead to infection and children infected with HIV/AIDS virus cannot infect other children with the virus. What the learners were not aware of is that sex workers can be blamed wholly for the spread of HIV/AIDS in the society. The learners scored well above average in this section and it can be concluded that they are aware of stigmatization and discrimination of PLWHA. On preventive and control measures of HIV/AIDS, the learners scored differently on each sub-section.

On preventive measures sub-section, the learners are not aware that the first preventive measure is testing oneself, more than half of the learners have never heard of Prep and less than half of the learners identified that usage of condom and abstinence are preventive measures against HIV/AIDS infection. It can be concluded that learners are not aware of various preventive measures of HIV/AIDS. On control measures sub-section, the learners are aware that a person can live for more than ten years with the virus.

Furthermore, the learners also agreed that HIV/AIDS has no cure and a HIV/AIDS positive mother can give birth and raise a HIV/AIDS negative child through medical assistance. Therefore, it can be concluded that the learners are aware of various control measures of HIV/AIDS.

It can be concluded that guidance truly influences HIV/AIDS awareness among secondary learners' schools in Kenya. School guidance is the most effective and efficient source of guidance while media guidance in particular social media is highly under-utilized and distorted source of guidance.

Recommendations

Based on the finding of this study, the following recommendations have been formulated so as to increase the influence of guidance on HIV/AIDS awareness on secondary school in Kenya.

1. Learners should be encouraged to interact more to each other on matters concerning HIV/AIDS effects and impacts it's having in the society so as to create awareness.
2. Media guidance can be achieved through social media and internet so proper laws should be formulated so that any information published in the internet is credible and authentic to avoid misleading the learner.
3. Parents should be advised to create an environment that will enable them to communicate freely with the learners about sex education and HIV/AIDS so as to create awareness.
4. Schools should be encouraged to have well-functioning guidance and counselling departments that are able to carry out seminars, workshops, research and establish peer educator programs that create HIV/AIDS awareness

Further research should be carried out so as to identify why mothers are more accessible than fathers in discussing topics involving sex education with the learners and whether various social media sites are carrying out adverts that create HIV/AIDS awareness.

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