

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

The Effectiveness of HIV/AIDS Education in Promoting Counseling to the Youth in Secondary Schools in Kenya

Noel M. Malanda

Deputy Dean, Kibabii University, Kenya

Ph.D. Student, Department of Educational Psychology, Maseno University, Kenya

John Agak

Professor, Department of Educational Psychology, Maseno University, Kenya

Eric Kabuka

Senior Lecturer, Department of Educational Psychology, Maseno University, Kenya

Abstract:

The main objective of HIV/AIDS education is to necessitate HIV prevention among the youth through behavior development and or modification. This implies that HIV/AIDS education is supposed to not only be a medium of creating awareness but also most importantly promote practices and skills to enable HIV prevention among youth in schools. This article reports on a study whose purpose was to assess the effectiveness of HIV/AIDS education in promoting counseling in secondary schools. Specifically, the study sought to find out the extent to which counseling promotion for HIV/AIDS prevention were emphasized to youth; and explore the factors that influenced the promotion of counseling for HIV/AIDS prevention to the youth. The findings of the study established that counseling services were underutilized in schools. The concept of counseling was not well understood. Guidance services were over utilized at the detriment of counseling. Despite the fact that school counselors were not adequately trained, utilization of referral was low. Factors that influenced promotion of counseling were the counselor's personal attributes, age gap between the students and their counselors, gender of the counselor, double roles of counseling and discipline that teacher counselors were assigned, insufficient time for the counseling teachers to execute this duty and inadequate training to the counselors. The study recommended the need to explore strategies for enhancing counseling in schools as an HIV/AIDS prevention intervention. The results of this study will hopefully contribute to knowledge on how the HIV/AIDS education programme can be adapted to integrate counseling that has the potential to improve the capacity of the programme in meeting the HIV/AIDS prevention needs and challenges of youth in secondary schools.

Keywords: HIV/AIDS, youth, HIV/AIDS education, secondary schools, interventions, counseling, promotion

1. Introduction

In Kenya, a considerable number of youth are found in schools where as a policy, HIV/AIDS Education is taught since the year 2000 (Government of Kenya (GOK), 1997). Despite this, the median age of first sexual intercourse of 16.5 years (GOK, 2004) occurs at an age when most youth in the formal education system are in secondary school. This is evidenced by findings that 30% of blood samples collected from secondary schools had been found to be HIV positive in a society where heterosexual contact accounts for approximately 90% of all HIV/AIDS infections in Kenya (GOK, 2004 & Kiptoon, 2000).

When youth start experimenting with sex, it happens unplanned and unprepared. For some youth, early sexual activity is unwanted or coerced or exploitative (Weiss, Whelan and Gupta, 1996). A complex interplay of biological, demographic, economic and socio-cultural factors influence the youth's sexual and reproductive health behaviours (Kirby 1997; 1999). These factors have been exacerbated by urbanization, migration and modernization that have eroded traditional social networks that were a protective and informative medium to the youth (Tijuana, 2001). These heterogeneous backgrounds of the youth influence their sexual behaviours. To meet these diverse characteristics of its target population, HIV/AIDS education programmes should offer the youth sufficient knowledge and skills that can empower them to make informed decisions and choices from the various options at their disposal in order to prevent HIV/AIDS.

During the Cairo Programme of Action at the International Conference on Population and Development (ICPD), the global community resolved to protect the rights of youth to sexual and reproductive health information and services. The resolve was again made during the Beijing Platform at the fourth International Conference on Women (ICW) (United Nations(UN), 1994; 1995). The need for promotion of counseling and services for sexually active youth; sex education and information for the prevention of STD and HIV & AIDS was emphasized. The delegates specifically earmarked counseling on gender relations, violence and sexual abuse

against youth, and responsible sexual behaviour for both sexes. UNAIDS also emphasizes the importance of integrating counseling into HIV/AIDS prevention programmes (UNAIDS, 1998).

One of the first countries to launch a national campaign for combating the HIV/AIDS pandemic, Uganda, is also one of the first to show a positive trend. Sero incidence among the 15-19 year olds fell from 22% in early 1990s to 8% by 1998 (USAID, 2000). This age group constitutes youth most likely to be found in secondary schools for those attending formal education. This reduction was due to change in sexual debut, reduction of sexual partner and increased condom use. Interventions that necessitated these were strong political leadership, public awareness campaigns involving people with HIV/AIDS, social marketing of condoms, voluntary counseling and testing (VCT), school life skills programs and community counseling. In Senegal, the government worked with religious and community leaders to promote and provide sex-education in elementary schools, treatment of STDs and promotion of condoms use. These data prove that counseling services can be strategic interventions for HIV/AIDS prevention among the youth.

While counseling has become a highly-recommended component in schools, effective results depend mainly on the quality and extend of training the counselors receive (UNICEF, 1996). There is agreement that it should be geared towards serving the youth client. Unfortunately, few school counselors are trained or encouraged or have time to handle reproductive health or family planning concerns (Senderowitz, 2000). Importantly for youth the broader issues of physical and emotional development, drugs, family conflicts and relationships should be addressed as they affect the youths' sexual and reproductive health behaviour (Kims et al. 2001). The literature cited above reiterates youths' vulnerability to HIV & AIDS and the need to put in place interventions including counseling to mitigate the scourge. The youth who fall within the vulnerable age of sexual debut which is 16.5 years are in secondary school. A considerable number of these youth are in school especially with the advent of subsidy to education by the Kenyan Government. This study therefore sought to find out the extent to which counseling promotion for HIV/AIDS prevention were emphasized to youth; and explore the factors that influenced the promotion of counseling for HIV/AIDS prevention to the youth.

2. Methodology

The study was carried out in Vihiga County in Western province, Kenya. The poverty index in the district is 62% and HIV prevalence of 3.8%. The major occupation in the area is subsistence farming. The county neighbours two hyperendemic areas namely, Siaya, and Kisumu whose HIV prevalences are more than 15% against a national prevalence of 6.04% (GOK, 2014 & Vihiga County Integrated Development Plan, 2013). The vulnerability of Vihiga County can thus not be underestimated thus the need to focus the study on the county

Descriptive survey design was used. The study focused on students and teachers in the 87 secondary schools in the county of which 9 are boys' schools, 15 girls' schools and 63 co-educational schools. The schools comprised of a total of 13 983 female students and 12 530 male students thus a total of 26 513 students. The study also involved 706 teacher representatives from each of the eight departments in secondary schools. The departments were science, applied sciences, mathematics, humanities, guidance and counseling, games and careers. To establish the number of students to include in the study, tabulations by Pals and Kathuri (1993) that were calculated using the Fischer's formulae were used. The corresponding sample size of 388 students was proportionately distributed among the sample schools in relation to the schools' population, gender and type of school - boys, girls and co-educational schools using stratified random sampling. The focus group discussions involved ten of the schools involved in the study. A sample of 80 teacher representatives from each of the eight departments in the ten secondary schools involved in the FGDs was included in the study.

Data was collected using questionnaires and focus group discussion guides. The students' questionnaire sought to find out: demographic information of the students that is their sex, grade level, type of school, residence when school was in session – boarder or day scholar and information on promotion of counselling. Sixteen focus group discussions with students and ten focus group discussions with teachers were conducted. The focused group discussions mainly sought to find out the factors that influenced the effectiveness of interventions for a supportive environment. The students' focused group discussions comprised: four in the one boys' school selected, four in one girls' school selected and eight in the two co-educational schools selected. Each FGD consisted of eight students from the same grade level with all the four grade levels being represented therefore in the co-educational schools, two FGDs were conducted in each class. Grouping on gender and class basis was to enhance free discussion of issues since homogeneity in class and gender could reduce intimidation among the students.

The research instruments were piloted in 9 schools which constituted 10% of the schools in the districts: one boy's, two girls' and six co-educational schools to check for validity and reliability before the actual study. Data analysis was done both quantitatively and qualitatively. Data for quantitative analysis was derived from the questionnaires and were presented as percentages. Data for qualitative analysis was mainly derived from the focus group discussions.

3. Results and Discussion

3.1. Extent of Counseling Promotion for HIV & AIDS Prevention

This study incorporated a five-point scale in the students' questionnaire to establish if the HIV/AIDS education programme in schools encouraged the students to seek for counseling. The findings reported that 49.4% of the respondents strongly agreed, 26.2% agreed, 17.1% were not sure, 4.7% disagreed and 2.6% strongly disagreed. These findings indicate that the percentages of students who were in agreement with the view that the HIV/AIDS education programme encouraged the students to seek for counseling were more than those who disagreed.

In order to further ascertain the extent of counseling promotion to the youth in schools, the study sought to find out if the students were aware of the presence of guidance and counseling teachers that could execute the services. The study also sought to find out if schools referred the students to other counseling service providers. The researcher further sought to find out if the students were given the option of using either school and or referral services. The findings were reported as cross tabulations in Table 1.

Categories of Responses										
Total										
Responses	Gender		School type			Grade level (Form)				response
	Female	Male	Girls'	Boys'	Coed	1	2	3	4	
G&C teacher present:										
No	0.0	1.2	0.0	0.0	1.1	1.1	0.0	0.0	1.4	0.6
Yes male	45.5	75.6	2.4	54.9	88.1	64.8	56.8	62.7	55.4	60.0
Yes female	47.7	11.6	88.1	22.5	7.0	22.7	33.7	30.1	35.1	30.3
Yes both	6.8	9.8	9.5	19.7	3.2	10.2	9.5	4.8	8.1	8.2
Don't know	0.0	1.8	0.0	2.8	0.5	1.1	0.0	2.4	0.0	0.9
Counseling Services:										
Present	83.0	79.9	85.7	77.5	81.1	71.5	84.2	83.1	87.5	81.5
Referred	1.7	1.2	3.6	2.8	0.0	4.5	1.1	0.0	0.0	1.5
Present & Referred	11.4	13.4	6.0	12.7	15.1	18.2	9.5	12.0	9.5	12.4

Table 1: Presence of Guidance and Counseling (G&C) Teacher, Services and Referrals in Schools in Percentages

Findings in Table 1 indicate that a majority of students were aware of the presence of guidance and counseling teachers in their schools. Only 0.6% of the students indicated that there was no guidance and counseling teacher in their school while 0.9% of the students did not know whether the teacher was present or not. This is an indication that schools had counseling teachers, However, most schools did not have counselors of both gender and this was especially so in coeducational schools where 3.2% of the respondents indicated they had counseling teachers of both genders compared to 19.7% and 9.5% in the boys' and coeducational schools respectively. Yet, coeducational schools would benefit more if counselors of both gender would be included to take charge of the gender specific challenges.

According to Table 1, 81.5% of the students indicated that counseling services were provided in school only. A total of 1.5 % of the students indicated that their institutions provided referrals while 12.4% of the youths in school indicated the presence of counseling provision and referrals in their schools. However, further probing during the students' and teachers' FGDs revealed that the concept of counseling was not well understood in schools. Very few students approached their counseling teachers hence teachers in most cases offered guidance in form of talks. This was despite the fact that counseling was one of the topics recommended for coverage by the HIV/AIDS Education syllabus. This implies that guidance and counseling teachers over utilized their role of guidance at the detriment of counseling which would potentially have addressed the specific individual challenges of the students.

Though the findings in Table 1 indicated fairly high levels of provision of counseling services, the findings, did not indicate if the issues the students got counseling on promoted HIV/AIDS prevention. Hence, Table 2 in this study sought to ascertain this by finding out the extent to which the students went for counseling on topics associated with HIV/AIDS prevention. The findings were presented in form of cross tabulations.

Categories of Responses										
Total										
Topics discussed:	Gender	School type			Grade level(Form)			response		
	Female	Male	Girls'	Boys'	Coed	1	2	3	4	
Love relationship	49.4	43.3	38.1	35.2	54.6	47.7	48.4	47.0	41.9	46.5
Pregnancy	38.6	18.3	35.7	5.6	34.6	31.8	33.7	21.7	27.0	28.8
Sexual abuse/coercion	27.3	22.6	17.9	15.5	31.9	23.9	25.3	26.5	24.3	25.0
Puberty	48.3	22.0	61.9	18.3	30.3	37.5	40.0	32.5	31.1	35.6
Avoiding sexual pressure	31.3	33.5	26.2	35.2	34.1	29.5	35.8	32.5	31.1	32.4
Having fun in relationship										
without sex	11.9	17.7	9.5	25.4	13.0	19.3	14.7	12.0	12.2	14.7
Negotiating sex	5.1	7.9	1.2	4.2	9.7	6.8	8.4	3.6	6.8	6.5
Choosing good friends	79.0	61.6	88.1	74.6	61.1	78.4	67.4	66.3	70.3	70.6
Managing leisure time	65.9	64.0	72.6	66.2	61.1	64.8	65.3	56.6	74.3	65.0
Preventing HIV/AIDS	60.2	50.6	51.2	40.8	63.2	61.4	53.7	43.4	64.9	55.6
Preventing STIs	44.3	29.9	44.0	21.1	40.5	34.1	30.5	32.5	55.4	37.4
How to use condoms	5.1	6.7	0.0	2.8	9.7	8.0	4.2	4.8	6.8	5.9
Where to get condoms	3.4	3.7	0.0	1.4	5.9	5.7	2.1	3.6	2.7	3.5
Drugs	43.8	46.3	40.5	47.9	45.9	43.2	45.3	42.2	50.0	45.0
Alcohol	27.8	39.6	20.2	47.9	34.1	30.7	31.6	33.7	39.2	33.5

Table 2: Topics Associated with HIV/AIDS Prevention Discussed with Guidance and Counseling Teacher in Percentages

Findings in Table 2 on the percentage of students who had covered topics related to HIV/AIDS prevention reported that of the fifteen topics only three topics namely choosing friends; managing leisure time and HIV/AIDS prevention had an above 50% response. This implies that counseling services were under-utilized in schools. Evaluation studies of successful sexuality and STD/HIV prevention programs in schools in the United States underscore the need to identify specific sexual antecedents to be targeted in order to prevent HIV/STDs (Kirby, 2001). UNAIDS postulates that counseling would be an approach that is likely to enable the youth address challenges that arise from sexual antecedents like drug taking and unsafe sexual practices (UNAIDS, 1998). The HIV/AIDS syllabus includes a topic on counseling (GOK, 1999). This means that counseling is deemed important in HIV/AIDS prevention. Underutilizing counseling as an intervention that would help in HIV/AIDS prevention, therefore, limited the youths' repertoire on HIV/AIDS issues.

Table 2 also reported that topics on how to use condoms, where to find condoms and sex negotiation skills were least discussed with total responses of 5.9%, 3.9% and 6.5% respectively. This could mean that either the students were not willing to open up to their counselors in schools and or the guidance and counseling teachers were reluctant to address these issues. However, findings underscore the importance of addressing all issues and challenges to youth's reproductive health in order to necessitate behaviour change (Kim et al. 2001). This study further revealed that referrals for counseling were rarely accorded the students despite the possibility that teachers were reluctant in dealing with sexual issues and challenges. However, a study in Thailand indicated that education complemented by referrals for personal counseling could achieve the objective of changing behaviour (Sankodhavat, 1998). To establish the factors that influence counseling promotion the study sought to find out if the students were comfortable with the counseling service providers in their schools. The researcher also included an open question for them to indicate the reasons for their response on comfort. The findings were reported in Table 3.

Categories of Responses										
Total										
View	Gender		School type			Grade level (Form)			response	
	Female	Male	Girls'	Boys'	Coed	1	2	3	4	
Comfortable with G& C teacher:										
Yes	72.7	73.2	72.6	73.2	73.0	78.4	78.9	62.7	70.3	72.9
No	26.7	20.1	26.2	21.1	23.2	19.3	18.9	32.5	24.3	23.5
Not sure	0.6	2.4	1.2	5.6	0.0	0.0	1.1	3.6	1.4	1.5
Reasons why comfortable:										
Discuss without fear	5.1	8.5	4.8	5.6	8.1	2.3	11.6	4.8	8.1	6.8
Friendly	1.1	4.3	1.2	4.2	2.7	1.1	1.1	4.8	4.1	2.6
Understanding	1.7	6.7	2.4	9.9	2.7	2.3	3.2	4.8	6.8	4.1
Can keep secret	1.1	3.0	5.6	0.0	1.6	1.1	3.2	0.0	4.1	2.1
Same gender	0.0	0.6	0.0	1.4	0.0	0.0	0.0	1.2	0.0	0.3
Christian	0.0	0.6	0.0	0.0	0.5	0.0	0.0	0.0	1.4	0.3
Knowledgeable	3.4	10.4	0.0	2.8	11.4	5.7	0.5	3.6	6.8	6.8
Willing to help	2.3	1.8	2.4	4.2	1.1	3.4	1.1	1.2	2.7	2.1
Good role model	1.1	0.6	0.0	0.0	1.6	0.0	1.1	1.2	1.4	0.9
Reasons why not comfortable:										
Not comforting	5.7	0.6	7.1	1.4	2.2	3.4	4.2	3.6	1.4	3.2
Fear punishment	1.1	0.6	2.4	0.0	0.5	0.0	1.1	1.2	1.4	0.9
Can't keep secret	1.1	1.8	1.2	1.4	1.6	1.1	1.1	1.2	2.7	1.5
Fear to be labeled										
immoral	4.0	4.9	4.8	4.2	4.3	0.0	2.1	9.6	6.8	4.4
Different gender	1.1	0.0	0.0	0.0	1.1	2.3	0.0	0.0	0.0	0.6
Familiarity thus no										
anonymity	0.0	0.6	0.0	1.4	0.0	0.0	1.1	0.0	0.0	0.3
Poor role model	0.0	0.6	0.0	0.0	0.5	0.0	1.1	0.0	0.0	0.3

Table 3: Rate of Comfort When Relating with Guidance and Counseling Teacher and Reasons in Percentages

The findings in Table 3 are an indicator that not all the youth in school were comfortable with their guidance and counseling teachers. The findings reported that 23.5% of the respondents were not comfortable with their guidance and counseling teachers.

By responding to an open question, the youth in school also gave various reasons that made them either comfortable or uncomfortable with their guidance and counseling teachers. The teachers' ability to enable the students to discuss their problems without fear was an attribute that endeared the counseling teacher to the students. The attribute received the highest rate of responses – 6.8%, as a reason that made the students feel comfortable with their guidance and counseling teachers. The fear of being labeled immoral was the major reason why some students felt uncomfortable with school counselors – 4.4% of the students affirmed this.

The study further sought to find out who the other people students sought counseling from were. Table 4 below reports the findings in form of cross tabulations.

Categories of Responses										
Total										
Person	Gender		School type			Grade level(Form)				response
	Female	Male	Girls'	Boys'	Coed	1	2	3	4	
Friends	36.9	34.8	32.1	40.8	35.7	37.5	32.6	36.1	37.8	35.9
Class teacher	34.1	39.0	20.2	29.6	46.5	45.5	35.8	27.7	36.5	36.5
School nurse	50.0	36.6	52.4	36.6	42.2	53.4	36.8	48.2	35.1	43.5
Hospital nurse	47.2	39.6	42.9	31.0	48.6	38.6	37.9	53.0	45.9	43.5
Doctor	54.5	58.5	59.5	49.3	57.8	52.3	55.8	60.2	58.1	56.5
Mother	86.9	54.3	91.7	50.7	69.7	75.0	75.8	67.5	64.9	71.2
Father	27.8	49.4	27.4	49.3	38.9	43.2	41.1	31.3	36.5	38.2
Peer educator	48.9	46.3	51.2	52.1	44.3	36.4	48.4	47.0	60.8	47.6
Other teacher	28.4	32.9	26.2	29.6	33.0	36.4	26.3	31.3	28.4	30.6
Others persons:										
Preacher	5.7	7.3	4.8	4.2	8.1	3.4	8.4	6.0	8.1	6.5
Siblings	6.8	0.0	10.7	0.0	1.6	3.4	3.2	3.6	4.1	3.5
Aunt	1.7	0.0	2.4	0.0	0.5	0.0	2.1	0.0	1.4	0.9
Female relatives	0.6	0.0	1.2	0.0	0.0	0.0	0.0	1.2	0.0	0.3
Grandparents	1.1	2.4	1.2	2.8	1.6	3.4	2.1	1.2	0.0	1.8
VCT counselo	2.3	0.6	1.2	0.0	2.2	0.0	2.1	2.4	0.0	1.5
Sister-in-law	0.6	0.0	0.0	0.0	0.5	0.0	1.1	0.0	0.0	0.3
HIV/AIDS										
infected/affected	0.6	0.0	0.0	0.0	0.5	0.0	0.0	1.2	0.0	0.3

Table 4: Other People Students Sought Counseling from in Percentages

Table 4 lists responses on the other counselors' students sought counseling from apart from the guidance and counseling teacher. Mothers then doctors were the most preferred with response rates of 71.2% and 56.5% respectively. Though peer educators and friends were not the most preferred with their rating at 47.6% and 35.9% respectively, these response rates revealed that a considerable number of students would benefit from the inclusion of peers as counselors. These findings divulged diversity in students' preferences for counselors. Though HIV/AIDS was an issue that the teachers during the FGDs agreed needed concerted efforts of people that were likely to enhance HIV/AIDS prevention among the youth, little effort had been made to involve people the students preferred in counseling them in the school programme.

The findings in Table 4 implied that the other persons the students sought counseling from other than the school counselors had some attributes that endeared the students to them. The researcher thus sought to find out the reasons the students consulted these other individuals for counseling. The findings are reported in Table 5.

Categories of Responses										
Total										
Reason	Gender		School type			Grade level(Form)				response
	Female	Male	Girls'	Boys'	Coed	1	2	3	4	
Knowledgeable	63.6	60.4	71.4	64.8	56.8	58.0	61.1	60.2	70.3	62.1
Polite	39.8	35.4	36.9	32.4	40.0	37.5	31.6	36.1	47.3	37.6
Can keep secrets	61.4	35.4	71.4	32.4	44.9	35.2	48.4	53.0	60.8	48.8
Respectful	38.6	34.1	36.9	35.2	36.8	35.0	36.8	31.3	43.2	36.5
Friendly	61.1	45.1	70.2	47.9	47.8	43.2	50.5	61.0	60.8	53.4
A good listener	49.4	31.7	63.1	32.4	34.1	30.7	44.2	41.0	48.6	40.9
Understanding	86.4	68.9	88.1	76.1	74.1	77.3	72.6	80.7	82.4	77.9
Able to offer										
advice freely	86.9	81.7	88.1	78.9	84.9	80.7	86.3	83.1	87.8	84.4
Able to assist										
solve problems	69.3	67.1	66.7	62.0	71.4	70.5	65.3	68.7	68.9	68.2

Other reasons:										
Christian	4.0	0.6	7.1	0.0	1.1	1.1	1.1	4.8	2.7	2.4
Close to them	1.1	0.0	1.2	0.0	0.5	1.1	0.0	0.0	1.4	0.6
Been through										
such experiences	2.8	0.0	3.6	0.0	1.1	0.0	2.1	3.6	0.0	1.5
Willing to help	3.4	0.0	2.4	0.0	2.2	1.1	3.2	2.4	0.0	1.8
Honest	1.7	0.6	2.4	1.4	0.5	0.0	3.2	0.0	1.4	1.2
Same gender	1.7	0.0	1.2	0.0	1.1	0.0	2.1	1.2	0.0	0.9
Respectable	1.1	0.0	1.2	0.0	0.5	0.0	1.1	1.2	0.0	0.6
Easy to talk to	0.6	0.6	1.2	1.4	0.0	0.0	0.0	0.0	2.7	0.6
Calm and composed	0.6	0.0	0.0	0.0	0.5	1.1	0.0	0.0	0.0	0.3
Available most times	0.6	0.0	0.0	0.0	0.5	0.0	0.0	1.2	0.0	0.3
A good role model	0.0	1.2	0.0	0.0	1.1	0.0	1.1	1.2	0.0	0.6

Table 5: Reasons Why Students are Comfortable with Seeking Counseling from Other Persons Other Than Guidance and Counseling Teacher in Percentages

The findings in Table 5 are an indication that most students preferred counselors who were able to offer advice freely, understanding and willing to assist them solve their problems. These attributes received response rates of 84.4%, 77.9% and 68.2% respectively.

3.2. Factors Influencing Counseling Promotion

Findings on factors influencing counselling promotion was obtained by corroborating information from the students' questionnaire, the guidance and counseling in charge questionnaire and the students' and teachers' FGDs.

One factor that influenced counseling promotion was the counselor's personal attributes which the students described using statements like "polite; can keep secrets; friendly; respectful; a good role model; calm and composed". This implies that the students valued empathy, friendliness and confidentiality. The students found it easy to seek counseling from counselors with these qualities since they felt it was easier to approach them and were assured of confidentiality. These findings are in line with findings that the youth found it difficult to seek for counseling due to the moralistic attitude of the counselors and their lack of confidentiality (Senderowitz, 2000).

The teachers' and students' FGDs pointed out that age gap between the students and their counselors was a factor that influenced counseling promotion. Some students felt comfortable consulting the teachers since they were older than them hence more experienced and knowledgeable. However, some students felt that the age gap between them and the adult counselors rendered these counselors' unsuitable choices for their counseling needs. The students felt that due to their age, these adult counselors did not understand the needs and challenges of the present generation hence they preferred counselors from their age groups. Findings in this study reported that 47.6% of the respondents preferred consulting peer educators for counseling and 35.9% preferred their friends.

The gender of the counselor was another factor that influenced counseling promotion. The FGDs revealed that most female students preferred female counselors to male while the male youth in school preferred the male teachers. The students felt that their homogeneity in gender would make it easier for the counselors to identify with needs and challenges that were gender specific. Prevailing cultural practices, which dictated that advice giving to the girls was done by older females while mentoring boys was an adult males' preserve also influenced this notion. However, some students felt more at ease with counselors of the opposite gender citing the fact that they were less prejudiced. During the female students' FGDs, the students pointed out that some female teachers were hostile towards them hence they could not confide in them. The male students revealed that some of the teachers who befriended female students looked at them as their "rivals" especially if they suspected that the male students befriended their girlfriends. These male students therefore preferred to seek counseling from the female teachers.

Another factor that influenced counseling promotion was the double roles of counseling and discipline played by the teachers charged with the responsibility to counsel the students. The counseling teachers were faced with the disciplinary role since they also had to teach their subject specialization in class. During classroom lessons, counseling teachers were at times compelled to instill discipline in the students to necessitate effective classroom management. Their disciplinary duties had a negative influence on their role as counselors. This is because on one hand, they were supposed to help the students relieve themselves of their problems and on the other hand they were forced to reprimand the same students. The students hence had mixed feelings towards them.

Lack of sufficient time for the counseling teachers to execute their duties as counselors affected counseling promotion. Since all the counseling teachers had been assigned subjects to teach, they had insufficient time to effectively perform their duties as counselors. Their counseling duties were supposed to be carried out during lunch breaks and in the evening after classes. Many a times, the time allocated the school counselors was insufficient to deal with the cases that had been brought to their attention. This finding is in line with findings that few school counselors had time to handle the reproductive health concerns of the youth clients (Senderowitz, 2000).

Lack of adequate training of the counselors especially the teacher counselors influenced counseling promotion. Of the 29 teachers who responded to the guidance and counseling in charge questionnaire, none had received any specific training on guidance and counseling – they all had the training they got during teacher training. Inadequate training meant that they were not sufficiently armed with the necessary knowledge and skills. Since the inadequately trained counseling teachers were also charged with the responsibility of

mentoring the peer educators in their schools, they most likely could not be able to furnish these peer educators with sufficient knowledge and skills to enhance counseling. The finding in the present study that inadequate training had an influence on counseling promotion was in agreement with findings which reported that few school counselors were trained to handle the youth client. UNICEF further agrees with this notion by documenting that though counseling is highly recommended in schools, its effectiveness depended mainly on the quality and extent of training the counselors received (UNICEF, 1996 & Senderowitz, 2000).

4. Conclusion

Though initial opinions from the youth indicated that counseling was well promoted in schools, subsequent findings indicated that though HIV/AIDS education recommended counseling as one avenue that could be used in HIV/AIDS prevention, it was not effectively promoted. The findings indicate that teachers were not the only preference the students had to provision of counseling services. However, schools did not utilize the other preferred persons to provide counseling services to the youth. Low response rates on the topics that the students had sought counseling on also implies that counseling was underutilized in schools. The study also reported that training of counselors was an area that needed immediate attention so that the capacity of the counselors to deal with the challenges that the youth face and to effectively promote counseling for HIV/AIDS prevention is enhanced. However, training alone will not ensure enhancement of counseling unless the teacher counselors are relieved from their duties as instructors in order for them to have adequate time and focus on this important duty.

This article therefore recommends the following:

- i. The Ministry of Education should enhance the capacity of school counselors through provision of training geared towards dealing with the youth client and HIV/AIDS related issues.
- ii. Schools should encourage the inclusion of other possible counselors like peers, parents and health personnel in order to give students a variety to choose from.
- iii. Schools should be gender inclusive in choosing school counselors so that each school has at least a male and a female counselor.
- iv. Schools should step up the use of referrals services to increase the youths' options for counseling needs especially on issues they feel their teacher counsellor will not handle effectively.

5. References

- i. Government of Kenya (2005). AIDS in Kenya: Trends, Interventions and Impact. 7th Edition. Nairobi. Ministry of Health
- ii. Government of Kenya. (2004). Kenya Demographic and Health Survey, 2003. Nairobi: Central Bureau of Statistics, Ministry of Health, Kenya Medical Research Institute, Centre of Disease Control and ORC Macro.
- iii. Government of Kenya. (1999). AIDS Education Syllabus for Schools and Colleges. Nairobi: Kenya Institute of Education.
- iv. Government of Kenya. (1999). Kenya Demographic and Health Survey, 1998. Calverton, Maryland: National Council for Population and Development, Central Bureau of Statistics, and Macro International Incorporated.
- v. Government of Kenya. (1997). AIDS in Kenya. Sessional Paper No. 4. Nairobi: Government Printers
- vi. Kim, Y. M., Kols, A., Nyakauru, R., Maragwanda, C., and Chibamoto, P. (2001). "Sexual Responsibility among Young People in Zimbabwe". *International Family Planning Perspectives* 27 (1): 11-19.
- vii. Kiptoon, J. (2000). *Daily Nation* June 2000.
- viii. Kirby, D. (2001). *Emerging Answers: Research Finding on Programs to Reduce Teen Pregnancy*. Washington DC: National Campaign to Prevent Teen Pregnancy, Task Force on Effective Programs and Research.
- ix. Kirby, D. (1999). *Antecedents of Adolescent Risktaking, pregnancy and Childbearing: Implications for Research Programs*. Washington DC: The National Campaign to Prevent Teen Pregnancy, Task Force on Effective Programs and Research.
- x. Kirby, D. (1997). *No Easy Answers: Research Finding on Programs to Reduce Teen Pregnancy*. Washington DC: National Campaign to Prevent Teen Pregnancy, Task Force on Effective Programs and Research.
- xi. Muga, R. (2006). "From the Chief Executive Officer, National Agency for Population Development". *Kenpop News*; 1 (4): 2.
- xii. Sankodhavat, (1998) in Senderowitz, J. (2000). "A review of program Approaches to Adolescent Reproductive Health" (Poptech Assignment Number 2000. 176 prepared for United States of America International Development)
- xiii. Senderowitz, J. (2000). "A review of program Approaches to Adolescent Reproductive Health" (Poptech Assignment Number 2000. 176 prepared for United States of America International Development)
- xiv. Tijuana, J. A. (2001). *Developmentally Based Interventions and Strategies: Promoting Reproductive Health and Reducing Risktaking among Adolescents*. Washington DC: FOCUS on Young Adults.
- xv. United Nations (1995). *Platform for Action and the Beijing Declaration*. Fourth Conference on Women, Beijing, China 4 – 15 September. NewYork: United Nation, Department of Public Information.
- xvi. United Nations (1994). *International Conference of Population Development Program of Action*. NewYork: United Nations.
- xvii. UN AIDS. (1998). *A Measure of Success in Uganda*, Mimeo. Geneva; UN AIDS.
- xviii. UNICEF. (1996). *The State of the World Children 1996*. NewYork: Oxford University Press.
- xix. USAID (2000). *USAID Child Survival and Disease Programs FUND Progress Report, Fiscal Year 2000* Washington DC: USAID.
- xx. Weiss, E., Whelan, D., and Gupta, G. R. (1996). *Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World*. Washington DC: International Centre for Research on Women.