

**CONTRIBUTIONS OF GUIDANCE AND COUNSELLING SERVICES ON
PRIMARY SCHOOL PUPILS' HIV/AIDS AWARENESS IN BUNGOMA SOUTH
SUB-COUNTY, KENYA**

BY

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DECLARATION

This thesis is my own original work and has not been previously presented for the award of a degree in this and/or any other university. Each significant contribution to this thesis from the works of other people has been duly acknowledged.

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DECLARATION BY THE SUPERVISORS

This thesis has been presented for examination with our approval as supervisors duly appointed by the university.

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DEDICATION

I dedicate this thesis to **God, my Husband Prof. Mellitus Wanyama, my children Faith, Nancy, Molly, Austin, Oscar, my mother Maria Nakhanya and those friends** whose contributions made the completion of this thesis a reality.

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I would like to appreciate the efforts made by my lecturers in shaping this thesis. I wholeheartedly wish to acknowledge the contributions of my supervisors, Dr. Simiyu and Prof. Kodero. To my research assistants, Mr. Kyalo, Mr. Manwa and Mr. Onger, thank you so much. I specifically thank the Margaret Thatcher Library attendant at the electronic journals section for helping me to use the online sources which form a great part of the Literature Review.

ABSTRACT

Like every other socioeconomic sector in the country, the education sector in Kenya has immensely felt the impact of the HIV and AIDS epidemic. This is eroding the sector gains to the extent that Kenya, as is the case of many sub-Saharan African countries, is beginning to experience a reversal of hard-won gains; affecting supply, demand, and quality of education. The main purpose of this study was to investigate the contribution of guidance and counseling services to pupils' HIV/AIDS awareness in Bungoma South Sub-County. The specific objectives were: to identify the counseling strategies employed by counselors for HIV/AIDS awareness among pupils; to determine how much information pupils have about HIV/AIDS through guidance and counseling services in their schools; to examine the influence counseling on pupils' HIV/AIDS awareness; and to explore the challenges experienced by guidance and counseling teachers in the dissemination of HIV/AIDS awareness information among the pupils. The study adopted the Rational Emotive Behaviour Theory propounded by Ellis to provide a theoretical basis for the study. This study used the descriptive research design. The study was conducted among primary school pupils in Bungoma South Sub-County. A total of 64 pupils were randomly selected from standard 8, and all the 32 counseling teachers from 16 sampled schools in the sub-county. The principal data collection instrument was the structured questionnaire administered to both teachers and pupils in these schools. Data was collected through administration of the questionnaires by the researcher. Data analysis was done through coding and sorting based on the objectives of the study, to yield frequencies and percentages. The results were presented using descriptive statistics on tables and charts. The study found that there were no specific counseling strategies employed by teachers to provide HIV/AIDS awareness in schools. However, general approaches to creating awareness were used. Moreover, the study found that these approaches were able to create significant awareness among pupils regarding HIV/AIDS and were effective in doing so. The study also found that teachers were limited in their quest to effectively guide and counsel pupils due to their dual roles in school, lack of seminars and workshops, and lack of administrative support for their work. The study recommended a more proactive approach to sensitizing and empowering counselors to provide more effective counseling services in schools; as well as engaging professional counselors in all schools to avoid duality in relationship between students and teachers.

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LIST OF ABBREVIATIONS& ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome.

DHS – Demographic Health Survey

HIV- Human Immunodeficiency Virus

UNICEF – United Nations Children’s Fund

UNAIDS - United Nations Programme on HIV/AIDS

UNESCO -United Nations Educational, Scientific and Cultural Organization

UNFPA – United Nations Population Fund

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Background of the study

The Human immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) education for young people plays a vital role in efforts to fight the AIDS epidemic. Despite the fact that HIV transmission can be prevented, each year hundreds of young people get infected with the virus. For example, the international HIV/AIDS charity (Avert), in 2005, estimated that there were 75,000 new HIV infected amongst young people aged 15-24 years in Kenya (UNICEF, 2010). UNFPA (2007) reports that of the 1.7 billion young people worldwide, 5.4 million are estimated to be living with HIV and about 40% of the new infections are young people. This trend for long has necessitated Aids education and Counseling especially starting at primary school level.

Providing young people with Aids Education enables them to protect themselves from becoming infected. Ndichu (2005) notes that the modern society has changed so much and social safety nets that existed in traditional societies and ensured somewhat stable environment for children to grow up have all gone. UNFPA/UNICEF (2010) adds that these young people have grown up in a world changed by HIV/AIDS but many still lack comprehensive and correct knowledge about how to prevent HIV infection. This is knowledge that also addresses needs of vulnerable and high-risk groups of young people including infected drug users whose high-risk behavior has been identified as a driving

force behind HIV transmission in our urban centers. Given the current HIV/AIDS infection, young boys and girls require a lot of guidance and counseling.

The guidance and counseling services amongst pupils are tools to make informed choices which emphasize behavior change including and not limited to abstinence or delay in sexual debut, reduction in the number of sexual partners, correct and consistent condom use for those who are sexually active, and those who are HIV positive to mention just a few. Despite this fact, it has been observed that the programmes and services in our schools which were once vibrant are no longer effective as noted by the Koech report of (1999). Although this has been the case, the fact remains that guidance and counseling in schools plays a pivotal role in providing AIDS education for young people. Schools are well established points of contact through which young people can receive AIDS education. That is why this research sought to find out the contribution of guidance and counseling services on the pupils HIV/AIDS awareness.

In many families, guidance and counseling on matters of AIDS awareness, sex education and sexuality are usually shrouded in secrecy. Given that adolescence commences while in Primary school for most young people, their sexual behaviors and developmental characteristics place them at the risk of AIDS and sexually Transmitted Diseases (STDs). UNAIDS (2010) adds that some adolescents become sexually active early; in many countries unmarried girls and boys have sex before the age of 15, but usually without the necessary information skills or services to protect themselves from HIV. That's why guidance and counseling services should be geared towards enlightening them about HIV/AIDS at these early ages (in Primary schools). Annan (2002) notes that young

people are key in the fight against HIV /AIDS. Giving them support, honest and straight forward information and creating effective campaigns, breaks the silence across all societies, turn their enthusiasm, drive and dreams for their future into powerful tools for tackling the epidemic. UNAIDS (2010) says that whatever happens to the young today will determine what becomes of their communities and societies in the decades ahead. The report by Ministry of Health (2015) states that in Bungoma County, there are 193,007 HIV/AIDS infected young people and this is alarming. To curb further increase, the findings and recommendations of this study are critical.

1.2 Statement of the problem

HIV and AIDS limit the capacity of education sectors to achieve Education for All (EFA) and of countries to achieve their targets towards the Millennium Development Goals (MDGs) (UNESCO, 2004; Fleshman. 2005). Providing young people with AIDS Education enables them to protect themselves from becoming infected. Modern society has changed so much and social safety nets that existed in traditional societies and ensured somewhat stable environment for children to grow up have all gone. UNFPA/UNICEF (2010) adds that these young people have grown up in a world changed by HIV/AIDS but many still lack comprehensive and correct knowledge about how to prevent HIV infection. Children are seen as a “window of hope” in the fight against AIDS, because their sexual patterns are not firmly established. In an effort to prevent HIV infections in new generations, in the late 1990s UNICEF and the Kenya Institute of Education jointly developed an AIDS education curriculum, including pupil and teacher

handbooks. However, by 2003, this curriculum had not been fully implemented, likely due to teacher inexperience (Dupas, 2012).

Guidance and counseling services in Kenyan schools occupy a very strategic position in the educational system today. It can provide the necessary psychological support for people who are living with HIV and those who are vulnerable. In case of children living with HIV/AIDS, both children and the parents/guardians need to be counseled (Kay, 2007).

The Koech report (1999) emphasized that learners infected and/or affected by HIV/AIDS require professional guidance and counseling services not only for themselves but also for their immediate families. According to the Demographic Health Survey (DHS) on HIV/AIDS prevalence in the education institutions in Kenya (2003), there is a high HIV/AIDS prevalence in the pupils completing primary education. Pupils in primary schools are either infected or affected by HIV/AIDS and guidance and counseling services are important. What then is the contribution of counselling services to pupils' HIV/AIDS awareness in schools? This study sought to answer this question with specific reference to primary schools within Bungoma South Sub-County.

1.3 Purpose of the Study

The purpose of this study was to investigate the contributions of guidance and counseling services on pupils' HIV/AIDS awareness in Bungoma South Sub-County.

1.4 Objectives of the Study

The study was guided by the following objectives:

- i) Examine the guidance and counseling strategies adopted by teachers to disseminate HIV/AIDS awareness in primary schools in Bungoma South Sub-County.
- ii) To investigate the amount of HIV/AIDS information pupils have as a result of guidance and counselling services in primary schools in Bungoma South Sub-County.
- iii) To examine the influence of counselling on HIV/AIDS awareness among the pupils in primary schools in Bungoma South Sub-County.
- iv) To investigate the challenges experienced by guidance and counseling teachers in the dissemination of HIV/AIDS awareness information among the pupils in primary schools in Bungoma South Sub-County.

1.5 Research questions

The study was guided by the following research questions;

- i) What guidance and counseling strategies are used by teachers in primary schools in Bungoma South Sub-County to create awareness of HIV/AIDS?
- ii) To what extent are the pupils informed about HIV/AIDS as a result of guidance and counselling services in their schools?

- iii) To what extent does counselling in schools influence the level of awareness of HIV/AIDS among the pupils?
- iv) What are the challenges experienced by guidance and counseling teachers in their dissemination of HIV/AIDS awareness information among pupils?

1.6 Scope and Limitations of the Study

The study was carried out in the primary schools of Bungoma South Sub-County. According to the DHS Survey, Kenya (2003), there is a higher HIV/AIDS prevalence among the pupils graduating from primary schools than in the lower classes. This set the scope of this study to the Standard Eight pupils in the sampled schools in Bungoma South Sub-County. The study also involved teachers in the sample schools. However, the study was limited in both scope and methodology. With regard to scope, the study was limited only to standard eight pupils yet pupils in lower classes could also be affected or infected. This limitation was mitigated by the understanding that pupils in standard eight were more mature and would be less traumatized by the discussion about HIV/AIDS and hence would represent the views of the younger pupils as well. With regard to methodology, the study was limited to structured questionnaire. This data collection tool was found appropriate since the subject of investigation was sensitive and required self-revealing information. The structured questionnaire ensured same questions were asked to the pupils and they were at liberty to provide answers without undue pressure. The pupils were expected to give information concerning their experiences with the guidance and counseling services in their schools and how the guidance and counseling services have created awareness on HIV/AIDS. The limitation of structured questionnaire was

overcome by including as many questions as possible, some similar but presented in a different way to yield information that would have been generated otherwise.

1.7 Significance of the Study

The findings of this study may form a great basis in the provision of relevant information in the establishment of credible guidance and counseling services in primary schools in Kenya. The establishment of these services may provide necessary HIV/AIDS awareness among pupils in schools. The findings may aid in policy formulation as regards guidance and counseling and HIV/AIDS awareness in primary schools. The fact that most parents do not discuss the issue of sexuality with their children is a basis to this research and so emphasis in offering this information in schools will be helpful.

1.8 Assumptions of the Study

This study assumed that;

- i) Guidance and counseling services were offered in primary schools in Bungoma South Sub-County.
- ii) The standard 8 pupils were able to understand the questions for them to give relevant answers to the questionnaires.
- iii) Respondents would be co-operative and give the required information without any reservations.

1.9 Theoretical Framework

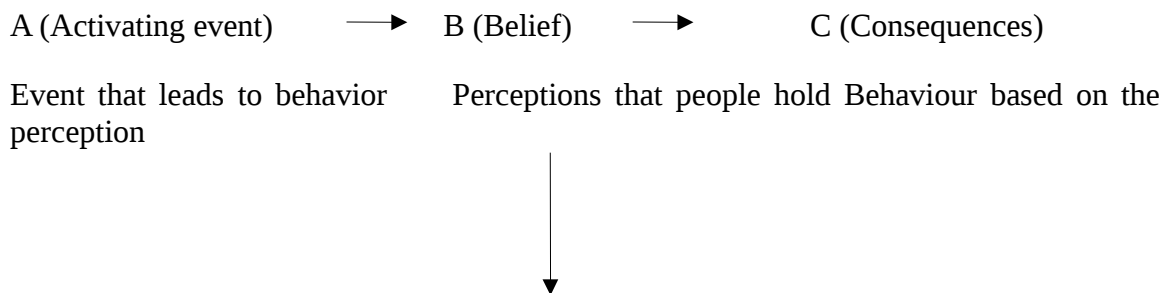
The study was based on Rational Emotive Behaviour Theory propounded by Ellis (2006). Rational Emotive Theory (RET) has challenging perspective on many basic issues of counseling and behavior. It has much in common with counseling that is oriented towards cognition, behavior and action. It stresses the thinking, judging, analyzing and doing. Rational Emotive Theory is highly deductive, very directive and concerned with thinking as much with the feelings. This theory is based on the assumption that condition, emotions and behaviour interact significantly to have reciprocal cause and effect relationship. The basic tenets of this theory stem mainly from our beliefs, evaluations, interpretations and reactions to life situations.

There are several steps involved in the restructuring to change our dysfunctional personality. Ellis (1979) as cited in Corey (2006) gives a summary as follows.

1. Fully acknowledging that we are largely responsible for recreating our own problems;
2. Accepting the notion that we have the ability to change the disturbances significantly;
3. Accepting that our emotional problems largely stem up from irrational beliefs;
4. Clearly perceive these beliefs;
5. Seeing the value of disrupting such foolish beliefs, using rigorous methods;
6. Accepting the fact that if we expect to change, we had better work in emotive and behavioural ways to counteract our beliefs and the dysfunctional feelings and actions that follow;

7. Practicing rational emotive therapy methods of uprooting or changing disturbed consequences for the rest of our life.

The above aspects are reflected in the Rational Emotive theory of counseling. In this theory, Ellis as cited in Corey (1986) discusses three main factors in the ABC theory of personality which is central to Rational Emotive theory and practice. These factors are A – activating events, B- beliefs and C- consequences. In every counseling situation there are activating events which Ellis (calls factor A) that are not pleasant in nature. This can be an event, behaviour or an attitude of an individual. These events can cause one to have self – analysis and therefore self–interpretation, which in turn causes one to form beliefs towards something or someone. For example, a pupil involved in pre– marital sex (activating event) may cause him/her to believe he/she is morally inferior. These beliefs are what Ellis calls factor B. These in turn cause one to behave in a particular way, thus resulting to some consequences, which Ellis calls factor C. Factor C is a behavioural manifestations resulting from beliefs made. For example, some of the consequences from the above example of pre-marital sex is that the pupil may lose value in his/her morals, continue with pre-marital sex and get infected with sexually transmitted infections (STI) and even HIV/AIDS. It is the duty of counselors to offer intervention to correct the situation at the belief formation stage which Ellis calls disruptive intervention. This is demonstrated in the following diagram.



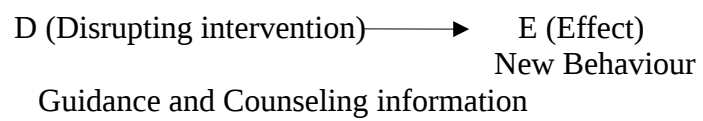


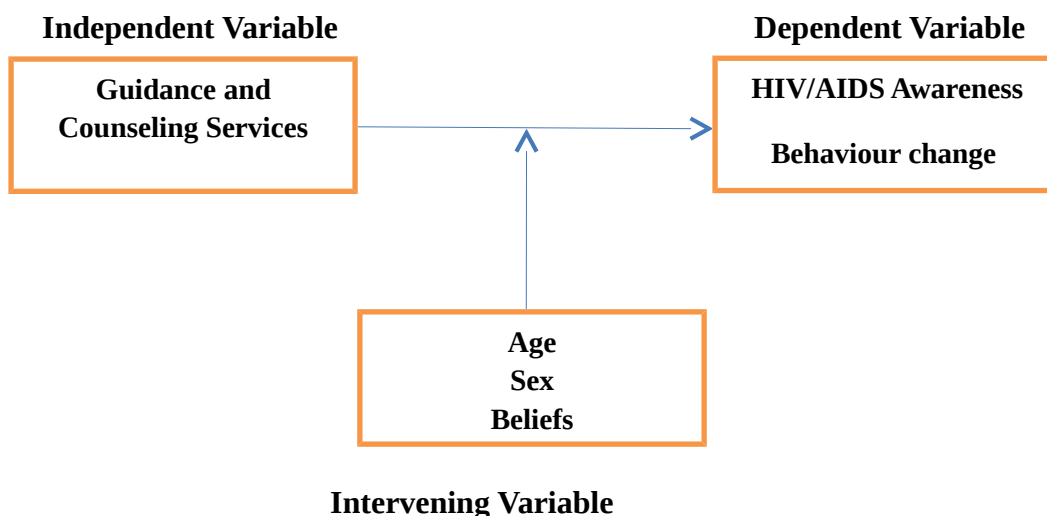
Fig 1: Figure 1 Disruptive Intervention (Corey, 2006)

Ellis as cited in (Corey 2006) explains that after A, B, C, comes D disrupting intervention. D is the application of the scientific method (counseling) to help pupils challenge their irrational beliefs. Because these principles of logic can be taught, they can be used to destroy any unrealistic beliefs. For instance primary school pupils' start being faced with a number of adolescent challenges that cause them form negative beliefs concerning different issues in their lives and in the environment which they live. For example, some challenges can be sexual drive, and the belief can be "sexual drive is uncontrollable" and /or "abstinence" is impossible. It is therefore the duty of counselors to intervene (D- disruptive intervention) to help pupils at the belief stage to prevent negative consequences. After D comes E (Effect) of disrupting, the relinquishing of self-destructive ideologies, like in the example above (sex drive is uncontrollable), is replaced with acquisition of a moral rational and realistic philosophy of life (sex drive is controllable), E (effect) is the desired or expected behaviour and/or the expected results of counseling in the school situation.

This theory explains the relationship between the study variables through cause and effect process as explained above. First in the counseling process the pupils learn the skills that give them tools to identify and dispute irrational beliefs that have been acquired and are now maintained by self-indoctrination. Secondly, they learn how to replace such ineffective ways of thinking with effective ways and rational cognition, and as a result they change their emotional reaction (behaviours) to situations. The counseling process allows the client to apply rational emotive principles not only to a particular presenting problem but also to many other problems in life or to future ones that they might encounter.

In this study the effects of guidance and counseling services on pupils HIV/AIDS awareness, attitude towards sex and change in sexual behaviour have been established. The Rational Emotive Behaviour theory will be a useful framework in exploring how effective counseling influences the dependent variables. For instance a pupil who is aware of HIV/AIDS and how people get infected will form an attitude (B-belief) in relation to rational emotive theory. This attitude will lead to certain behaviour and hence results to (C-consequences). Counseling is an intervention at point (D-disruptive invention) on the attitude (belief) to cause change of behaviour (E-effect). The researcher assumes that the concepts identified in this theory account for the relations between any external variable (HIV/AIDS awareness) and internal variables thinking, judging, analyzing (attitude towards sex) and any form of behaviour that is under an individual's own control, (change in sexual behaviour). The assumption is that there is a close link between attitude (thinking or cognition) and behaviour.

1.10 Conceptual Framework



1.11 Operational Definition of Terms

Challenges: Situations that hinder easy dissemination of information on HIV/AIDS

Counseling strategies: Methods employed by teachers in giving children information on HIV/AIDS

Guidance and counseling services- In this study, these are services provided to school pupils by either trained or untrained teachers (in guidance and counseling) either formally or informally. These services are meant to inform, enlighten and help the pupils in handling sexuality issues

HIV/AIDS Awareness- this is used to refer to the knowledge and Information on HIV/AIDS

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The researcher reviewed the rationale for guidance and counseling in primary schools, aims and objectives of guidance and counseling services in schools, goals of guidance and counseling in primary schools in Kenya, importance of guidance and counseling in schools, related research studies, role of guidance and counseling on pupils HIV/AIDS awareness, the role of the teacher counselor in HIV/AIDS awareness, adolescents and guidance & counseling services, young people and sexuality, Kenyan experiences and awareness of HIV/AIDS in schools. This review linked the present intended research with available knowledge on the subject of research.

2.2 Guidance and Counseling Strategies for Schools

Counselling school pupils can be very challenging given that they are at their adolescent stage which is a unique phase of life (Ruto, 2009). At this stage, adolescents go through biological and emotional changes. Seeking counselling especially from persons with authority over them may be challenging because the normal changes of adolescence affect the young person's self-confidence, relationships, social skills, and general thinking (Omizo & Omizo, 2012). Adolescents may feel fearful, embarrassed, or uncomfortable around authoritative figures. They may be reluctant to disclose personal information for fear of being scolded or mocked, especially in the presence of such persons. Most

adolescents have concerns about confidentiality, which will impact their willingness to discuss personal issues with the counsellor and it is important that they be assured that the confidentiality of the contents of the counselling sessions will be upheld. Furthermore, the adolescents are often adventurous and experiment with various ideas and objects including sexual relationships which they may be afraid to reveal for fear of alienation. This lack of divulgence of vital information will impede the success of the counselling process (Stone & Dahir, 2011).

When interacting with a counsellor or an adult staff member many adolescents feel: Shy about seeking professional help on personal matters and embarrassed that they are seeking assistance on a taboo topic for example, HIV, sex, sexuality, wanting to have sex and wanting to have a baby. They are also worried that someone will see them and tell their parents and hence feel inadequate when it comes to describing their concern and are often ill-informed about the nature of their problems in general. Further, they are anxious that they could be having a serious issue that has significant consequences as well as afraid that they might die or be discriminated forever and feel intimidated by the superiors in the school who may appear unapproachable to them. As a result, they become defensive about being the subject of discussion or because they could have been compelled to attend these sessions against their will. They also develop resistance to receiving help or engaging in care and treatment because of rebelliousness, a fear of the unknown, or another reason and unsure about how to ask for help around living with a chronic condition (ICAP, 2010).

For the counselor this means creating a facilitative environment that will build trust and encourage communication flow. During group counselling the pupil may particularly fear

expressing himself on certain issues because he may be ridiculed, forcefully interrupted or even 'labeled' (Rudatsikira *et al.*, 2007). The ridiculing or forceful interruptions are actually turns in the conversation that must be repaired in order to sustain the objectivity of the session although the studies so far do not explicitly identify them in these terms (Pare, 2008). The way turns are handled during the counselling session may encourage or discourage the pupil as most of them are averse to judgmental words or body language and also condescending communication. The kind of language used during these turns should also be clear ensuring better rapport and ease of conversation as the adolescents prefer words and language that they can understand, and that are appropriate to their age and developmental stage (Ndichu, 2005). Though this study did not examine the counselling function between the counselor and client, it will investigate the awareness of HIV/AIDS created through exposure to counselling in a school context.

Success in school counselling interactions is dependent on the effectiveness of communication between the interactants in a counselling session (Miller & Silverman, 2017). Communication may be defined as the process by which we assign and convey meaning in order to create shared understanding between two or more individuals or communicating entities (Walice, 2017). To achieve communication, the interlocutors require interpersonal skills in processing, listening, observing, speaking, questioning, analyzing, and evaluating information. It is through communication that collaboration and cooperation occur (Walice, 2017). It is through the communication process that the sharing of a common meaning between the sender and the receiver takes place (Walice, 2017). Whereas these studies viewed communication from a general perspective, the current study contextualized it within the school system generally and specifically to

HIV/AIDS pandemic. This study approached counselling for HIV/AIDS awareness as a consequence of effective communication strategy.

2.3 General Rationale for guidance and counseling services among the young people

Young people are the future of society. What happens to them today will determine what becomes of their communities and societies in the decades ahead. UNAIDS (2013) describes the young peoples' future as not looking good. Millions of them are deprived most basic rights—the rights to shelter, health, education, care, love and stand in the path of one of the deadliest epidemics ever- HIV/AIDS.

Pupils at Bhavais Vidya Mandi a school in India – Madhavendra Shenoy, Nisha Menon and Rashmi Anthony describe what UNICEF (2003) reports true that talking about sex and sexuality is difficult. That often these subjects are treated with suspicion and distrust—even by parents and teachers. Embarrassment and ignorance go hand in hand and many young people end up knowing little about sex, sexuality and HIV/AIDS. What they do know often turns out to be dangerously inaccurate.

The UN General Assembly Special session on HIV/AIDS (2001) in its declaration noted that matters become even worse as much of what is written on HIV/AIDS is technical and abstract and has little about the personal experiences of young struggling with the disease. Young people have tremendous enthusiasm, energy and optimism. They love life, and with a little support from adults, young people can take charge of their own lives and even be role models for their peers (Kirby, 2012). Guidance and counseling services need reach young people at early ages before they take gambles and the risks that sometimes accompany curiosity and experimentation.

UNICEF/MICS (1999–2001) notes that the remedy to what our societies are going through concerning HIV/AIDS is that at the very least ages children and young people everywhere should be informed about HIV/AIDS—how the virus is transmitted, what the effects are, when they are at risk of infection and how they can protect themselves against the epidemic. HIV/AIDS programmes that respect and involve young people – and are sensitive to their cultures are far more likely to succeed than those that do not. UNAIDS (2013) also recommends that as many young people do not go to school, so they need to be reached through community programmes. Parents are also supposed to talk openly about sex and sexuality with their children.

Many parents find talking openly about sex and sexuality with their children very difficult as been noted earlier in this work and may even lack the knowledge they should be passing on to their young. So adults should also be given necessary skills and information. Most of the time in a year pupils will be in school and guidance/counseling services will be very important to them. Kirby (2012) supports school-based sex education interventions that they reduce reported risky sexual behaviours in developing countries. The curriculum-based interventions having the characteristics of effective interventions in the developed and developing world should be implemented more widely (UNAID, 2005). They add that they even need additional rigorous evaluation of peer-led and non-curriculum-based interventions. Kirby further adds that school-based sex and health education programmes exist to reduce the degree of pregnancy and HIV/transmission among adolescents. The programmes have ranged from one hour didactic presentations to term-long comprehensive education programs. The studies above examine parental involvement in the fight against HIV/AIDS but do not capture

the counselling component in relation to the school. The issues of sexuality and its relationship to HIV/AIDS are pertinent to the guidance and counseling strategies employed in schools and which also formed a significant basis for the discussion made in the current study.

2.3.1 Aims and Objectives of Guidance and Counseling Services in Kenyan Schools

The main objective of these services is to help pupils understand themselves and their abilities and skills to help them all through to secondary school to the job market. Were (2003) outlined the objectives of guidance and counseling services as follows:

1. Assisting the individual pupils achieve independence and be able to discuss oneself in terms of intellectual abilities and other superior talents and functions towards his/her personal development and self-actualization.
2. Understanding human behaviour and helping individual pupils and groups to develop an understanding of their own behaviour change.
3. Enhancing the personal development and the psychological growth towards maturity of pupils.
4. Supporting and counseling socially and economically disadvantaged pupils and parents.
5. Creating a sense of dignity and self-worth among mentally and physically impaired pupils.
6. Carrying out research and education for the purpose of improving the services offered to the school and society at large.

This study mainly focused on objective two, understanding human behaviour and change of behavior. According to Ameso (2014) guidance and counseling is an important part of a child's development and education. In addition, Kirby & Sanders (2012) in their study observed that:

Pupils have personal problems which need help in formulating a workable philosophy of life and in development goals outside the sphere of vacation and education. Personal growth and development is an important consideration at school level; counselors can do much to aid the pupils in developing their personality and building attitudes conducive to a full and happy life. (pg.37).

Kipnusu (2014), commenting on the importance of guidance and counseling services, reported that the need for guidance and counseling in schools and the role of guidance and counseling teachers in school increases every year with increasing enrolment of children. The major complaint in schools is indiscipline which manifests itself in different forms. They range from strikes, burning and destroying school properties, sex, rape, drug abuse and many others (particularly in secondary schools). In this sub-section, the importance of guidance and counseling for learners in general has been highlighted. It clearly emerged that guidance and counseling services given to pupils and pupils starting at early ages while in primary schools will help them to voice their problems and also resort to amicable solutions. This is what this study sought to investigate the contribution that guidance and counseling made towards providing awareness on, among other things, sexual behaviour and HIV/AIDS awareness amongst primary school pupils.

2.4 Role of Guidance and Counseling on Pupils HIV/AIDS Awareness

The department of guidance and counseling can help the pupils to make choices that suit them by telling them the consequences of each choice made, e.g. the repercussions of using condoms, abstaining (delaying sexual activity) or sticking to one partner. The choice should be based on clear information, their own feelings, beliefs, situations and needs. It can also educate them on how to acquire life skills that will help them to guard themselves and others against contracting HIV/AIDS. Such skills include self-awareness, self-esteem, (self-confidence), assertiveness interpersonal relationship skills and skills of making effective decisions. The information given should be accurate and appropriate focusing on how to avoid pregnancies, abortions, STDS, HIV/AIDS, how to counsel others hence peer counseling and how they can realize that the teacher counselor understands them and cares about them as pupils. The knowledge can lead to building trust so that the learners can confide in teacher counselors or members of the guidance and counseling department. Guidance and counseling the youth on HIV/AIDS is important because of the following reasons:

1. Attitude change in matters of sex are achieved easily through counseling

because the youth are still growing through emotional and physical development and can thus, be molded to come out as desirable adults with expected behaviour and attitudes.

2. The youths are valuable to the society as the future of the nation is based on them. Given that 60% of all new infections are among the youth age group of 15-24, it is important that a disease which seeks to destroy them, is checked and its

control maintained. Proper counseling can help the youth to delay sex when they become sexuality active as a measure of avoiding risk behaviour.

3. If well counseled the youth can educate and influence their peers.

(Ameso, 2014, p.49).

2.3.1 The Role of the Teacher counselor in HIV/AIDs awareness

Counselling learners can be very challenging given that they are at their adolescent stage which is a unique phase of life (Ruto, 2009). At this stage, children go through biological and emotional changes. Seeking counselling, especially from persons with authority over them may be challenging because the normal changes that affect the young person's self-confidence, relationships, social skills, and general thinking (Omizo & Omizo, 2012). Young people, especially children, may feel fearful, embarrassed, or uncomfortable around authoritative figures. They may be reluctant to disclose personal information for fear of being scolded or mocked, especially in the presence of such persons. Most of them have concerns about confidentiality, which will impact their willingness to discuss personal issues with the counsellor and it is important that they be assured that the confidentiality of the contents of the counselling sessions will be upheld. Furthermore, the adolescents are often adventurous and experiment with various ideas and objects including sexual relationships which they may be afraid to reveal for fear of alienation. This lack of divulgence of vital information will impede the success of the counselling process (Stone & Dahir, 2011).

When interacting with a counsellor or an adult staff member many pupils feel shy about seeking professional help on personal matters and embarrassed that they are seeking assistance on a taboo topic for example, HIV, sex, sexuality, wanting to have sex and wanting to have a baby. They are also worried that someone will see them and tell their parents and hence feel inadequate when it comes to describing their concern and are often ill-informed about the nature of their problems in general. Further, they are anxious that they could be having a serious issue that has significant consequences as well as afraid that they might die or be discriminated forever and feel intimidated by the superiors in the school who may appear unapproachable to them. As a result, pupils become defensive because they could have been compelled to attend these sessions against their will. They also develop resistance to receiving help or engaging in care and treatment because of rebelliousness, a fear of the unknown, or another reason and unsure about how to ask for help around living with a chronic condition (ICAP, 2010).

For the counsellor this means creating a facilitative environment that will build trust and encourage communication flow. During counselling, the pupil may particularly fear expressing himself on certain issues because he may be ridiculed, forcefully interrupted or even 'labeled' (Rudatsikira *et al.*, 2007). Success in school counselling interactions is dependent on the effectiveness of communication between the interactants in a counselling session. It is through communication that collaboration and cooperation occur (Walice, 2017).

On the continental scene, various studies have also been carried out to examine the role of counselors in pupil life in school. For instance, Chireshe (2011) studied the benefits of school and counseling services in Zimbabwe secondary schools and their impact on HIV/AIDS awareness as perceived by pupils and school counselors. The study was part of a larger study on an assessment of the effectiveness of school counseling (SC) services in Zimbabwean secondary schools. The study found that both school counselors and pupils believed that the SC services resulted in personal-social, career and vocational benefits. Overall, both school counselors and pupils rated the Zimbabwean SC services fairly. School counselors and pupils concurred that the HIV/AIDS awareness of the pupils was borne, in part, from the counseling they received in school.

According to (Muriithi, 2007), African states need to establish guidance and counselling programmes in education sector to curb undesirable behaviour and inculcate desirable behavioural patterns among pupils. In Kenya, for instance, guidance and counselling is an initiative that is aimed at providing information and skills to impart self- awareness and optimal use of pupils' potential for holistic growth and development. Dondo (2004) holds the view that school guidance and counselling in Kenyan context, employs 'whole person approach' in addressing the increasingly and complex needs of the school pupils which include social and emotional challenges.

According to Karega (2008), learning in secondary schools is often interrupted by the deviant behavioural patterns of the adolescents. Pupils carry along with them a host of adolescent challenges. They are highly influenced by technological change and transformation. Also, the high school pupils experience erratic physiological changes resulting to unpredictable mood swings, social development and changes that are evident.

Kenya Institute of Curriculum Development (2013) in the guidance and counseling teachers' handbook gives a comprehensive guideline on how teachers should manage premarital sex. Management of premarital sex can be twofold: namely preventive and curative.

1. Preventive Measures

a) Individual and group counseling

The teacher through individual and group counseling should help learners to understand how their sexuality is affected by the developmental changes that take place during adolescence. Learners should be made aware that sexual urges are one of the secondary sexual characteristics and that one would be worse without them.

b) Provision of accurate and adequate knowledge on the following areas.

1. Change that take place in girls and boys during puberty especially during pre-adolescence phase.
2. Information on factors that determine sexual feelings and responses.
3. Information on the consequences of pre-marital sex activity.

2. Value based sex education, for example abstinence education

Sexual abstinence can be defined as refraining from all sexual activity, including intercourse, oral sex and masturbation. It is the only sure way of avoiding unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS. Abstinence has physical, emotional, psychological and spiritual benefits; abstinence model sees man as having a human mind, intellect and spirit, relational being who can exercise self-discipline, thinks abstractly and makes decision based on future expectations. Given

relevant skills, opportunity and encouragement, the youth can make right sexual decisions. Abstinence however, requires support from teachers, parents, peers and the community as a whole as this study sets to find out.

The teachers' handbook further stipulates the principles of abstinence. Principles of abstinence Education are based on the following factors:

1. Sex drive is controllable and sexual act is a beautiful expression of love properly occurring in a marriage context.
2. Sex in the wrong context will result in unfortunate consequences.
3. Abstinence education is factual sexual instruction placed within a moral and value-based context. It should cover information about, pressure to be sexually active, consequences of sexual activity, resisting pressures to be sexually involved, types of freedoms accompanying abstinence, building positive friendships, appropriate dating and behaviour, among others.
4. Saying 'No' to sex alone is not enough. Relevant skills for example assertiveness negotiation, self-awareness and confidence, decision making, communication, interpersonal relationships, creative thinking and setting goals and priorities have to be learnt and practiced.
5. With proper guidance, skills and support, it is possible for sexually active youth to stop, regain, and control and practices sexual abstinence until marriage (KICD, 2013, p.87-88)

2.4 Influence of HIV/AIDS awareness on behaviour change in pupils

Counselling is only as effective as it can cause behaviour change in the learners who receive it. In this section, the study examines literature related to the influence of HIV/AIDS awareness on behaviour change amongst learners in schools. The aspect of location has been seen to contribute significantly to a steady social and emotional competence among pupils (Kipnusu, 2014). The reason for higher score in behaviour change in rural schools as advocated by Coleman (2007) regards to location with less challenges as compared to complex distracters of social cohesion and emotional adjustment in urban schools. Such distractions include loneliness, high exposure to pornographic materials, easy access to drug and substance abuse and loose cultural norms, values and standards due to diverse cultural practices. Macharia (2007) attempts to explain that pupils in rural areas are likely to respond more positively in matters pertaining to social and emotional adjustment.

According to Esuong (2011) rural school pupils obtaining high impact of guidance and counselling services on social and emotional adjustment score moderately or highly as compared to their counterparts from the urban schools.. Orwa, aloka, & Gudo (2016) confirmed that social and emotional development adjustment of pupils is influenced by three factors which seem to be in favour of rural school settings. These factors include community factors where rural schools are commonly dominated by a particular ethnic group of pupils. Such schools are seen as mechanism for community cohesion and continuity of cultural norms and values standards which dictate social relationship based on emotional mutual adjustment. Salami (2011) maintained that social emotional

adjustment among rural school pupils would be higher due to location with single ethnic community contrary to the urban school with multicultural context.

According to Ameso (2014) many pupils lack social and emotional adjustment and become less connected to school as they progress from secondary schools to the post secondary institutions. Consequently, deficiency in social and emotional adjustment often impede pupils' academic engagement, obedience and adherence to school rules, personal commitment and ultimate school success. Lunenburg (2012) contend that guidance and counselling plays a major role of promoting pupils' success through a focus on social and emotional adjustment by means of prevention and intervention services, advocacy and treatment of emotional turbulence. In addition, guidance and counselling services provide pupils with the opportunity to learn more about themselves and others before they have problems resulting from fear, anger and mood swings. Weissberg and Walberg (2007) articulate that most pupils express a basic need of social and emotional adjustment which is grounded on foundations of comprehensive guidance and counselling services. These services integrate competence promotion and foster pupils' social and emotional development framework for reduction of risk and detrimental behaviours such as substance use, promiscuous sex, violence, depression and attempted suicide that deter success in life. Evident from the review done above, there is evidence of the efficacy of guidance and counselling on school going pupils and pupils and the various approaches used in these studies provided an informed platform for the analysis of data for the current study. Moreover, the uniqueness of the study area for the present study did provide a gap that was filled by the study.

2.5 Challenges experienced by guidance and counselling teachers in HIV?

School counselors, particularly in Kenya, face some significant challenges in effecting counseling programmes in school. Choge, Tanui, Ndegwa (2011) investigates these challenges in a study based on data from Nandi district of Kenya. They found several challenges that are common to school counselors. The schools had no reference materials or books in counseling. All the schools under study had not reserved sections in their school library for counseling materials or career literature for career counseling which pupils would refer to. This shows that pupils are not exposed to counseling materials and career literature apart from the face to face counseling that they receive from their school counselors. It is necessary to have counseling centers stocked with newspapers, magazines, books, films and other relevant materials that can help the pupils (Mutie and Kipnusu, 2014).

Gachenia (2015) identified common ethical concerns about dual relationships between counsellors and pupils. Dual relationships can create conflicts of interests that compromise professional judgments' in counseling in a school setting. They cited a school teacher who provides counseling in his/her school. The teacher is also a member of disciplinary committee that handles pupil's misconducts. During the disciplinary committee meetings, the schools counselors breach confidentiality by giving pupils personal information to other members of the committee. The school counselor assumed three roles, counselor, teacher, and a disciplinarian. This makes the pupils not to trust the school counselor, hence the pupils may not fully utilize the counseling services.

Nderitu (1998) proposed that schools counselors lacked skills and techniques to handle pupils' problems effectively. School counselors were overloaded with academic work and other administrative duties like being class teachers so they had very little time left to counsel pupils and therefore they will not be effective in performance of their counseling services.

Leung et al. (2003) noted that school administrators interfered with the counseling programmes: if school principals wanted pupils information, the school counselors would provide the information to the principals as wanted and also reported that counseling case records were kept in locations within the school administrative offices where counseling teachers and other staff workers could view them hence there was no confidentiality on pupils information and as such pupils will have no faith in the counseling services.

Camara, Wiley, & Wyatt (2010) stated that most school counselors wait until pupils emotional experiences have developed into problems before offering the counseling services to them, they mostly concentrate on the classroom work and forget the emotional problems experienced by the pupils. Egbochuku (2008) emphasized the need to train school counselors to enable them use the skills to help pupils because without this skills a schools counselor cannot detect pupils' problems before they develop maladjustments which can be detrimental to their school grades.

Among school counselors stressful events in school combined with high unfulfilled expectations may produce a sense of overload that may lead a school counselor to feel that the job is excessively burdensome (Gachenia, 2015). School counselors may start to experience disappointment and frustration as emotional exhaustion sets in. They may also

feel drained and with insufficient energy to make it through the next counseling session. Once emotional exhaustion sets in, the school counselor is unable to give aspects of the self to others that look up to the school counselor for help. At this stage the school counselor may cut back involvement with others by remaining emotionally detached and thus disengage from counseling tasks. Evidently, the review identifies important challenges that face guidance and counselling teachers in schools currently. These however, do not specifically cite the context of HIV/AIDS despite being informative to the current study on the influence of counseling programmes. It is this limitation that this current study strove to fulfill.

2.6 Empirical review (Related research studies)

The 2012 surveillance survey collected information on sexual exposure, recent sexual activities, number of regular and commercial sex partners and condom use. The results revealed that 75% of boys and 55% of girls aged 15-24 years reported to have had sex. The majority of our youths in Kenya are reported to be sexually exposed and currently active. Guidance and counseling services in schools need to address the issues of abstinence, responsible and safe sex, HIV/AIDS and interventions and reduction of HIV infection rates among our youths.

According to research by Simukonda (2012) indicated that pupils confessed to be sexually active before reaching 18 years. The number of sexual activity increases the risk of getting the HIV infection and the need for change in sexual behaviour among secondary pupils. Guidance and counselling focuses on the importance of morals and values in the life of an individual, the dangers of promiscuity, and consequences of

earlier sex such as teenage pregnancy, abortion, sexually transmitted infections and HIV/AIDS. Most of these pupils become sexually active while in primary therefore the need for guidance and counseling right from primary schools to reduce sexual activity at early ages.

The roles of guidance and counseling are concerned with the growth aspects of pupils, which require the involvement of not only the instructional staff but also administrative personnel and parents early before school and in primary schools which will be of interest to this study. The rationale of guidance and counseling and parents' roles are based on the assumption that an individual's actions, behaviours, expectations and aspirations, all comprise his view of the universe. This can be attributed to the fact that individuals at birth are congenitally and genetically different. Differential assistance must be offered in educational life of the individual. Different pupils have different needs and therefore, they expect guidance and counseling to offer them services appropriate to their needs at the material time (KIE 2003 P.210).

Kenya Institute of Education (2003) stated that, "When guidance and counseling of pupils and learners is properly done, it plays an important role in enhancing the people's future adaptability as does academic teaching." (p.204).

Kenya Institute of Education (2003) recommended that:

1. All teachers should participate in guidance and counseling as one of the normal duties.
2. Guidance and counseling should be integrated with other topics as career, Ethics Human relations, Family life and sex education.

In response to the need for increased cross-sectorial programming in 31 communities of Bungoma, Kilifi, Koibatek, Kuria and Nairobi (Kibera and Mukuru slums) where Bungoma as the focus district of USAID had high dropout rates, the Johns Hopkins University Centre for Communication Services (JHU/CCP) Population Communication Services (PCS) in 2002 created the Healthy Focus Project. The Healthy Focus used a participatory approach to mobilize communities around the issue of primary school dropouts among girls. This approach led to the creation of school-based girls clubs that provided reproductive health information and guidance. Simukonda (2012) cites several factors that explain why girls drop out faster than boys in focus districts; poverty applied for both but girls' reasons are related directly or indirectly to reproductive behavior. Some of these reasons include early marriages, sexual maturity, pregnancy, low self-confidence and sexual harassment by male teachers and boys.

Nekesa (2010) states that; the future of any nation depends of the health of its children and the youth. In recognition of this basic fact, the government of Kenya has special programmes targeting these categories of its citizens. Besides public campaigns on HIV/AIDS awareness and the teaching of HIV/AIDS in schools and colleges, certain activities are carried out to protect children and the youth against HIV/infection. The government for instance, insists on the screening of all pregnant mothers attending prenatal clinics in order to establish their HIV status.

2.7 Conclusion

The literature review provides information on goals of guidance and counseling in primary schools and its importance. The role of guidance and counseling in HIV/AIDS

awareness, control and prevention, adolescents and guidance and counseling services, the government's response to HIV/AIDS and the youth sexual behaviour of HIV/AIDS prevalence in Kenya. The researcher sought to investigate the influence of guidance and counseling services on pupils' HIV/AIDS awareness, with a view to fostering change in sexual behaviour in primary schools. The future of the nation depends on the health of its people and more especially the children and the youth. Therefore the youth need the knowledge about HIV/AIDS and how to prevent the infections at early ages as possible.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents a description of how the research obtained data for the study and analyzed it. It consists of the study design, study area, target population, sample size and sampling procedure, pilot study, validity and reliability of the research tools, data collection and procedure of data analysis.

3.2 Area of Study

The study was carried out in Bungoma South Sub-County, of Bungoma County, near the Kenya -Uganda border. Bungoma South Sub-County has eight wards, four of them (Khalaba, Mjini, Sinoko and Stadium) are part of the Kanduyi Constituency and the remaining four (Namasanda, Musikoma, Sio and Siritanyi) are part of the Bumula Constituency.

Being a region that does not condemn wife inheritance, the Sub-County has seen a large growth of reported HIV/AIDS cases in the last 10 years. However, wife inheritance is now not widely accepted in the traditional sense and the HIV/AIDS problem is accentuated by other practices such as male circumcision where one knife is used on several boys. Girls and boys participate in the ceremony without guidance from parents

making them vulnerable to sexual escapades. Also social lifestyle around the town is lax on morality.

In Bungoma lies a major road; the Eldoret-Malaba highway with a major point of rest at Kanduyi junction which is well known for commercial sex. As a stop-over point for truck drivers enroute to Uganda, Rwanda and Congo, the town has become an alluring place for young people seeking to make quick money through commercial sex. Immorality is therefore commonplace in this town. This behavior has percolated the social system of the town and children as young as those in primary school have been infected or affected by HIV/AIDS. It is for this reason that this research sought to find out the contribution guidance and counseling in spreading knowledge on HIV/AIDS among primary school children.

3.3 Research design

A research design is an arrangement of conditions for collection and analysis of data in a manner meant to combine relevance to the purpose of the research (Kothari, 2004). Kothari further states that a research design describes the procedures for conducting the study including what the study is all about, reason for research, where the study will be conducted, the type of data required and where it can be found, the sample design, techniques of data collection and analysis.

This study used descriptive survey design with a quantitative approach. Descriptive research is used to describe characteristics of a population or phenomenon being studied without altering or interfering with anything in the study context.

3.4 Study Population

“A population is an entire group of individuals, events or objects having common characteristics that conform to a given specification” (Mugenda & Mugenda, 2009: 9). The population for this study included primary school pupils, head teachers and guidance and counseling teachers in Bungoma South Sub-County. The sub-county has 38 public primary schools and 21 private schools. Public school pupils total 29, 660; while the private schools have 4,593 pupils (Sub-County Education Office, 2016). There are 591 teachers in the public primary schools and 120 teachers in the private schools.

3.5 Sampling Procedure

Random sampling was used to select pupils in this study but was restricted to standard 8. Stratified random sampling was used to select schools from the public and Private categories based on the population in each set. The researcher found 34 public schools and 18 private schools fulfilled the criteria for inclusion into the study sample. Once this identification was done, the researcher then sampled 30% of the identified schools ensuring a proportionate number from both the public and private schools. According to Pickard (2007) 10% – 30% of the study population is adequate enough to make study conclusions from in qualitative studies. Hence, 12 public and 4 private schools were randomly selected for the study. Out of these schools, the researcher identified 2(two) counsellors and four pupils from each school. The identified pupils were those whose parents had given written consent for inclusion in the study. This gave a total of 32 teachers and 64 pupils. Therefore, the total study sample constituted 96 respondents. The sampling frame is presented in table 3.1.

Table 3.1: Sampling Frame

	Total schools (N)	Schools in sample (n= 0.3 x N)	Pupils (n x 4)	Counseling teachers (n x 2)
Public primary	34	10	40	20
Private primary	18	6	24	12
Total	52	16	64	32

3.6 Instrumentation

The study employed questionnaires to collect information on the effectiveness of guidance and Counseling services in primary schools and the pupils' HIV/AIDS awareness in Bungoma South Sub-County.

3.6.1 Questionnaires

A questionnaire is a form used in a survey design that participants in a study complete and return to the researcher. The participant chooses answers to questions and supplies basic personal or demographic information (Creswell, 2012). The questionnaire process consists of developing a questionnaire, sending it out to a sample population, checking for potential bias in response and analyzing the data. In this case, the researcher administered structured questionnaires, with well-constructed questions, to the counselling teachers and to primary school pupils' (standard eight pupils).

3.7 Data Collection Procedures

In order to collect data, the researcher visited the schools in the study sample and issued the questionnaires to the teachers. The researcher approached the head teachers of the sampled schools who introduced her to the class teachers of the sampled classes who in turn took the researcher to the students in the sample. With the help of these teachers, the researcher issued the pupil's questionnaires. The teachers were briefly taken through the requirements of the questionnaire for the pupils so that they were in a position to guide the pupils towards filling it. Both the teachers and the pupils were given the questionnaire to complete. Once filled, the teachers collected the pupils' questionnaires and handed them over to the researcher.

3.8 Data Analysis procedure

After the data was collected, it was appropriately coded, sorted and sifted. A code assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data (Saldana, 2008). The data collected in this study was coded and ordered on the basis of the variables of the study, which is, counselling services and HIV/AIDS awareness. The data was presented in tables and charts that showed frequencies and percentages.

3.9 Validity and Reliability

Validity is the degree to which the instrument measures what it purports to measure. Historically, validity was viewed as a characteristic of the instrument itself irrespective of how or why it was used. In this case validity was considered to consist of three types:

content, criterion related, and content validity. Content validity is the extent to which an instrument measures a representative sample of the subject matter knowledge and behavioural skill from the course of study that is to be assessed (Changwony, 2005). Criterion-related validity refers to the capacity of the test scores to predict future performances, or to estimate current performances on some valued measure other than the test itself. Construct validity is concerned with the extent to which test performance can be interpreted in terms of psychological constructs. Currently validity is considered to be the result of “the interaction of the test, the test administrator, the conditions under which the instrument is delivered and the ways the results of the instrument are applied” (Crewell, 2012). This implies that the test will be valid for a particular interpretation, specific use and particular group.

Content Validity of the instruments was examined by the researcher’s academic advisors and other colleagues in the faculty of education where they examined the transcription of the interviews and the questionnaire independently. They assessed the relevance of the content used in the questionnaire in relation to the field of study and objectives of the study. Feedback provided to the researcher was used to revise and review the questionnaire items to ensure they were adequate and properly structured.

Before doing the actual data collection with the questionnaire, the researcher conducted a pilot testing of the questions in the questionnaire in one of the schools in Bungoma South Sub-County which was randomly selected. The researcher got 50 pupils from two schools not in the study sample to attend to the questionnaire and then used the responses to weigh whether the questionnaire would help the research in terms of getting the required information.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.0 Introduction

This study investigated the influence of guidance and counselling on pupils' HIV/AIDS awareness. The data collected was analyzed using descriptive techniques and presented in tables and charts. This chapter presents the analysis and interpretation of results. The presentation of data is based on the study objectives with data sets being presented and analysed based on the objectives of the study.

4.1 Demographic Data of the Respondents

Before embarking on the main objectives of the study, it was important to understand the demographic characteristics of the respondents. Apart from providing credibility to the study findings, the demographic data also gives an overview of the characteristics of the study sample with regard to specific common variables including gender, age, type of school, nature of the school (private or public) and composition of the school of the respondents. These findings are presented in table 4.1 to 4.5.

Table 4.1: Gender of the Respondents

Pupils		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Female	34	53.2	53	53.2
	Male	30	46.8	47	100.0
			100.0	100	
Missing		0	0		
Total		64	100.0		
Teachers		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Female	22	68.7	69	68.7
	Male	10	31.2	31	100.0
			100.0	100	
Missing		0	0		
Total		32	100.0		

Data in table 4.1 shows that 53% of the pupil respondents were girls while 47% were boys. This brought to parity the number of males and females among the pupils used in the study. However, there were more female teachers (69%) than male teachers who constituted (31%). This was accessioned by the majority of counseling teachers in the schools being female. With regard to the head teachers, there were more male head teachers (69%) compared to female head teachers 31%. Overall, more females than males participated in the study.

The study also sought to establish the age of the pupils who were key participants in this study. The findings in this regard are presented in table 4.2.

Table 4.2: Age of the Pupils

Age	Frequency	Percent
13	16	25
14	24	37.5
15	14	21.8
above 15	10	15.6
Total	64	100.0

Data in table 4.2 shows that majority of the pupils were 14 years old translating to 37.5% followed by 13 year olds at 25%. Majority of the pupils were between 13 and 15 years of age, with a cumulative percentage of 84.3%. Only a 15.6% of the pupils sampled were above the age of 15. This finding shows that the children identified were teenagers who were at the vulnerable stage of adolescence.

The study also sought to establish the type of school with regard to whether the school was single gender or mixed gender and whether the schools were boarding or day. The study found that all the schools in the study sample (100%) were mixed gender schools. However, with regard to being boarding or day school, the study found that majority of the pupils (70.9%) were in day schools. These pupils commute to and from school hence are susceptible to temptations that transit HIV/AIDS.

Table 4.3 Teachers' years of service

No. of years	Frequency	Percentage
≤ 5 years	0	0
5 – 7 years	8	25
8 – 10 years	8	25
Above 10 years	16	50

Table 4.3 above shows that the majority of the respondents had been teaching for above 10 years with 50% of the counselor respondents belonging to this category. Twenty five percent had served for 8 to 10 years and for 5 to 7 years. This shows that those who had served beyond eight years constituted 75% of the respondents. This made them experienced enough to contribute authoritatively on the subject of the study.

The study further sought to establish the respondents' years of experience as counselors in their present stations. The findings in this regard are presented in table 4.4 below.

Table 4.4: Counselors' years of experience in present station

No. of years	Frequency	Percentage
≤ 5 years	0	0
5 – 7 years	24	75
8 – 10 years	8	25
Above 10 years	0	0

Table 4.4 above shows that the majority of counselors had served as counselors in their stations for between 5 – 7 years. These constituted 75% of the counselor respondents while 25% had served for between 8 – 10 years. No respondents had served below 5 years and none had served above 10 years in their stations of work. Evident from this data was that the counselors had the requisite knowledge of the school and the counselling programmes having worked for more than five years in the same station as counselors.

Lastly, the study sought to establish the professional qualifications of the respondents.

The findings in this regard are presented in table 4.5 below:

Table 4.5: Professional qualification of the counselors.

Qualification	Frequency	Percentage
Certificate in counselling	20	62.5
Diploma in counseling	8	25
Degree in counseling	4	12.5

Data in table 4.5 above shows that the majority of counselors had certificate in counselling as a professional qualification. This was cited by 62.5% of the respondents. This group had not pursued any post qualification training in counselling except the knowledge they obtained from a unit taken as part of the syllabus for the award of Primary Teacher Education (PTE) certificate. Of these respondents, 25% had diploma in counselling qualification. Only four of the counselors had a degree in counselling. This finding is indicative off the need to provide professional training to the teachers for them to acquire the requisite skills to effect counselling in schools.

4.2 Counselling strategies to create HIV/AIDS awareness among pupils

The study set out, as its first objective, to identify counselling strategies employed by teachers to achieve awareness of HIV/AIDS among pupils in the study area. This was a crucial requirement for assessing the counsellors' effort in availing HIV/AIDS information within the context of the counselling environment. (Muriithi, 2007) cites the need to establish guidance and counselling programmes in education sector to curb undesirable behaviour and inculcate desirable behavioural patterns among pupils. The sessions themselves must provide for communication and confidentiality in order to

achieve counselling objectives. With regard to this study, the respondent teacher/counselors were asked to indicate the counselling strategies they used to create awareness among pupils about HIV/AIDS. The responses are presented in figure 4.1

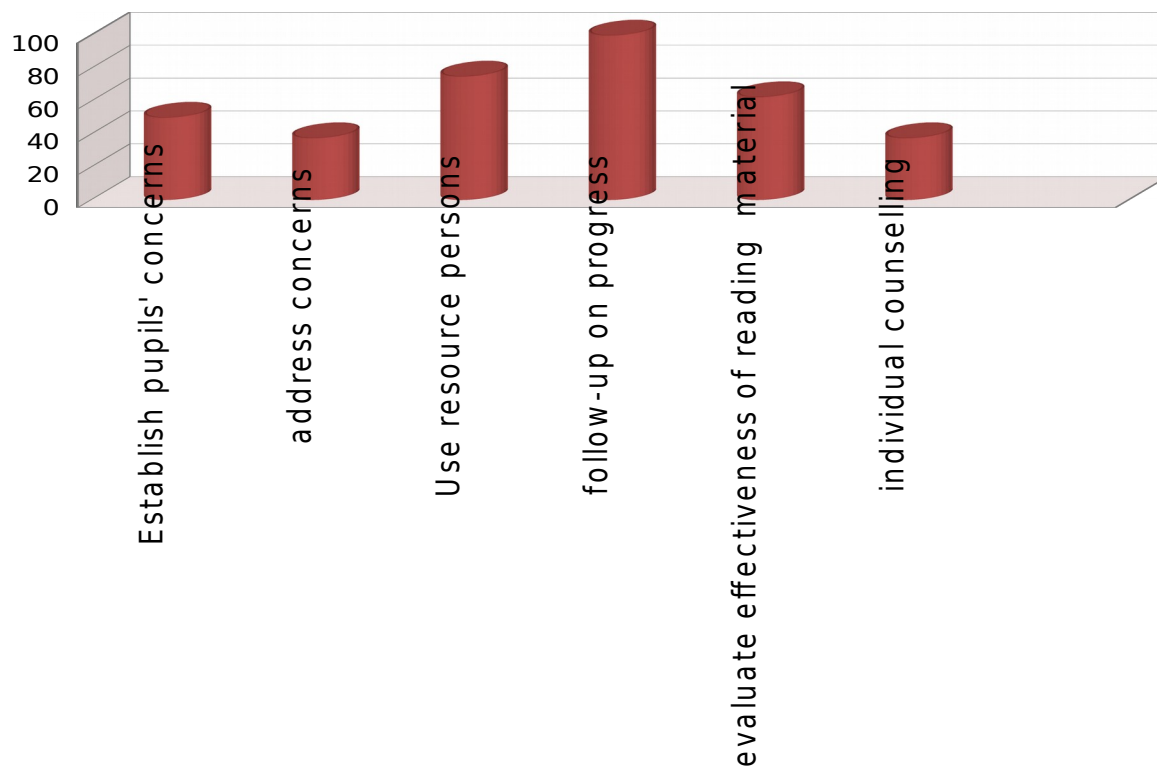


Figure 4.1: Strategies employed by counselors to influence HIV/AIDS awareness

Figure 4.1 above captures the strategies identified by respondents as having been used to effect counselling for HIV/AIDS awareness in their schools. According to the data, 50% of the respondents indicated that they established the pupils concerns regarding HIV/AIDS as a strategy; 37.5% indicated that they briefly addressed these concerns; 75% indicated that they need resource persons to provide group counseling services; all the respondents (100%) cited follow-up on progress as a counselling strategy; 62.5%

indicated that evaluation of the effectiveness of reading materials issued to pupils to educate them on the causes and consequences of HIV/AIDS constituted a counseling strategy; and 37.5% indicated that individual counselling was a strategy they used. Clearly, from the data available, the respondents did not distinguish between strategy and process which indicated a lack of strategy on the part of the counselors.

4.3 Pupils' Knowledge on HIV/AIDS

The second objective of this study was to establish the amount of knowledge the learners had on HIV/AIDS. This objective was meant to measure the effectiveness of the counseling programmes in creating awareness among the pupils. Consequently, the pupils were asked questions to weigh their knowledge on HIV/AIDS. They were specifically asked if they were aware of the disease.

Table 4.6: Are you aware of HIV/AIDS?

Response	Frequency	Percent
Yes	64	100
No	0	0
Total	64	100.0

The study found out that all the sampled pupils (100%) were aware of HIV/AIDS. When asked about how they learnt about HIV/AIDS, majority (54.7%) of the sampled pupils said they learnt about HIV/AIDS from their teacher counsellors, 15.4% from films and radio, 12.8% said from their peers 8.5% from their parents, 4.3% from drama and health workers. These findings are presented in table 4.7.

Table 4.7: How the pupils learnt about HIV/AIDS

Source of HIV/AIDS information	Frequency	Percent
Teachers counselor	36	54.7
Peers	8	12.8
Parents	5	8.5
radio/films	9	15.4
Drama	3	4.3
health workers	3	4.3
Total	64	100.0

Those that learnt about HIV/AIDS from radio/TV, peers and parents lacked enough information on the same. The information got from the above media does not consider their age, capability of understanding and correct timing of listenership. According to the teachers, this population needed more guidance on the specificity of the matter.

When asked on what they could do if they discovered they were HIV positive, 57.3% of the pupils said they would go for voluntary counselling. This showed that this population of pupils was fully aware of the epidemic. 64.5% of the pupils however said they would go to the hospital which the researcher felt was also wise because they would eventually be guided and to a greater extent get help unlike 7.7% who said they would buy drugs from a chemist or 1.17% who said they would go to see their pastor. The study established that only a small percentage of the respondents did not know exactly what they were supposed to do once such an issue affected them. These findings are showed in figure 4.2.

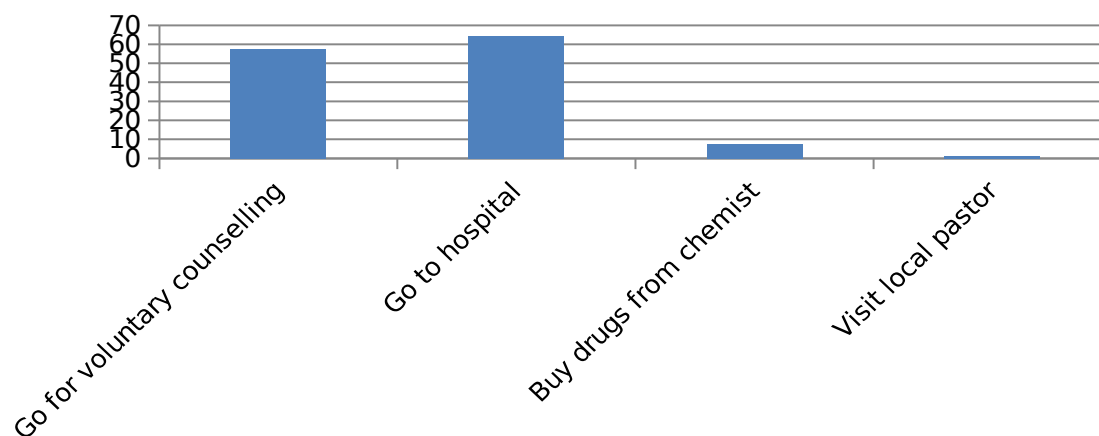


Figure 4.2: What pupils would do if they found out they were infected with HIV/AIDS

The data above shows that the pupils were clearly aware of the first course of action in case of infection. However, the small percentage that did not know well indicated a need for more guidance and counselling sessions to be able to fully understand the whole issue of HIV/AIDS. To further establish if they had adequate knowledge about the epidemic, the pupils were asked if they thought HIV/AIDS could be prevented, a high population strongly agreed that the epidemic could be prevented. Their responses are captured in figure 4.3.

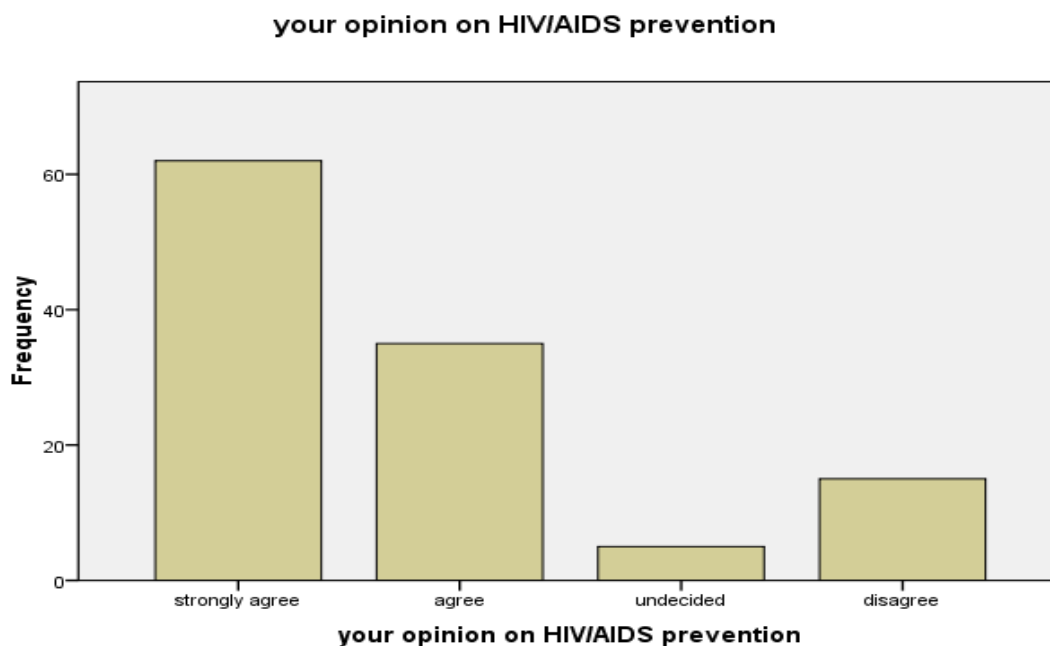


Figure 4.3: Pupils' opinion on HIV/AIDS prevention

The graph above is a clear indication that majority of the sampled pupils had sufficient information on HIV/AIDS. These constituted a cumulative 80% of the pupils in the sample. This suggests that sufficient knowledge had been passed on through the guidance and counselling services offered by teachers in their various schools. This finding corroborates the assertion by Lunenburg (2012) that guidance and counselling plays a major role of promoting pupils' success through a focus on social and emotional adjustment by means of prevention and intervention services, advocacy and treatment of emotional turbulence.

On the thought of the people who were on higher risk of getting the disease, the pupils gave different answers as shown in the table below.

Table 4.8: Pupils' opinion on who they thought was at a higher risk of contracting HIV/AIDS

	Frequency	Percent
commercial sex workers	15	23.1
those who have more than one sex partner	12	17.9
anybody who is involved in sexual intercourse	22	35.0
those who abstain from sex	9	14.5
urban dwellers	4	6.0
rural dwellers	2	3.4
Total	64	100.0

According to the data in table 4.8, 35% percent of the pupils (which was the highest percentage) said it was anybody who was involved in sexual intercourse would contract HIV/AIDS; followed by those who thought it was the commercial sex workers. This finding confirms Esuong's (2011) assertion that rural school pupils obtaining high impact of guidance and counselling services on social and emotional adjustment score moderately or highly as compared to their counterparts from the urban schools. Moreover, Ng'ang'a (2002) confirmed that social and emotional development adjustment of pupils is influenced by three factors which seem to be in favour of rural school settings. From the responses above, the study had a 14.5% of the respondents who possibly did not understand the question hence indicated that those who abstained from sex would contract the disease. This finding gives credence to the observation made by

UNAIDS (2013) notes that some adolescents become sexually active early; in many countries unmarried girls and boys have sex before the age of 15, but usually without the necessary information skills or services to protect themselves from HIV. That's why guidance and counseling services are geared towards them at these early ages (in Primary schools) to enlighten them about HIV/AIDS. Annan (2002) notes that young people are key in the fight against HIV /AIDS. Giving them support, honest and straight forward information and creating effective campaigns, breaks the silence across all societies, turn their enthusiasm, drive and dreams for their future into powerful tools for tackling the epidemic. UNAIDS (2002) says that whatever happens to the young today will determine what becomes of their communities and societies in the decades ahead.

4.4. Influence of guidance and counselling services on pupils' HIV/AIDS awareness

The third objective of the study was to explore the extent to which guidance and counselling services had influenced the HIV/AIDS awareness among pupils and to determine how much information pupils had about HIV/AIDS through the guidance and counseling services in their schools. In order to measure the influence of the counseling services in the school, the study sought data from both the teachers and the pupils. With regard to the teachers, the study sought to establish the characteristics of the counseling programmes in their schools with a view to eliciting aspects that made it effective hence influential in creating awareness on HIV/AIDS. According to Weissberg and Walberg (2007) comprehensive guidance and counselling services programmes are functional in accessing learners social and emotional development and adjustment to mitigate risky and detrimental behaviours. Consequently, the establishment of the counseling programme

was harbinger for the examination of the influence of counseling on pupils' HIV/AIDS awareness.

The researcher sought to establish the extent to which counselling for HIV/AIDS awareness programmes in primary schools in Bungoma South Sub- County were effective in influencing HIV/AIDS awareness. In order to achieve this objective, the researcher sought to establish, from the counselors and from the pupils, their assessment of effectiveness of the counselling programmes.

The questionnaire sought to establish whether or not the counselors felt that their counselling objectives were being met with regard to counselling for HIV/AIDS awareness. In this regard, 62.5% of the respondents indicated that they achieved their counselling objectives while 37.5% of the respondents indicated that they did not achieve their objectives.

The study then sought to establish how the counselors knew that they were achieving their counselling goals. The findings in this regard are presented in figure 4.4.

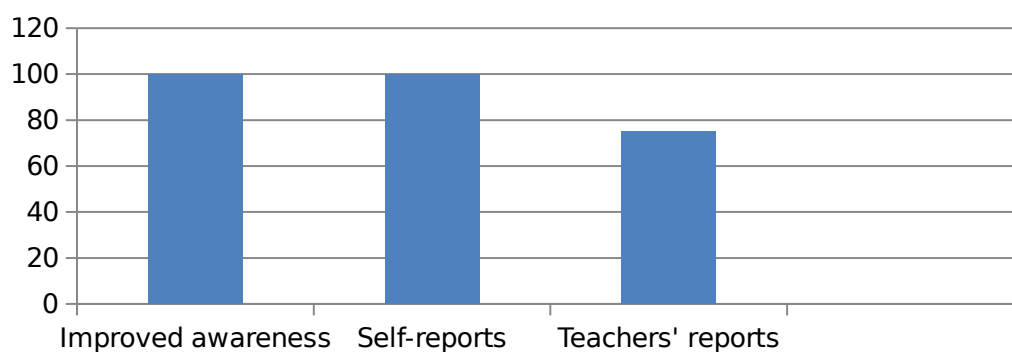


Figure 4.4: How counselors knew they had achieved counseling goals

Figure 4.4 above shows how the counselors assessed their achievement of counselling goals. All the respondents (100%) indicated that they knew they had achieved their counselling goals through examination of improved awareness that was displayed in the pupils' overall participation in HIV/AIDS awareness activities and through self reports made by pupils during visits for counselling. Seventy five percent of the counsellors indicated that they knew they had achieved their counselling goals through other teachers' reports during meetings or directly to the counselling office.

The study further sought to establish the extent to which the counselors understand the counselling needs of the pupils who seek counselling for HIV/AIDS awareness. The findings in this regard are presented in table 4.9.

Table 4.9: Pupil needs for counselling for HIV/AIDS awareness

As a counselor, I encounter pupils who want to:	(STD)) 1	(MD) 2	(SD) 3	(SA) 4	(MA) 5	(STA) 6
Know how to develop safe habits and skills that they can use throughout life	0	0	4	12	4	12
Understand, accept and like themselves	0	8	0	0	24	0
Know how to improve their knowledge of themselves and their sexuality	0	0	20	12	0	0
Know how to engage in safe relationships	0	0	8	12	12	0
How to take care of HIV/AIDS victims	0	20	0	8	4	0
ask questions in class about HIV/AIDS	0	0	0	0	0	0
Understand boys / girl relationship	0	0	4	8	20	0

According to table 4.9 above, seven of the counselors agreed that they had received pupils who wanted to know how to develop safe habits and skills they could use in life. With regard to understanding, accepting and liking themselves (self efficacy), 8 counselors disagreed to meeting such pupils while 24 counselors agreed to meeting pupils with such need. 20 respondents disagreed that they had encountered pupils who needed counselling on how to improve their knowledge of themselves and their sexuality; and how to take care of HIV/AIDS patients. However, the majority agreed that they had interacted with pupils who wanted to understand boy/girl relationships; and know how to engage in safe relationships. This finding corroborates the assertion by Suarez, Njogu, Nyokabi and Torres (2002) that schools pupils confessed to be sexually active before reaching 18 years hence their desire to know about relationships. No pupils were indicated to have asked questions in class about HIV/AIDS.

Furthermore, the study sought to establish, from the counsellors, whether they thought counselling for HIV/AIDS awareness in schools was effective. In this regard, 50% of the respondents indicated that it was effective while 50% indicated that it was not effective. When asked to provide the reasons why they thought counselling for HIV/AIDS awareness was not effective, they responded as shown in figure 4.5.

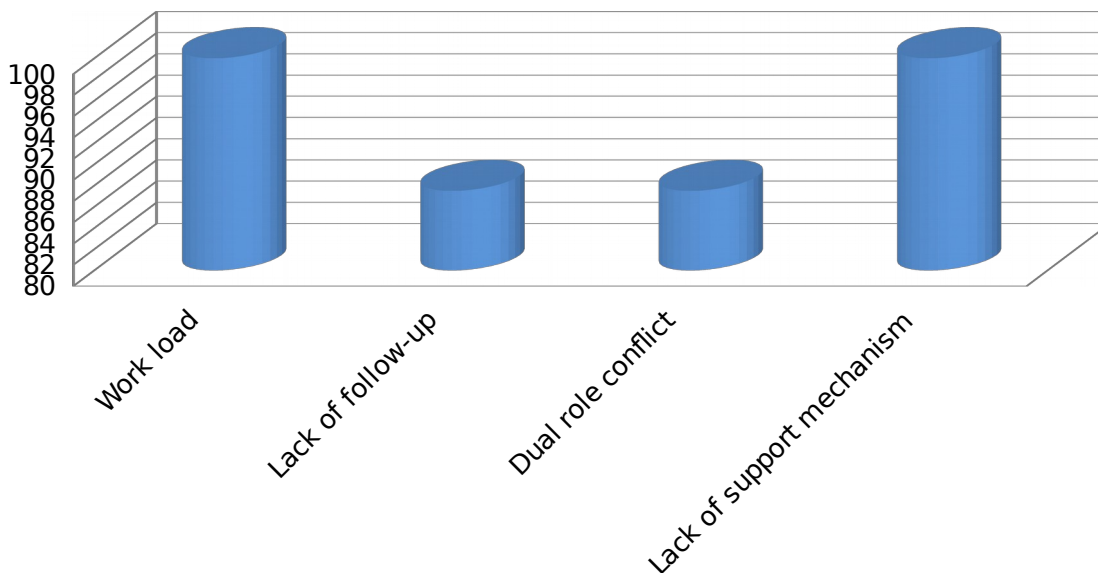


Figure 4.5: factors influencing the effectiveness of counselling for HIV/AIDS awareness

Figure 4.5 above provides the reasons why counselling for HIV/AIDS awareness was not effective in secondary schools in the study area. All the respondents (100%) indicated that work load and lack of support mechanisms within the school hampered their efforts to effectively carry out counselling for HIV/AIDS awareness. With regard to workload, respondents indicated that they played dual roles of teacher and counselor and this placed a huge load on their shoulders. With the new free secondary education programme, enrolment in schools had increased and the teachers had to deal with a larger population of pupils. This gave little time for counselling activities. Moreover, counselors indicated that most schools did not provide support for counselors in terms of reduced teaching load, adequate room, motivation and training, and exposure. Hence, the counselors made do with what they had even though insufficient to carry out effective counselling. Of the respondents, 87.5 indicated lack of follow-up and the dual role conflict as causes for

ineffective counseling programmes. Respondents indicated that reports made to school administration regarding pupil needs were not taken seriously and follow-up on cases was never done. Moreover, there was a conflict arising from classroom teachers doubling up as counselors. This caused pupils to be apprehensive of the counselors. This finding corroborates the finding by Gachenia (2015) in her assertion that dual relationships can create conflicts of interests that compromise professional judgments' in counseling in a school setting. This is because the school counselor assumed three roles, counselor, teacher, and a disciplinarian which compromises many aspects of his/her counselor role.

In order to establish the responsiveness of pupils from the counselors, the study sought to establish whether or not there has been an increase in demand for the counselling for HIV/AIDS awareness. The findings in this regard are presented in figure 4.6.

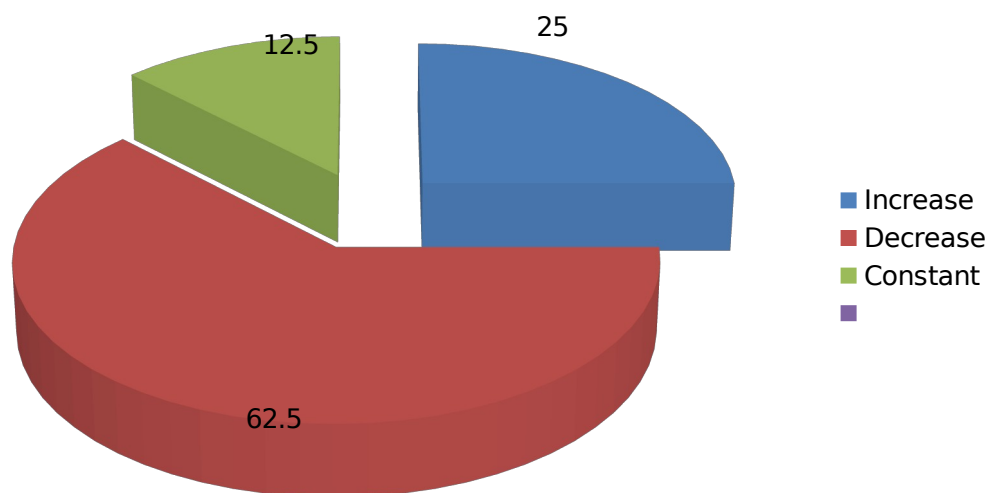


Figure 4.6: Has there been an increase or decrease in pupils?

The data in 4.6 above shows that most of the counselors (62.5%) had realized a decrease in the number of pupils attending the counselling for academic improvement sessions;

while 25% indicated that there was an increase in the number of pupils. Twelve percent indicated that there was neither an increase nor a decrease in the number of pupils.

Consequently, the researcher sought to establish whether the counselors had a responsiveness assessment tool that helps them to monitor responsiveness. All the counselors indicated they did not have a responsiveness assessment tool. This could explain why, perhaps, they had not realized an increase in pupils. Most of these counselors cited the lack of time to carry out such assessments and indicated that they simply used their experience to inform them.

As a result, the researcher sought to establish what they had found out about pupil responsiveness based on their experience. The findings in this regard are presented in figure 4.7.

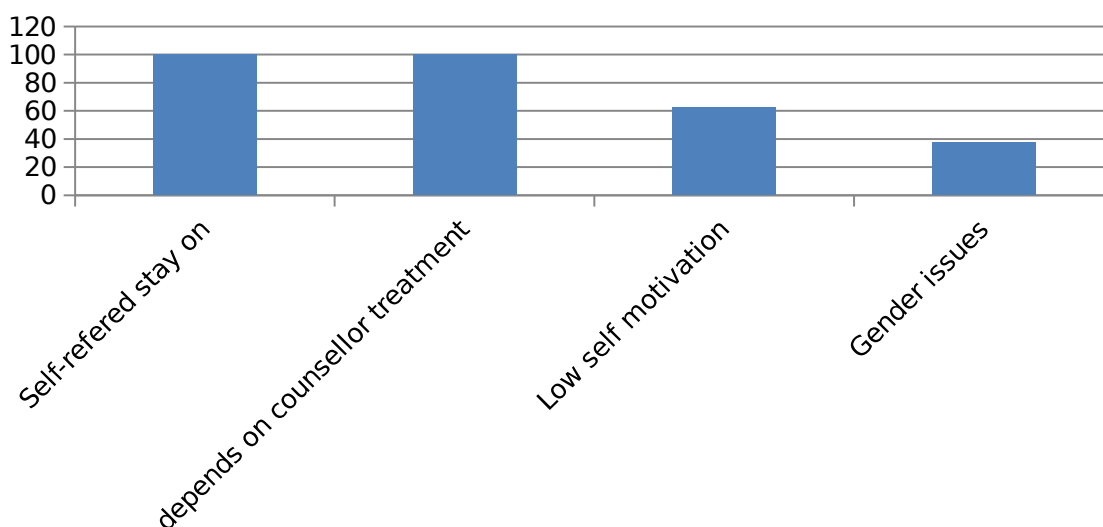


Figure 4.7: Factors influencing pupil responsiveness The data in figure 4.7 above shows counselor responses regarding how they assessed pupil responsiveness based on their experience. All the respondents indicated that the self-referred cases tended to stay on the counseling programme as opposed to the other-referred cases. Moreover, all the

respondents indicated that pupil responsiveness depended on how the counselor treated the pupil during the sessions. 62.5% indicated that low self-motivation caused pupils to either withdraw or be reluctant to follow-up on sessions. 37.5% indicated that gender issues affected responsiveness. This aspect affected especially those female counselors working with boys where pupils were reluctant to continue with sessions due to gender issues. This finding concurs with Karega (2008), who asserts that due to the challenges of adolescence, school pupils are psychologically erratic. We can conjecture that the refusal by boys to be counseled by female teachers may be as a result of these erratic physiological changes.

In order to corroborate the information given by the counsellors, the researcher sought information from the pupils on the influence counselling had on their awareness of HIV/AIDS. Consequently, the study sought to find out from the pupils whether or not the counselling sessions fulfilled their HIV/AIDS awareness needs. The findings in this regard are presented in figure 4.8.



Figure 4.8: Pupil response on effectiveness of counseling for HIV/AIDS awareness

Figure 4.8 above shows that despite the counselors' apprehension about the effectiveness of counselling for HIV/AIDS awareness, 57% of the pupils in the study sample indicated that they benefited from counselling while 43% indicated that they did not. This finding indicated a fair influence of counselling on HIV/AIDS awareness.

4.5 Challenges experienced by guidance and counseling teachers in the dissemination of HIV/AIDS awareness information among the pupils

The fourth objective of the study was to explore the challenges experienced by guidance and counseling teachers in the dissemination of HIV/AIDS awareness information among the pupils. These were identified as personal challenges and professional challenges. The findings in this regard are presented in table 4.10.

Table 4.10: Challenges encountered by counselors

Personal challenges			Professional challenges		
Challenge	Freq	%	Challenge	Freq	%
Lack of time	32	100	Lack of workshops/seminars	32	100
Lack of space	32	100	Being misunderstood by non-counselors	12	37.5
Lack of incentives	24	75	Lack of support	24	75

Table 4.10 above shows that lack of space, and time were cited as the most pressing challenges that school counselors faced with regard to counseling for HIV/AIDS awareness. 75% also cited the lack of incentives as constituting personal challenges. With regard to professional challenges, the data shows that lack of workshops and seminars constituted the greatest challenge followed by lack of support from school administration and finally by being misunderstood by fellow teachers who were non-counselors. Respondents indicated that colleague teachers often felt counselors were intruders in their functions hence no support was given.

Majority of the schools had one guidance and counselling session per week, followed by schools that had guidance and counselling sessions more than 4 times a week, 3 times a week and 2 times a week. A few schools did not have any guidance and counselling sessions. The teachers of the schools that had one session per week pointed shortage of time during the term due to the overloaded core and co-curriculum as the main reason for having only one session.

Those that had four sessions per week said that they thought the pupils needed regular guidance and counselling sessions due to their (pupils) vulnerability from the environment they hail from. These findings mean that the school administration decided on the number

of sessions per week depending on the need of the pupils and availability of time. The pupils in the more vulnerable areas received more guidance and counselling services compared to the rest.

Counselors were also asked to explain what could be done to make counselling for HIV/AIDS awareness more effective. The findings are presented in figure 4.9.

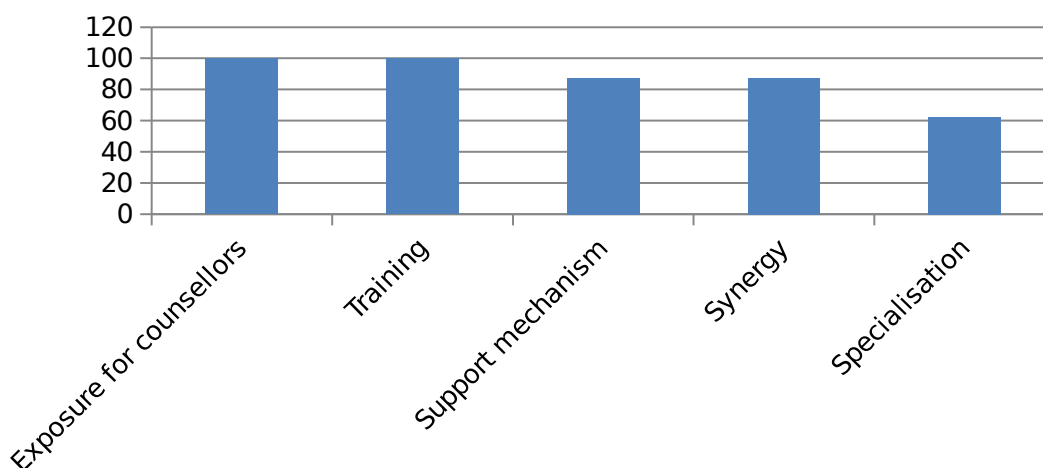


Figure 4.9: Suggested interventions to make counselling for HIV/AIDS awareness more effective

Figure 4.9above shows the responses with regard to what could be done to make counselling for HIV/AIDS awareness more effective. All the respondents (100%) indicated that exposure of counselors to seminars and symposia as well as the provision for training would boost their capacity to handle counselling for HIV/AIDS awareness. The seminars provide refresher courses in teaching of HIV/AIDS. She then pointed out that these seminars also encourage teachers to open communication channels to the affected and infected pupils. This is done because it provides psychological support to the

pupils. Emphasis in these seminars is usually on creating awareness on HIV/AIDS and sensitizing people on the pandemic. 87.5% of the respondents indicated that provision of support mechanisms in schools as well as synergizing efforts to help pupils through structured consultation would enhance the effectiveness of these counseling programmes. Finally, 62.5% of the respondents indicated that counselors need to specialize in counselling to avoid role conflict when they also teach in class.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The general objective of this study was to determine the influence of guidance and counselling services on primary school pupils' HIV/AIDS awareness in Bungoma South Sub-County, Kenya. The study also sought to evaluate and assess the various measures and systems employed to create awareness on HIV/AIDS. The factors examined were; the extent to which guidance and counselling services have influenced the HIV/AIDS awareness among pupils, the influence of HIV/AIDS awareness information on behavior change among the pupils, the challenges experienced by guidance and counseling teachers in the dissemination of HIV/AIDS awareness information among the pupils. In chapter 4, the data collected was presented and analysed. In this chapter, the discussion of these findings is done following the study questions. This is followed by the conclusions and recommendations.

5.1 Summary of Findings

5.1.1 What guidance and counseling strategies are used by teachers in primary schools in Bungoma South Sub-County to create awareness of HIV/AIDS?

This study set out to identify counselling strategies employed by teachers to achieve awareness of HIV/AIDS among pupils in the study area. The study found that teachers in primary schools in Bungoma South Sub-County did not quite have discernible strategies for counseling to create awareness. However, they indicated that they established the pupils concerns regarding HIV/AIDS; briefly addressed these concerns; used resource persons to provide group counseling services; followed-up on progress of individual counselees; evaluated the effectiveness of reading materials issued to pupils to educate them on the causes and consequences of HIV/AIDS; and offered individual counselling as strategies they used. Clearly, from the data available, the respondents did not distinguish between strategy and process which indicated a lack of strategy on the part of the counselors (figure 4.1). According to Ryan and Deci, (2000), school counseling programmes involve strategies such as the delivery of counseling, consultation, coordination and advocacy services to all pupils, parents and the school community. Moreover, strategies involve individual and group counseling, classroom guidance, consultation, including meeting with parents, teachers, administrators, staff and community members, and coordination of special programs. Consequently, the school counseling program has characteristics similar to other educational programs, including a scope and sequence; pupil outcomes or competencies; activities and processes to assist pupils in achieving these outcomes; professionally credentialed personnel; materials and

resources; and accountability methods. In the case of the current study, no sustainable strategies were found. However, within the specific context of the schools in the study sample, these approaches taken could still suffice for the achievement of awareness creation among pupils.

5.1.2 To what extent are the pupils informed about HIV/AIDS as a result of guidance and counselling services in their schools?

The second objective of this study was to establish the amount of knowledge the learners had on HIV/AIDS. This objective was meant to measure the effectiveness of the counseling programmes in creating awareness among the pupils. The study found that learners were well aware of the pandemic as shown in table 4.6 and 4.7. All the pupils indicated that they knew what HIV/AIDS was. Moreover, the study found that teachers were the greatest contributors to this knowledge of HIV/AIDS followed by the mass media. Parents were the least contributors towards awareness in this case. However, with regard to what they would do in case of being infected, the study found a limitation in awareness to the extent that some of the pupils suggested they would visit their pastors as a remedy. That notwithstanding, the majority indicated they would go to hospital. The study therefore found that pupils were clearly aware of the first course of action in case of infection. Further, the study established that pupils knew that HIV/AIDs could be prevented (figure 4.3) and that there were groups of persons in the community who were more vulnerable to contracting the disease (table 4.8).

5.1.3 To what extent does counselling in schools influence the level of awareness of HIV/AIDS among the pupils?

The third objective of the study was to explore the extent to which guidance and counselling services had influenced the HIV/AIDS awareness among pupils. In order to measure the influence of the counseling services in the school, the study sought data from both the teachers and the pupils. Through this study, the researcher established the extent to which counselling for HIV/AIDS awareness programmes in primary schools in Bungoma South Sub- County were effective in influencing HIV/AIDS awareness. The study found that the majority of counselors (62.5%) were satisfied that they achieved their counselling objectives with the pupils. This was evidenced through examination of improved awareness that was displayed in the pupils' overall participation in HIV/AIDS awareness activities and through self reports made by pupils during visits for counselling. Moreover, counsellors indicated that they knew they had achieved their counselling goals through other teachers' reports during meetings or directly to the counselling office.

Evidence of effectiveness of counseling on pupil awareness of HIV/AIDS was also seen when counselors received pupils who wanted to know how to develop safe habits and skills they could use in life. The study further found that pupils wanted to understand boy/girl relationships; and know how to engage in safe relationships. This finding corroborates the assertion by Suarez, Njogu, Nyokabi and Torres (2002) that schools pupils confessed to be sexually active before reaching 18 years hence their desire to know about relationships.

Despite these findings, the study established that effectiveness of counseling for HIV/AIDS awareness among primary school pupils was generally hampered by school factors that limited the teachers' ability to achieve higher success rates. These limitations included: work load and lack of support mechanisms within the school; dual roles of teacher and counselor which placed a huge load on their shoulders; an aspect which Gachenia (2015) asserts can create conflicts of interests that compromise professional judgments' in counseling in a school setting because the school counselor assumed three roles, counselor, teacher, and a disciplinarian. Also, the increased enrolment in schools made the teachers to deal with a larger population of pupils. This gave little time for counselling activities. Moreover, the study found that counselors in most schools did not receive support in terms of reduced teaching load, adequate room, motivation and training, and exposure. Hence, the counselors made do with what they had even though insufficient to carry out effective counselling. Furthermore, reports counselors made to school administration regarding pupil needs were not taken seriously and follow-up was never done. Moreover, there was a conflict arising from classroom teachers doubling up as counselors. This caused pupils to be apprehensive of the counselors.

Despite all these difficulties, the study found that pupils were generally responsive to counseling for HIV/AIDS awareness (figure 4.6.). However, the study also found that counselors did not have a responsiveness measurement tool. Most of these counselors cited the lack of time to carry out such assessments and indicated that they simply used their experience to inform them. It was pleasant to note that the pupils themselves found counseling for HIV/AIDS awareness effective (Figure 4.8).

5.1.4 What are the challenges experienced by guidance and counseling teachers in their dissemination of HIV/AIDS awareness information among pupils

The fourth objective of the study was to explore the challenges experienced by guidance and counseling teachers in the dissemination of HIV/AIDS awareness information among the pupils. The study found that lack of space, and time were the most pressing challenges that school counselors faced with regard to counseling for HIV/AIDS awareness. This was followed by the lack of incentives. It was also established that lack of workshops and seminars constituted the greatest challenge followed by lack of support from school administration and finally by being misunderstood by fellow teachers who were non-counselors (Table 4.10).

Majority of the schools had one guidance and counselling session per week, followed by schools that had guidance and counselling sessions more than 4 times a week, 3 times a week and 2 times a week. A few schools did not have any guidance and counselling sessions. The teachers of the schools that had one session per week pointed shortage of time during the term due to the overloaded core and co-curriculum as the main reason for having only one session.

5.1.5 Suggested solutions to Counseling problems

With regard to solutions that would mitigate these problems, the study found that exposure of counselors to seminars and symposia as well as the provision for training would boost their capacity to handle counselling for HIV/AIDS awareness. These seminars also encourage teachers to open communication channels to the affected and infected pupils. This is done because it provides psychological support to the pupils.

Emphasis in these seminars is usually on creating awareness on HIV/AIDS and sensitizing people on the pandemic. The provision of support mechanisms in schools as well as synergizing efforts to help pupils through structured consultation would enhance the effectiveness of these counseling programmes. Finally, it was found that counselors need to specialize in counselling to avoid role conflict when they also teach in class.

5.2 Conclusions

The study findings revealed that the guidance and counselling services offered in primary schools were of great influence to the pupils' HIV/AIDS awareness. The future of a nation depends on the health of its people and more especially the children and the youth. Therefore the youth need the knowledge about HIV/AIDS and how to prevent the infections at early ages as possible. The sessions offered by teachers, whether trained or untrained, have a great impact on the pupils' sexual life because as the study revealed, the behaviour of the pupils tremendously changed the moment they received the information on HIV/AIDS.

Poverty and ignorance are some of the main factors associated with the spread of HIV/AIDS scourge. It was the major concern of this study, to investigate the influence of pupils' HIV/AIDS awareness and to foster change in sexual behaviour through guidance and counseling in primary schools. Guidance and counseling plays a major role in preventing the spread of HIV virus among the youth who are sexually active. HIV/AIDS awareness among the youth is consistent with the knowledge level of the adults. The study revealed that HIV/AIDS has been integrated in various subjects to the young people at primary school level and it is the hope of the researcher that this will influence

them to adopt desirable sexual behaviour. However, a major challenge related to the education of HIV/AIDS in schools is the lack of role models in the society as well as parents at home.

Besides public campaigns on HIV/AIDS awareness and the teaching of HIV/AIDS in schools, the study revealed that there lacked activities that were carried out to protect children and the youth against HIV/infection. Some of the economic activities that were carried out in the Municipality were a great challenge to the prevention of HIV/AIDS spread among the school going children.

5.6 Recommendations

Following the conclusions reached, the researcher made the following recommendations.

1. The government through the county government should introduce workshops and seminars where those people, from Bungoma County, positively living with Aids will help the youth understand HIV/AIDS well. These seminars and workshops will be geared towards protecting children and the youth against HIV/infection besides public campaigns on HIV/AIDS awareness and the teaching of HIV/AIDS in schools.
2. The government should monitor and regulate the economic activities that are carried out in the municipality to reduce the vulnerability of the school going children to HIV/AIDS infection.
3. The parents should play their in guiding and mentoring their own children instead of leaving the whole load to the teachers in schools.

4. Although the guidance and counselling services offered in primary schools helped the pupils to be aware of HIV/AIDS, more needed to be done to enable the pupils to understand the epidemic fully. The study therefore recommends that the government should introduce guidance and counselling courses in Teacher Training Colleges to enable schools to have professional counsellors.

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APPENDIX 1: QUESTIONNAIRE FOR SCHOOL COUNSELORS.

Dear respondent,

My name is Florence Wafula and I am pursuing a masters degree course in Counseling psychology at Moi university. As part of the requirements for this course, I have to undertake a research project on the contribution of counseling on HIV/AIDS awareness among pupils in Bungoma South Sub-County. I kindly request you to complete this questionnaire to provide data for the study. The information you give shall be treated with utmost confidentiality. I will willingly share the findings of this study should you need to know after the completion of the research project.

Instructions to counselors:

Answer the questions below appropriately by ticking where applicable and in filling in as required.

Name:.....(optional)

Section A: Biodata

1. Gender male female
2. Years of service ≤ 5years 5 -7 years 8 – 10 years above 10 years
3. Academic qualification certificate diploma graduate
4. For how long have you served as a counselor? Years
5. For how long have you served as counselor in this school? years.
6. Are you a trained counselor? Yes/ No

Section B: Counseling strategies for HIV/AIDS awareness

7. What counseling strategies do you use to ensure HIV/AIDS awareness?

.....

.....

8. What counselling needs do you frequently encounter in your school?

Academic Social Personal others (Specify)

.....

9. Do you encounter individual academic counseling needs in your school? Yes/ No

10. What are the effects of these counseling services on HIV/AIDS awareness among pupils?

11. What is your opinion about the pupil responsiveness to the counselling process?

.....

.....

.....

12. What challenges do you encounter as you implement these counseling programmes?

.....

.....

.....

For each of the items statements below please indicate the number that is appropriate for you response under one of the six categories:

Key: Strongly Disagree Moderately Disagree Slightly Disagree Slightly Agree Moderately Agree Strongly Agree

As a counselor, I encounter pupils who want to:	(STD) 1	(MD) 2	(SD) 3	(SA) 4	(MA) 5	(STA) 6
Know how to develop safe habits and skills that they can use throughout life						
Understand, accept and like themselves						
Know how to improve their knowledge of themselves and their sexuality						
Know how to engage in safe relationships						
How to take care of HIV/AIDS victims						
ask questions in class about HIV/AIDS						
Understand boys / girl relationship						

The Impact of Counseling services on pupils' HIV/AIDS awareness

13. Do you think you achieve your counseling goals? Yes/ No

14. How do you know that you achieve your counseling goals?

.....
.....
.....
.....

15. What methods do you use to evaluate the effect of counseling on the pupils?

.....
.....
.....

Pupil Responsiveness to Counseling Interventions

16. Are the pupils you deal with self referred cases? Y/N

17. Since embarking on the counseling programme, has there been a significant increase or decrease in pupils? Y/N

18. Do you have a pupil responsiveness assessment tool? Y/N

19. Briefly state the findings you have made about pupil responsiveness over the last one year, either through assessment tools or based on counselor's experience.

.....
.....
.....
.....

The Effectiveness of Counseling Strategies in Realising Pupil HIV/AIDS awareness.

20. Do you think counseling for HIV/AIDS awareness in schools is effective? Yes/no

21. What should be done to make counseling for HIV/AIDS awareness more effective?

.....
.....
.....
.....

22. What challenges do you encounter in the process of counseling the pupils?

i) Personal

.....
.....
.....
.....

ii) Professional

.....
.....
.....

25. How do you deal with these challenges?

.....
.....
.....

Thank you.

Florence Wafula

APENDIX 2: QUESTIONNAIRE FOR PUPILS

Please use biro or any other pen but not a pencil to fill this questionnaire

Tick in the spaces provided.

PART I BACKGROUD INFORMATION

Do not write your name anywhere on this paper

Please respond to all items.

1. Gender

Male

Female

2. My school is

Boys only

Girls only

Mixed (boys and girls)

3. My school is

Boarding only

Day only

Boarding/ Day

4. My age is (in yrs)

Below 12

- 13
- 14
- 15
- Above 15

PART II GUIDANCE AND COUSELING SERVICES

5. My school has a guidance and counseling teacher(s)

- Yes
- No

6. If yes' in (question 5) above, are other teachers assisting the teacher counselor(s) in counseling pupils.

- Yes
- No

7. How many sessions of counseling are scheduled per week in your school?

- None
- 1
- 2
- 3
- Above 4

PART III HIV/AIDS AWARENESS.

8. Guidance and counseling services help pupils to be aware of HIV/AIDS.
- Yes
 - No
9. What is HIV/AIDS?
- It is a rumored disease
 - It is a sexually transmitted disease
 - It is virus that transmits AIDS
10. I learnt about HIV/AIDS through the following:
- (Tick and put order of most used in front)
- Teacher counselors
 - Peers
 - Parents
 - Radio/films
 - Drama
 - Health workers
11. Who do you think is more likely to contract HIV/AIDS?
- Commercial sex worker

- Those who have more than one sexual partner
- Anybody who is involved in sexual intercourse
- Those who abstain from sex
- Urban dwellers
- Rural dwellers

12. I am aware HIV/AIDS can be prevented/controlled.

- Strongly Agree
- Agree
- Undecided
- Disagree

13. What action would you take if you contracted HIV/AIDS?

(Tick two most appropriate ones)

- Go to the traditional healer
- Buy drugs from the chemist
- Go to the Hospital
- Voluntary Counseling Tests
- See a pastor

THANK YOU

APPENDIX 3: RESEARCH PERMIT

PAGE 2

THIS IS TO CERTIFY THAT:
Prof./Dr./Mr./Mrs./Miss/Institution
Florence N. Wafula
of (Address) Moi University
P.O. Box 3900, Eldoret
has been permitted to conduct research in

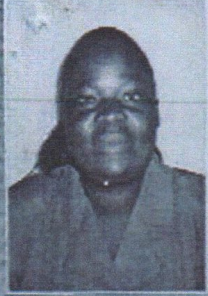
Location
District
County
Bungoma District
Bungoma County

on the topic: Influence of guidance and
counseling services on primary school
pupils' HIV/Aids awareness in
Bungoma Municipality, Kenya.

for a period ending: 31st October, 2013.

PAGE 3

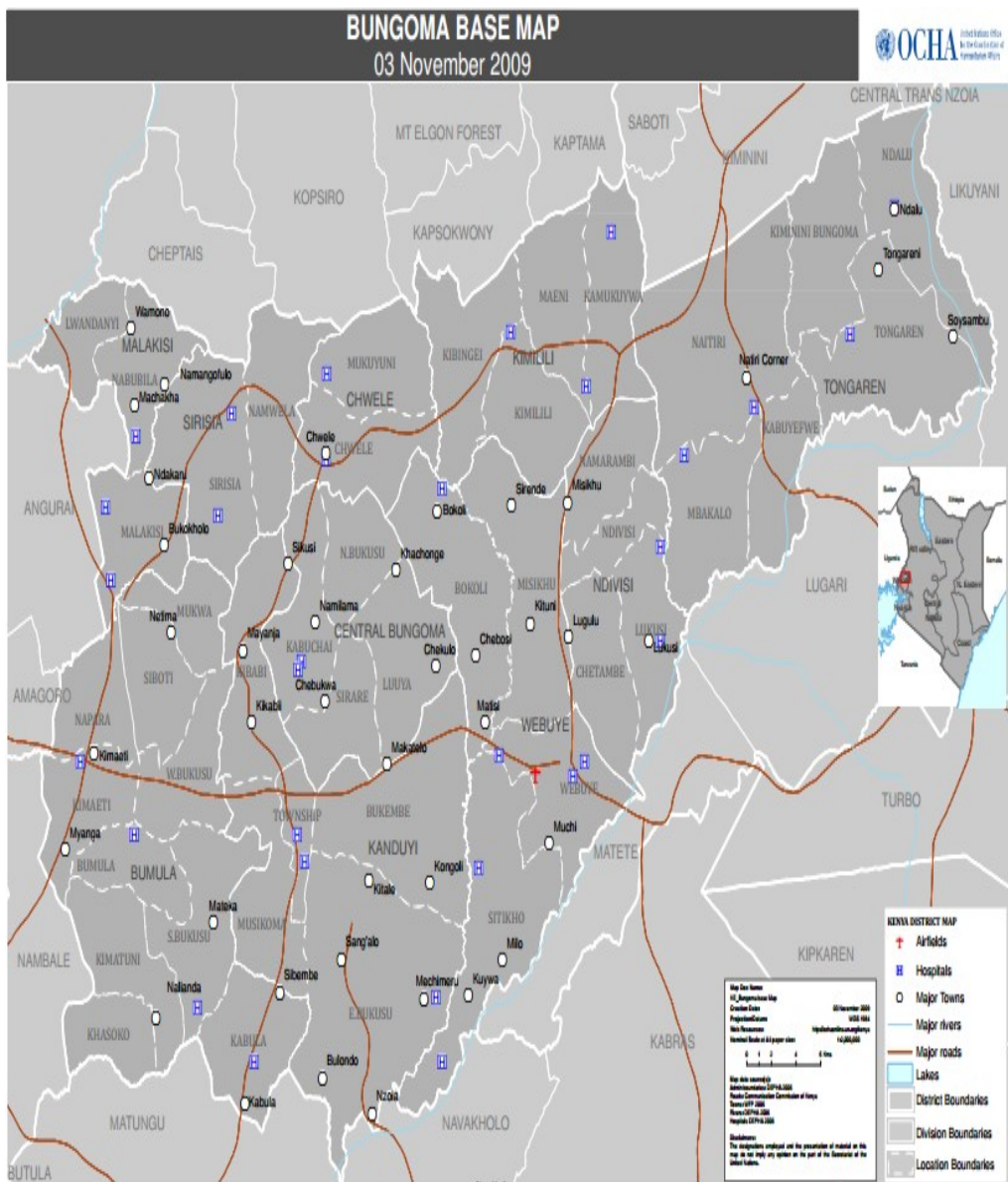
Research Permit No. NCST/RCD/14/013/1276
Date of issue 15th July, 2013
Fec. received KSH. 1000



Florence N. Wafula
Applicant's
Signature

[Signature]
For Secretary
National Council for
Science & Technology

APPENDIX 4: BUNGOMA BASE MAP



APPENDIX 5: BUNGOMA COUNTY HEALTH AT A GLANCE

