

The Influence Of Peer Counselors Training On Their Effectiveness In Addressing Risky Sexual Behaviours Among Students In Public Secondary Schools In Kisii Central Sub-County

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ABSTRACT

The purpose of the study was to establish the influence of peer counselors training on their effectiveness in addressing risky sexual behaviors among students in public secondary schools in Kisii Central Sub-County. The study targeted 21,800 students and 1,830 peer counselors' in 61 secondary schools. The sample size of 322 students, 317 peer counselors and 6 secondary schools were obtained using stratified and purposive sampling techniques. Questionnaires were used to collect data. A reliability coefficient of 0.884 obtained by Split half. Validity of questionnaires was ensured by expert judgement. Quantitative data analysis was done using both descriptive and inferential statistics and null hypothesis tested at 95% level of confidence. The analysis data revealed a positive relationship between peer counselors' training and their effectiveness on counseling and that most of the peer counselors believed that they could influence many students to change their attitudes on issues that expose them to risky sexual activities. The study recommended that the school principals should avail materials needed and ensure proper training for peer counselors especially on reproductive health. Finally, the Ministry of Education should come up with policies and a comprehensive syllabus that will ensure a well rounded peer counselor.

KEY WORDS: counseling, peer counselors, training, students.

LIST OF ACRONYMS

CDC Centers for Disease Control and Prevention

GOK Government of Kenya

HIV Human Immunodeficiency Virus

MOH Ministry of Health

KAPC Kenya Association of Professional Counselors

STI Sexually Transmitted Infection

USA United States of America

VCT Voluntary Counseling and Testing

AIDS Acquired Immunodeficiency Syndrome

KAIS Kenya Aids Indicator Survey

WHO World Health Organization

UNAIDS United Nation Program for HIV and AIDS

1.0 INTRODUCTION

The number of students involved in risky sexual behavior is increasing in epidemic proportions. This could be in part because teens have misconceptions about sex and its consequences (Royer, 2009). To make matters worse; parents are often themselves uninformed regarding how to communicate with their children about sex and risky behaviors. This is according to the World Health Organization (WHO, 2008) the rising epidemic of teens and early sexual activity is happening at a faster rate in homes, schools, and communities giving rise to teens emotional problems (CDC, 2009).

According to WHO (2012) report, at the end of 2010, an estimated 34 million people 31.6 million–35.2 million were living with HIV worldwide, up 17% from 2001. The total number of new cases of STIs in 2008 among youths between the ages of 15 and 49 globally was estimated to be 98.9 million (UNAIDS, 2011). Nearly half of the 19 million new STIs each year are among young people aged 15 to 24 years (CDC, 2009). More than 400,000 teen girls aged 15 to 19 years gave birth in 2009 (WHO, 2009 & CDC, 2009). In a study

by CDC (2005) over 60% new HIV infections among women and 40% among men occur during adolescence. 25% sexually active teenagers have sexually transmitted Infection (STIS), (CDC, 2005).

According to a study by Maswaya, Moji, Horiguchi, Nagata (2014) it was revealed that among African countries, Tanzania reported the largest number of AIDS cases among youths and expectation of a rise in the year 2000. They established that there is no official AIDS education programme in school curriculum in Tanzania and previous studies show that condom use is not popular among students. They further asserted that students who engaged in risky behaviors are at risk because they failed to change their behaviors. Equally, the Kenya Aids Indicator Survey Preliminary Report Maswaya, Moji, Horiguchi, Nagata (2014) indicated that the levels of HIV testing increased with 72% among adults aged 15 to 64 who presented themselves for the test in 2012, a significant increase from 34% in 2007. Despite the increase in HIV testing levels, 53% of survey participants found to be infected during KAIS (2012) were not aware of their HIV infection. Alarming, the 2012 final survey report indicated that 100,000 people were being infected each year in Kenya (Mwaniki, 2014).

Siringi (2013) equally notes that Kisii is ranked sixth among towns with the highest population of people living with HIV/AIDS up to 73,300 cases. In Kisii level six Hospital, HIV/AIDS statistical records for the year 2013 showed that out of 9,427 students aged 15 –24 tested, 450 were HIV positive, while 1,145 cases of various STIs were treated Ministry of Health (MOH, 2013). Worst of all, from the statistics above, Kisii town is alleged to be a twenty-four hour sex working economy hub (Siringi, 2013).

Risky sexual behaviors lead to STI cases of trachoma, gonorrhoea, syphilis and virginals (WHO, 2008). Saito (2009) observed that adolescents are most at risk of being infected by HIV/AIDS. HIV/AIDS and STI are not only epidemiologically the world's most serious infectious diseases depriving more than 2 million people of their lives yearly and unnecessary orphanage, but also leads to social and economical problems such as stigma and discrimination, unemployment and loss, These problems negatively affect students in their school endeavors. In this way, HIV/AIDS has massive negative impact on people's lifestyle.

Counselling-based programs are believed to be the most structured approaches and more commonly used instrument in secondary schools. Key aspects of all peer support schemes are that, selected student's are trained to be peer counselors (Houlston and Smith, 2009). These programs tend to take advantage of existing resources and school infrastructure (Garringer & MacRae, 2008). Mongala (2005) observed that Guidance in school has been affected by several factors. There are a few trained personnel on guidance and counseling or none at all. Therefore necessitating trained peer counselors who can effectively counteract the rising demand for counseling.

1.2 Statement of the Problem

The increase in irresponsible sexual behavior among adolescents has given rise to a worrying trend in Kisii Central Sub-county. The result is increasing unexpected pregnancies, abortion and its concomitant trauma, sexually transmitted infections and more worrying, increasing prevalence of HIV/AIDS among the school going age. There is a general agreement that peer counselors are helpers and active listeners for their fellow students through their social proximity to the adolescents. What is not known is whether these influences have an effect on the sexual behavior among students. It is on this basis that the researcher sought to establish the influence of peer counselors training on their effectiveness in addressing risky sexual behaviors' among students in public secondary schools in Kisii Central Sub-County.\

1.3 Objectives of the study

- I. To identify the topics covered by Peer Counselors during training.
- II. To establish the level of effectiveness of peer counseling in school according to students.
- III. To establish the Correlation between Peer Counselors training and their self-efficacy in counseling.

1.4. Research Hypothesis

1.4.1: Null Hypothesis

The following null hypothesis was tested:

- I. There is no statistical significant relationship between topics covered by peer counselors during training and risky sexual behaviors’.
- II. There is no statistically significant relationship between peer counselors’ training and their effectiveness in counseling in school according to students.
- III. There is no statistically significant relationship between peer counselors training and their effectiveness in counseling.

2. 0 LITERATURE REVIEW

Peer counseling is the encouraging concerted effort to harness the capacity which group members sharing common interests may console, appease, befriend, mediate and reconcile those who are alienated from one another informally without resorting to discipline or depending on professional or those in authority within organization or institution (Ndichu, 2005). Peer counseling is a personal method of change and is based on the assumption that individuals as natural helpers provide spontaneous and informal support to peers experientially.

According to Allen (2008) peer counseling is based on the promise that young people are more likely to change their behavior if peers they like and trust advocate change of social norms, community context, media messages and if parent, teacher, health workers and religious leaders play an important role in young people’s lives. Murithi (2007) confirmed this by stating that peer counseling is based on the fact that students are more likely to accept and feel at home with counseling information validated and disciplined to them by their peers than they would receive the same from trained professionals whom they often consider as out of tune with needs of younger generation. Hence, most people prefer to seek out their peers for help when experiencing challenges, frustrations, concerns and general problems (Arudo, 2006). Thus, Peer counseling allows students to work on issues of their concern with the accepting support of their peers. Peer counseling program, trains and equips students with skills to enable them help their peers. Unlike professional counselors, Peer counselors are available to help their peers anytime and their counseling sessions are informal discussions and conversations, which are not threatening. Owaa (2010) also revealed that peer counselors have greater opportunities and influence on fellow students and serve as powerful role models to their fellows. Onyango (2004) equally asserted that teachers were in agreement that peer counselors are of great help to fellow student counter parts,

Stoltz (2005) asserts that the quality of the peer counselors’ relationship is important for students to experience positive results. A peer counselor’s relationship is more successful when the peer counselor cares for the whole person and not just the academic or career side of a person. Successful peer counselors tend to be available, knowledgeable, educated in diversity issues, empathic, personable, encouraging, supportive, and passionate. Nyaga (2011) noted that Qualities like being socially acceptable, good interpersonal relationships and role modeling are acceptable behavior for a counselor. Nyaga (2011) further stresses that personal development for counselors is vital and that it should be an on-going process and pointed out

important reasons why a counselor would benefit from undergoing counseling during their training by stating that, it promotes self-exploration and enhances self-understanding, enables counselors to better understand and enhances the client's experience. It is therefore important to keep qualities like these in mind when recruiting and training peer counselors. School counseling programs designed to teach students peer mediation skills are highly effective because students trained in peer mediation use these skills in other settings like in homes (California Department of Education, 2014)

Murithi (2007) supported this by stating that there is need to train peer counselors who would be empowered with such skills to help others. However, Pedersen, Dragun, Lonner and Trimble (2008) noted that Peer Counselors' programmes provide training in specific skills related to helping relationships and that method used to advertise for recruit should have information on basic qualification, emphasize on commitment to helping others and ability to interact with a variety of people. Willingness to accept standards of ethical conduct such as confidentiality of information, willingness and ability to work within set goals. Therefore, for one to be an effective peer counselor there is needs to posses the facilitative skills of empathy and genuinnes.

Lee (2006) argues that dating or courtship is evident among secondary school students and has become a popular norm when they enter tertiary education. This calls for need to have peer counselors' equipped with adequate sexual reproductive health knowledge and information about the risks, responsibilities, outcomes, and impacts of sexual actions with their peers, through various means such as dramas, role-playing, talks and poetry. Wango and Mungai (2007) noted that Peer Counselors lack of expertise especially on how to deal with unpleasant and acute emotional disturbance poses a major challenge.

Comer (2004) noted with sadness that some counseling micro skills currently used in training adolescent peer counselors' are not easy to use or considered by adolescents to be unhelpful. It was also confirmed that some typical adolescent conversational helping behaviors 'which have been proscribed for use in adolescent peer counselors training programs, are not useful in adolescent peer counseling. This is echoed by Geldard (2005) who also observed that current programs for training adolescent peer counselors have failed to discover what skills adolescents bring to the helping conversation. They ignore, actively discourage, and censor, some typical adolescent conversational helping behaviors.

Kalmuss and Laraque (2008) reported that teachers in Zambian secondary schools also realized that despite having had some HIV/AIDS training, peer counselors were still lacking in peer helping techniques, hence recommended training for peer counselors on basic peer helping skills like making decisions, clarifying values, and acting in accordance with those values. Mastering extensive sexuality information relevant to their own lives, being recognized as leaders by their peers and their community and having direct involvement in addition to learning important skills, including facilitation and communication and committing to responsible sexual behavior.

According to Comer (2004) Peer Counselor training should overcome the difficulties of skill implementation. West (2007) also asserts that the varied nature of training models creates significant disparities among practicing counselors and should include the question of professional credentials, identity, competence, and regulation. This is because untrained peer counselors are likely to fall prey to the fundamental attribution error of blaming other students for their failures Mead and Mac Neil (2006)

Despite various reports and policy papers on guidance and counseling in Kenyan schools, Okech and Atieno (2012) observed that there is absence of regulation and uniform standards in the manner in which training in

guidance and counseling is conducted. They realized that since 1999 many "counseling" centers have opened their doors with little regard for specialized training requirements for counselors.

Kabasansi, Ross, Otor, Baucer and Samber (2009) established that peer counselors use peer education to significantly increase knowledge of students in Ugandan schools and that peer counselors are a source of help and information to fellow students. They however noted that training peer counselors is an expensive project hence most schools do not have trained peer counselors to handle student's problems. The study revealed that training just one teacher counselor and the Peer Counselor costs 260 US dollars. Hence, schools that have inadequate training pose a serious challenge regarding the development of the peer counselors sector. Gatheri (2012) also concur by stating that training young people to become peer counselors' and providing them with necessary supervision can be expensive and time intensive. Despite all these, (APHIA, 2008) reported that there was significant improvement in the schools that had trained peer counselors than those that did not have such and that students discipline level and quality largely depends on the number of trained peer counselors that a school has.

2.1 Area Description

The study was limited to six selected secondary schools in Kisii Central Sub-County of Kenya. The Sub-County has three categories of secondary schools, namely, Boys' Only, Girls Only and Mixed schools.

3.0 METHODOLOGY

3.1. Research Design

Ex-post facto research design was used in this study. The population for the study comprised of 1830 peer counselors and 21,800 students within six secondary schools in Kisii Central Sub-County. This study used Krejcie and Morgan (1970) table to sample the peer counselors and students and Kasomo (2007) to sample the school. Therefore, with accessible population of 21,800 and 1,830, the sample size as per the table provided by Krejcie and Morgan (1970) was 322 students and 317 peer counselors.

This study used stratified sampling technique to select the students and peer counselors and purposive to select the schools. The population was divided into strata of boys and girls, while Purposive sampling helped the researcher select samples based on certain reasons like in this case, to ensure a heterogeneous sample, the researcher sampled girls' schools boys' schools and mixed schools. This type of sampling technique helps to increase utility of findings.

3.2 Data Collection Instruments

Questionnaires were used to collect data. The questionnaire for peer counselors was divided into four parts while that of students divided into two parts. These parts were identified alphabetically. The questionnaires were structured and non-structured with both open and closed ended questions. Since there were two groups of people being given the questionnaires, two sets of questionnaires were given to the groups, thus, peer counselors and students. Gender representation was taken into consideration.

3.3 Data Collection Procedure

Due procedure was followed in data collection including seeking clearance from National Council of Research through the School of Graduate Studies (SGS) Jaramogi Oginga Odinga University of Science and Technology, Kisii Central, Sub-County Education Office and school administrations. Among other things,

the researcher strictly observed confidentiality of information, genuineness and anonymity because of the sensitivity involved in such kind of a study.

3.4 Data Analysis

Quantitative data was obtained from the questionnaires. The data was coded in the computer. The Quantitative data analysis was done by use of both descriptive and inferential statistics. The null hypothesis was tested at 95% level of confidence. If the obtained p-value was less than 0.05 the null hypothesis was to be rejected, but if the p-value obtained was greater than 0.05 then the null hypothesis was to be accepted.

The inferential statistics focused on the Pearson's product moment of correlation which was used to assess the relationship between training of peer counselors and their effectiveness on counseling, tests of significance was computed at $\alpha = 0.05$. The Statistical Package for Social Sciences (SPSS) version 20 was used to analyze the data. Each hypothesis was tested at 0.05 level of significance. When the P-value obtained was less than 0.05, the Null hypothesis was rejected. However, when the P-value obtained was greater than 0.05 then the hypothesis was accepted.

4.0 RESULTS.

4.1 Findings on topics covered by Peer Counselors during Training

The summary of the findings on topics covered by peer counselors during training is as shown in the table 4.1

Table 4.1 The summary shows percentages on responses on various topics.

TOPICS	SA	A	D	SD
Drug And Substance Abuse	48.20	39.57	9.35	2.88
Relationship	46.81	40.43	8.87	3.90
HIV/AIDS	57.97	28.62	9.42	3.99
STI	51.09	33.70	8.70	6.52
Career And Academics	24.54	61.71	7.81	5.95

Source: (Researcher, 2015)

From the information presented in table 7.2 peer counselors within schools in Kisii Central, Sub-County have been trained more on HIV/AIDS and STI than other areas, which may be of concern to the students. 86.59% (SA: 57.97, A: 28.62) of the peer counselors confirmed that they had undergone training on HIV/AIDS and 84.16% (SA: 51.09, A: 33.70) of the peer counselors said that they had been trained on issues of STI. A bigger portion (54.93%) of the peer counselors strongly agreed (SA) that they had received training on HIV/AIDS and STI than those who had not been trained on the same. Although 87.79% of peer counselors generally agreed that they had received training on matters of drug and substance abuse, only 48.20% of them were in strong agreement of having been training on the same. As regards career and academics, only 24.54% of the peer counselors strongly agreed that they have been trained in this filed. As a whole, it is clear from the table that most peer counselors confirmed that they had received training on the selected items on risky sexual behavior. It is suffice to generalize that majority of the peer counselors in Kisii Central Sub-County had been trained given the findings of the study. It is however not suffice to ignore the minority group of peer counselors who have not yet receive training on HIV/AIDS and STI because their services are equally important. The findings of the study revealed that there were topics that needed to be covered in future to enable peer counselors perform better. The results are presented in Table 4.2.

Table 4.2 Topics to be covered in future to enable peer counselor perform better.

	STRONGLY AGREED	AGREED	DISAGREED	STRONGLY DISAGREED
HOMOSEXUALITY	55.64%	32.00%	4.36%	8.00%
LESBIANISM	47.12%	32.01%	8.99%	11.87%
PREGNANCY	53.73%%	29.10%	10.07%	7.09%
ABORTION	56.20%	29.93%	5.47%	8.39%
HIV/AIDS	55.94%	31.42%	7.66%	4.98%
STI	65.06%	21.69%	6.02%	7.23%

Source: (Researcher, 2015)

From the information presented in Table 4.2, it is indicated that 65.06% of the respondents strongly agreed that their training should include more on STIs. For the inclusion of pregnancy as a topic in the training of the counselors, out of 82.83% of the peer counselors who supported the idea 89.45% of them were females. Likewise there were more (65.42%) female peer counselors recommended that their training should include topic of abortion than their male counterparts. This means that female peer counselors were keen to be trained on issues that mostly affect female students. On the other hand, out of the 87.64% of the peer counselors who felt that training on homosexuality should be covered in future to enable them perform better as peer counselors, 73.46% of them were male respondents. This is an indication that there is gender bias in terms of interest on topics to be covered by peer counselors. On the same note 78.98% of the peer counselors who supported the inclusion of pregnancy as a topic to be covered in the training session were 16 years and above. This is also indicative that age had a bearing on peer counseling as regards topics to be covered. However, the findings reveal that despite training, peer counselors still felt that they needed more training on certain areas (as shown in the above table). The peer counselors needed to be more equipped with adequate sexual reproductive health knowledge and information about the risks, responsibilities, outcomes, and impacts of sexual actions with their peers. Most of the peer counselors felt that their training should include; homosexuality, lesbianism, pregnancy and abortion in addition to HIV/AIDS and STIs. The study sought to determine whether the topics covered by peer counselors' during training have influence on their effectiveness in addressing students' risky sexual behavior. To establish this objective null hypothesis was tested: "There is no statistical significant relationship on topics covered by between peer counselors' during training and their effectiveness in addressing students' risky sexual behavior".

1. Table 4.3 Level of Effectiveness of Peer counseling in school according to students.

NO	ITEMS	VERY OFTEN	OFTEN	SELDOM	NEVER
A	Showing new students around	28.62	31.83	21.86	17.68
B	Identify students with needs	28.01	29.32	19.54	23.13
C	Assisting students with minor problems	33.22	29.64	16.94	20.20
D	Referring students with major problems to the school counselor	23.45	31.92	21.17	23.45
E	HIV/AIDS peer education	30.45	37.82	16.35	15.38
F	STI peer education	35.08	32.13	19.02	13.77
G	Attend to withdrawn peers	27.84	23.02	25.43	23.71
H	Being role models for moral integrity	39.66	25.42	18.64	16.27
I	Education on abstinence	42.12	31.51	14.04	12.33
J	Making students gain confidence in handling their problems	37.17	40.79	12.83	9.21

Source: (Researcher, 2015)

From Table 4.3 the information presented indicates that making students gain confidence in handling their problems and addressing students' risky sexual behavior were rated as the areas addressed most of the times by the peer counselors. Whereas 77.96% of the students thought that peer counselors were always involved in making students gain confidence in handling their problems, 73.63% of them believed that addressing students' risky sexual behavior counted for most of the activities the peer counselors were involved in. Their involvement in addressing students' risky sexual behavior was noted on analyzing how the students specifically responded on items on HIV/AIDS peer education, STI peer education, Education on Abstinence and Being role models for moral integrity. It was found out that 73.63% of the students' respondents believed that Education on Abstinence among the peers was an activity that was many times (Often: 31.51%, Very Often: 42.12%) done by the peer counselors. This means that peer counselors were very much concerned with students' reproductive health status prompting them to dedicate themselves towards directing their peers to be merely responsible.

The researcher computed Pearson's Product moment of correlation coefficient between peer counselors' training and their self-efficacy in counseling. The results are presented in Table 4.4

Table: 4.4 Correlation between Peer Counselors training and their self-efficacy in counseling.

		Training	Effectiveness
Training	Pearson Correlation	1	0.42
	Sig. (2-tailed)		.024
	N	292	292
Effectiveness	Pearson Correlation	0.42	1
	Sig. (2-tailed)	.024	
	N	292	292

Source: (Researcher, 2015)

The study established a small but positive ($r = .42$) correlation between peer counselors' training and their self-efficacy in counseling. The analysis revealed small but significant ($p = 0.024 < 0.05$) positive relationship between peer counselors' training and self-efficacy in counseling (Table 4.4). Therefore, the null hypothesis was rejected and a conclusion was plausible that there was statistically significant relationship between peer counselors' training and their self efficacy.

5.0 Conclusion

The study investigated the influence of peer counselors training on their effectiveness in addressing risky sexual behaviors among students in public secondary schools in Kisii Central Sub-County. It was established that peer counseling has positive impact in the schools where they existed and that peer counselors were effective in performing their duties based on the training that they receive. However, some students still felt that peer counselors hardly refer students with major problems to the school counselor, rarely identified with students with needs, and even those who were withdrawn. Peer counselors needed to be more equipped with adequate sexual reproductive health knowledge and information about the risks, responsibilities, outcomes, and impacts of sexual actions with their peers. Most of the peer counselors felt that their training should include; homosexuality, lesbianism, pregnancy and abortion in addition to HIV/AIDS and STIs for them to be more effectiveness in addressing students' risky sexual behaviors.

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