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01/003 Jatitengah Village, Jatitujuh District,
Majalengka Regency, West Java


Email : arjijournal@gmail.com


Contact : 0821-4250-1527


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Effect of HIV/AIDS education on changing students' sexual practices in secondary schools in Temeke Municipality, Tanzania

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 Zuhura R. Said¹, Prosperity M. Mwila^{2*}

 ¹ Secondary school Teacher, Temeke Municipality, Tanzania.

² Academician, Saint. Augustine University of Tanzania

 Email Korrespondensi: bapropsk@gmail.com*

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Abstract: This study aimed to assess the effect of HIV/AIDS education on changing students' sexual practices in secondary schools in Temeke Municipality. The objectives were to assess the general awareness of students on HIV/AIDS in Temeke Municipality, to identify the sources of information on HIV/AIDS among secondary school students in Temeke Municipality and to determine the role of HIV/AIDS awareness in changing students' sexual practices in secondary schools in Temeke Municipality. The study employed the Health Belief Model and Planned Behavioural Theory. The study used a mixed-method approach in data collection. The data were collected by conducting interviews with teachers and parents, documentary reviews, and questionnaires for students and teachers from public secondary schools in Temeke Municipality. Data were analysed by descriptive statistical analysis and presented in tables and graphs. The findings of this study revealed that most students are aware of HIV/AIDS. Some of them were able to write the long form of HIV/AIDS, while others failed to do so. The major source of HIV/AIDS education in visited secondary schools in Temeke municipality was the subjects of civics and biology. In these two subjects, the students are taught the causes, symptoms, effects and precautions for avoiding the spread of HIV/AIDS. The study further revealed that there is no great change among visited students in secondary schools in Temeke municipality. The students were observed to misbehave to the extent of being expelled from their studies. Most of the visited students engaged in sexual relations at an early age. The study concluded that awareness campaigns should be designed at school levels to prevent

and protect adolescents from HIV/AIDS and to spread awareness to induce behavioural change among adolescents..

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INTRODUCTION

Human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are among the most complex health problems of the 21st century. The first documented case of AIDS in Sub-Saharan Africa was in 1982. In Tanzania, the first case of AIDS was identified in 1983 in the Kagera region. Since then, AIDS has become a pandemic expanding in scope and magnitude (Kamala et al., 2006). Human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome (AIDS); AIDS develops as HIV weakens the body's immune system and its ability to fight off infections and fatal illnesses (FCI, 2000).

In Malaysia, for example, the trend of HIV and AIDS has risen dramatically since 1986. As of December 2004, nearly 65,000 Malaysians had been diagnosed with HIV or AIDS, with an average of 19 new cases reported daily. The Malaysian government is concerned about the increased level of HIV infections, particularly among the age group of 15-19. It is estimated that more than half of all new HIV infections occur before age 25, and most are acquired through unprotected sexual intercourse.

The empirical evidence revealed that education programmes for youth that encourage abstinence, promote appropriate condom use, and teach sexual communication skills reduce HIV-risk behaviour and delay the onset of sexual intercourse. It is argued that initiating these programmes when children are young and developing the appropriate message before they leave school will address the building blocks for healthy living. Schools can offer an organized and efficient way to reach a large number of young target populations when they are highly receptive to adult influence (Melanby, 1995).

However, not all governments are willing to address the issue early in life and in a formal educational format in schools. For example, in Islamic countries, policymakers are concerned that sex education might increase the culture of "out-of-marriage sex" and encourage the young generation to be involved in unsafe behaviour. Therefore, sex education is not offered in the formal curriculum as a part of the biology class, but the responsibility is taken by nongovernmental organizations introducing short interval programs as a part of extra curriculum activities. Hence, sex education is not compulsory for students to take part in these classes, and there is no monitoring process to evaluate the effectiveness of these activities.

In some cases, teachers may address sexuality and HIV/AIDS out of personal choice, while in other cases, such as in South Africa, HIV/AIDS education is mandated and, therefore, can constitute part of a teacher's job description. Even though teachers teaching HIV/AIDS may have a reasonable knowledge of HIV/AIDS, sex education does include not only cognitive aspects but also affective and behavioural aspects (Buston et al. 2001). Extensive training and supervision of responsible teachers have been acknowledged as crucial factors for the success of school-based programmes, and teachers frequently request training. Effectiveness as an HIV/AIDS educator is dependent not only on having the appropriate knowledge but also on displaying skills for teaching.

Other studies about the knowledge of HIV/AIDS among secondary school adolescents in Nigeria concluded that general awareness of the disease might be high, but the specific knowledge of the disease is still poor (Oyo et al., 2005). One-third to one-half of the respondents believed that a person can get infected with HIV through mosquito bites, believed that an infected teacher or student should not be allowed to continue teaching or attending school, and students are not talked about HIV/AIDS with their boy or girl friends or their parents.

HIV/AIDS in Tanzania is even worse; approximately 2.2 million adults and children were estimated to have been infected with STDs, including HIV/AIDS. The crisis was particularly severe for youth, as approximately 17% of children under 15 years of age in Tanzania have been infected by STDs, and approximately 50% of the STDs occur before the age of 29 years. Moreover, in Tanzania, it is considered taboo for teachers and parents to talk with pupils/children about sexual matters, such as sexual relationships and STDs, in schools and at home because of cultural and religious barriers.

Temeke is among districts with a high HIV/AIDS infection frequency. According to NIMR (2012), the HIV prevalence was 14.7% in Makete, followed by Temeke (9%), Geita (5%), Lindi Urban (4%), Kigoma urban (0.9%) and Meru (1.4%). The same report revealed that testing rates for HIV and uptake of ARVs varied among the studied districts. Lindi urban has the highest proportion of people testing for HIV infection and uptake of ARVs, followed by Makete, Temeke and Kigoma urban districts, while Meru and Geita districts had the lowest proportion of people tested for HIV infection. In addition, Temeke was found to be the district with the lowest condom use; Makete scored the highest (55.9%), followed by Lindi urban (40%), while Temeke was (23.4) in condom utilization. Therefore, having accurate knowledge about AIDS is important to counter myths, reduce associated fear and anxiety, change behaviour that puts them at risk, and create a more humane and sympathetic response to individuals with the disease. This study assessed the effect of HIV/AIDS education on changing students' sexual practices in secondary schools in Temeke municipality. Specifically, it was guided by the following objectives:

1. To assess the general awareness of secondary school students on HIV/AIDS,
2. To identify the sources of information on HIV/AIDS among secondary school students, and
3. To determine the role of HIV/AIDS education in changing students' sexual practices in secondary schools.

Literature Review

1. General awareness of HIV/AIDS among students in secondary schools

A study conducted in India by Lal et al. (2008) revealed that all students had heard of HIV/AIDS, although only 51.4% were able to write the full form of AIDS. Only 19.9% were able to write the full form of HIV; only 48.2% of the students could name the sexual route, while 44.4% named the sharing of syringes and needles as a mode of transmission. Previous studies on the knowledge of HIV/AIDS among secondary school adolescents in Nigeria show that general awareness of the disease may be high, but specific knowledge

of the disease is still poor. One-third to one-half of the respondents believed that a person can get infected with HIV through mosquito bites, believed that an infected teacher or pupil should not be allowed to continue teaching or attending school, and students have not talked about HIV/AIDS with their boy or girl friends or their parents. The emerging result from this study showed that the awareness of HIV/AIDS among respondents was fairly high (92.6%) (Bamise & Adedigba, 2011).

Another study conducted in Tanzania showed that symptoms associated with STDs in both males and females were not well known by a significant number (39%) of the students. The study also revealed that approximately 10% of the studied population could not identify a single tracer STD (Mwambete & Mtaturu, 2006).

HIV/AIDS awareness has been increasing since 1983, when HIV/AIDS was reported for the first time in Tanzania: over 98% of Tanzanians aged 15 to 49 years have heard of HIV/AIDS, and awareness is very high among women and men in all age groups and across background characteristics in both mainland Tanzania and Zanzibar (TACAIDS et al., 2008). Nationalwise, approximately 97.2% of women aged 15 to 19 and 97.3% of men have heard about HIV; 99.6% of women and men of the same age in urban areas have heard about HIV, while 97.9% of women and 98.7% of men in rural areas have heard about HIV. Correct knowledge of how HIV is transmitted enables people to protect themselves from contracting it. Avoiding HIV is critically important for youths at greater risk because they may have multiple partners or engage in risky sexual behaviors.

Knowledge of HIV, according to the level of education, indicates that 59.2% of men and 59.3% of women with secondary education have comprehensive knowledge about HIV, while men and women with no formal education have lower comprehensive knowledge of HIV, at approximately 70% and 20.7%, respectively (TACAIDS et al., 2008). Surveys have shown that fewer girls than boys aged 15 to 19 have basic knowledge about how to protect themselves from HIV/AIDS (UNDP, 2004). Hamelmann et al. (1996) showed that general awareness regarding HIV/AIDS was high among secondary school pupils. However, again, correct perception regarding preventive measures was relatively low.

According to the UN (2005), the level of awareness about HIV/AIDS is higher in over half of African, Asian, and Latin American countries, whereby at least 90% of the population has heard of HIV/AIDS. However, in most countries, awareness is higher among men than women. Urban residents are also much more aware than rural residents, and more education is associated with greater awareness and better knowledge. Awareness and appropriate knowledge may play an essential role in preventing the further spread of HIV/AIDS (Li et al., 2004).

2. Sources of information on HIV/AIDS among students

In Japan, the Ministry of Education, Culture, Sports, Science and Technology has promoted the topic of HIV/AIDS in health classes in elementary, junior and senior high schools since the mid-1990s (Ministry of Education 2001). The subject, however, "is not

taught frankly or well enough for school children to understand it. The information given to students about HIV and AIDS varies widely throughout Japanese junior and senior high schools. The topic of AIDS has been included in English textbooks in passages about Magic Johnson or the AIDS Quilt, a memorial quilt whose pieces are made by families and friends of people who have died of AIDS. However, individual teachers usually decide to exploit or discuss booklets with students (Haynes, 2002).

In China, sixty-eight percent of the sample reported having received information about AIDS, including 52% from newspapers, 61% from television programs, 60% from the health department and 48% from magazine articles. Forty-five percent reported the source as public information/news boards, 40% as radio programs, 36% as books, 33% as bill posts and 31% as a direct school. Twenty-nine percent reported having received the information from displays in shop windows, 24% from their friends and peers or community organizations, 23% from parents or relatives, 14% from displays in the airport, 13% from the AIDS hotline and 12% from displays on a bus or taxi (Zhao, 2010).

In Tanzania, it was evident from the interviews that students received little information about AIDS from educational institutions. Most information came from the community, their peers and the media around them (Maswanya et al., 2009). Another study by Haule (2017) found that HIV/AIDS education has been incorporated into the secondary school teaching curriculum and taught through biology and civics. Additionally, mass media is still the major effective means of educating society, including students, on STDs (Mwambete & Mtaturu, 2006).

The main sources of information about HIV/AIDS are television talk shows such as Femina, radio, and public lectures on AIDS. Other sources include school education programmes, national newspapers, magazines such as FEMA magazine, class teachers, friends, and parents. More than half (55.5%) of men and 45.5% of women aged 15 to 19 have watched or heard HIV education programmes on TV or radio. In urban areas, more people (approximately 68.6% of women and 77.4% of men) have watched or heard about HIV education programmes on television or radio, while in rural areas, only a few people (39.3% of women and 59.7% of men) have watched the programmes or heard about the programmes over the radio (TACAIDS et al., 2008).

3. Influence of awareness in changing students' sexual practices

In China, HIV/AIDS education was associated with delayed age at first sexual intercourse, reduced number of sex partners, reduced likelihood of forced sexual intercourse and better academic grades for sexually active male students but not for female students. Both male and female students with HIV/AIDS education were less likely to inject drugs, drink alcohol or use drugs before their last sexual intercourse and more likely to use condoms (Zhen-qiang, 2013).

Kinsler et al. (2004) conducted the study, highlighting the positive impact of a cognitive-behavioural HIV prevention intervention for school-aged Belizean youth. Participants in the intervention group reported higher levels of HIV-related knowledge, higher levels of condom use, greater intentions to use condoms the next time they had

sexual intercourse and more positive attitudes towards condoms at follow-up than participants in the control schools.

Despite HIV/AIDS being taught in secondary schools, only knowledge has been improved, while there are no changes in attitudes and practices toward risky sexual behaviors. This is because almost all students were aware of HIV/AIDS prevention knowledge; however, some of them admitted to practising sex at a younger age, having more than one partner, and not using safe sex.

In addition, a study conducted in South Africa evaluated a large-scale implementation program of life skills training as an HIV/AIDS prevention strategy in secondary schools. Visser (2005) found that the program only succeeded in gaining students' knowledge on HIV/AIDS but did not manage to change high-risk behaviour patterns among school youth. The finding was partially linked to the failure to implement the program as planned for several reasons, including poor school organization and management, teachers not being committed, the poor relationship among teachers and their students and limited resources in the education system.

Young people are more vulnerable to HIV infection because they are more likely to engage in risky sexual behaviours. These risky sexual behaviours are often influenced by societal factors determining people's vulnerability to infection (Ojieabu et al., 2008). Among the causes of sexual behaviour in youths are physiological status, sexual desire, idleness, poor economic status, parental sexual behaviour, parents' economic status and teacher-student relationships. Sub-Saharan Africa's urbanization and social and cultural disruptions have been identified as the main source of risky practices among urban young men (Ndubani & Hojer, 2001).

Pettifor et al. (2004) argued that the greater the number of sexual partners young people have, the greater their potential exposure to HIV/AIDS. TACAIDS et al. (2008) show that women are far less likely than men to report having had two or more sexual partners in the past 12 months. Only three percent of women reported having had sex with more than one partner in the 12 months preceding the survey, compared with 18% of men. It is widely accepted that those with more than one sexual partner are more likely to be infected with HIV/AIDS, and many studies have supported this view (Chigali, 2006).

METHOD

This study is predominantly qualitative, with few quantitative data. This study employed a cross-sectional descriptive survey of secondary school students. A cross-sectional research design is a type of research design in which data are collected from many different individuals at a single point in time. This design enabled the study to draw a sample from teachers, parents, head teachers, and students, and then the study administered the research tools to them at the same time. This design allows us to observe the study variables without influencing them. This design was adopted because it enables data collection at a single point in time and relatively reduces costs (Bernard, 1994).

The study was conducted in Temeke Municipality among community secondary school students. The selected area is viable for yielding reliable and valid data, as it possesses more students than other districts in Dar es Salaam. The population for this study was secondary school students, teachers and parents from community secondary schools in Temeke Municipality. In this study, the study applied both probability and nonprobability sampling, specifically purposive and simple random sampling.

This current study applied Kerlinger's formula for selecting teachers and students; the formula states that 10% to 30% of the targeted population is the best, but specifically, the study used 10%. A sample size of 256 respondents was drawn from the total population and participated in this study. The total number of schools was 5, out of which 18 teachers were selected. In addition, a total of 5 parents were included in the sample. Selected schools were visited to conduct a face-to-face conversation with parents and head teachers. The methods used to collect data included questionnaires, interviews, and documentary reviews.

RESULTS AND DISCUSSION

The general awareness of students on HIV/AIDS in Temeke Municipality

This objective focuses on the student's level of awareness of HIV/AIDS. First, the study asked students if their school taught HIV/AIDS education. The responses of the students are presented in Table 1.

Table 1.
General Awareness among Students

<i>Variable</i>	<i>YES</i>		<i>NO</i>		<i>Total</i>	
	F	%	F	%	F	%
Provision of HIV/AIDS education at school	212	94%	14	6%	226	100%

Source: Field Data (2022)

The findings from table 1 indicated that 94 percent of students said yes, while 6 percent of visited students said no. The findings revealed that the teaching of HIV/AIDS in visited secondary school was almost partially a part of civics and biology subjects.

Further study is needed to determine whether the provided education is adequate for them to be safe from HIV infections. The findings revealed that 49 percent of visited students said that the knowledge provided was adequate, while 51 percent replied that the knowledge was not adequate for them to be safe from HIV infection. The HIV/AIDS education taught in visited secondary schools did not provide adequate education to students. Students visited secondary schools finishing form four without knowing the ways they can use to prevent themselves from the affection of HIV/AIDS. From what has been observed by the study, HIV/AIDS education is just a topic of civics and biology. In visited secondary schools, there is no specific subject teaching HIV/AIDS. In addition, the

teaching in visited secondary schools was mainly for examination, where students are only claiming and not understanding the concepts of HIV/AIDS.

The findings are similar to Kimani (2002) with a case study of Nakuru municipality in Kenya, which revealed that the provision of HIV/AIDS information in secondary schools was inadequate.

It was realized that several reasons, including a lack of well-defined policies stipulating how information should be provided and a lack of appropriate HIV/AIDS information resources in school, were responsible for the inadequacy. The study concluded that students in secondary schools need to be informed about HIV/AIDS to influence their behaviour to avoid HIV infection. This implies that there is a need to review education policy and curricula to include HIV/AIDS education as an independent subject in secondary school. The amendments in policy and curriculum might strengthen the education provided to students in secondary schools. When education on HIV/AIDS in secondary schools improves, students' awareness will increase, hence changing their sexual behaviour.

The sources of information on HIV/AIDS among secondary school students in Temeke Municipally

This objective was to understand the sources of HIV/AIDS education among visited students in secondary schools in Temeke municipality. Through the open questionnaire, most students mentioned biology and civics as the main source of education. Respondents' responses make the study review the content of biology and civics subjects. This study sought to determine the curricular content and implementation of HIV prevention education in secondary schools. To achieve this, a review was performed of the secondary school syllabus on education provided in visited schools. During the document review, it was found that HIV/AIDS issues are well addressed in Biology Syllabus in form one and form four and have little content in civics.

The findings regarding HIV/AIDS issues in the biology syllabus, in form one, have nine specific objectives. Those objectives include helping students to do the following: explain the meaning of HIV/AIDS, STIs and STDs. In addition, we aimed to explain the causes, symptoms, mode of transmission and effects of HIV/AIDS, STIs and STDs. Then, we outline the preventive and control measures of HIV/AIDS, STIs and STDs and explain ways of avoiding risky situations, risky behaviours and practices. Demonstrate necessary skills for avoiding risky behaviours, practices and situations; Outline the importance of curative health care for STIs and opportunistic infections; The importance of providing care and support to people who are living with HIV and AIDS in the family, community and at schools;

From the same syllabus at the four-class level, the following contents were observed: distinguish between HIV, AIDS and STIs and explain the relationship between HIV and STIs. To investigate the impact of HIV/AIDS and STIs in the community. To outline ways of managing and controlling HIV/AIDS and STIs, mention the life skills needed for

home-based care for PLWHA, and mention procedures to be taken when handling PLWHA and STIs. Explain the concept of counselling and voluntary testing (CVT); outline the significance of CVT in the control and prevention of HIV/AIDS and STIs; and explain the procedures and technique of CVT for HIV/AIDS. The findings are similar to the study conducted by Haynes (2002), who argued that the subject “is not taught frankly or well enough for school children to understand it. The information given to students about HIV and AIDS varies widely throughout Japanese junior and senior high schools. The topic of AIDS has been included in English textbooks in passages about Magic Johnson or the AIDS Quilt, a memorial quilt whose pieces are made by families and friends of people who have died of AIDS. However, individual teachers usually decide to exploit or discuss booklets with students.

The role of awareness in changing students' sexual practices in secondary schools

The study began by asking whether students had a sexual partner. The question was answered by all the respondents and presented in table 2.

Table 2.
Students with sexual partners

<i>Variable</i>	<i>YES</i>		<i>NO</i>		<i>Total</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>
Do you have a sexual partner?	140	62%	86	38%	226	100%

Source: Field Data (2022)

The findings from table 2 revealed that 62% of students said yes, and 38% replied no. This implies that less than half of the respondents had good sexual behaviour, and the remaining 32.9% of students had bad sexual behaviour. A lack of appropriate knowledge on HIV/AIDS or guardians at home where these students were living, religious leaders, and the society around the school might have contributed to the presence of so many students with bad sexual behaviour.

Furthermore, the study was intended to determine students' age at first sexual intercourse, and the results are presented in table 3.

Table 3.
Age of student at first sexual intercourse

<i>Age of student at first sexual intercourse</i>	<i>F</i>	<i>%</i>
Before 14 Years	46	27%
14 - 16 Years	90	54%
Rather no to say	32	19%
Total	168	100%

Source: Field Data (2022)

The findings from table 3 revealed that 54% of respondents involved in sexual matters had started at the age of 14 - 16, and 27% had started it before the age of 14. These findings indicated that the visited students entered sexual relationships at a very early age. It can be established that the education provided at school did not help students change their sexual behaviour. According to TACAIDS et al. (2008), 11% of women and 10% of men aged 15 to 24 in Tanzania had their first sexual experience before they were 15 years old. Additionally, the results correspond to those of a study conducted by Menda (2006) on a sample of school girls as well as amongst those who had ever had sex; the largest group of schoolgirls (65%) amongst those who had ever had sex had their first act of sexual intercourse between the ages of 15 and 17 years. A quarter (25%) of the total sample of school girls had commenced sexual activities between the ages of 15 and 17, and 7% had commenced before they were 15. Amongst those who had engaged in sexual intercourse, the median age at sexual debut was 16 years.

The study was interested in understanding why the students were involved in sexual intercourse. The visited students were allowed to discuss and mention the reasons, and the findings are presented in table 4.

Table 4.
Reasons for involvement in sexual intercourse

<i>Reasons for involvement in sexual intercourse</i>	<i>F</i>	<i>%</i>
Sexual Desire	72	32%
Group Pressure	96	42%
Need for Money	87	38%
Forced	14	6%
Poverty	63	28%
Drug Abuse	21	9%

Source: Field Data (2022)

The findings from table 4 revealed that 32 percent of students reported that they had their sexual intercourse because of sexual desire, while 42 percent had done it due to peer group pressures; 38 percent had been involved in sexual behaviour due to the need for money, and 6 percent reported that they had been forced to have sexual intercourse. Furthermore, table 4.11 revealed that poverty accounts for 28 percent of alcohol percent, and drug abuse contributes 9 percent to first involvement in sexual intercourse.

These findings concur with Menda (2006), who found that 48% of students reported having their first act of sexual intercourse because of the desire to experiment, while 22% reported that they were forced into it. Another study by Ndubani & Hojer (2001) revealed that among the causes of sexual behaviour towards youths are physiological status, sexual desire, idleness, poor economic status, parental sexual behaviour, parents' economic status and teacher-student relationships. Sub-Saharan

Africa's urbanization and social and cultural disruptions have been identified as the main source of risky practices among urban young men.

Furthermore, the students were asked how often they use condoms during sexual intercourse, and the results are presented in table 5.

Table 5.
The frequency of condom use

<i>The use of Condoms</i>	<i>F</i>	<i>%</i>
Always	6	4%
Sometimes	60	36%
Not at all	102	61%
Total	168	100%

Source: Field Data (2022)

The findings from table 5 revealed that 4 percent of visited students said they always used, 36 percent sometimes used, and 61 percent never used. These findings imply that the education provided to visited students does not help them change their sexual behaviour. The findings are contrary to Kinsler et al. (2004), who conducted a study highlighting the positive impact of a cognitive-behavioural HIV prevention intervention for school-aged Belizean youth. Participants in the intervention group reported higher levels of HIV-related knowledge, higher levels of condom use, greater intentions to use condoms the next time they had sexual intercourse and more positive attitudes towards condoms at follow-up than participants in the control schools.

CONCLUSION

The following conclusions are drawn from the findings of this study. Based on the findings, the visited secondary school students have general knowledge concerning HIV/AIDS transmission and prevention. Therefore, it is concluded that education on HIV/AIDS positively affects raising awareness of HIV/AIDS. The specific knowledge of HIV/AIDS over various issues, such as prevention and mode of transmission, is deficient among many students. Adolescents are more vulnerable and are less aware of the knowledge to protect themselves from HIV/AIDS. The awareness campaign should be designed at school levels to prevent and protect adolescents from HIV/AIDS and to spread awareness to induce behavioural change among adolescents. The effort regarding HIV/AIDS education should be initiated as a part of the school curriculum with all the literature available at the school level to enhance knowledge related to HIV/AIDS among students.

Sexual choices must be informed and voluntary. To make such choices, students need reliable and complete information. Students should be taught about the symptoms, incubation period and modes of transmission of HIV. Their answers show a lack of in-depth knowledge in this area. Beyond spreading awareness, efforts must be made to assess the success of existing interventions and lessons taught specific to HIV/AIDS to

ensure that they are yielding the expected outcomes, and where they are not, strategies must be changed.

The government should establish programmes/campaigns on HIV/AIDS, which will reach all students in urban and rural areas from primary schools to higher learning institutions because students start sex at younger ages, and such campaigns should be sustainable. Additionally, school leaders should use the available counsellors at school in counselling the extreme cases of sexual intercourse that lead to indiscipline and hence HIV/AIDS infections. Students who may be found to involve themselves in risky sexual behaviour should be punished or expelled from school so that they do not pollute the larger group of students with good sexual behaviour.

Students should avoid wrong peer group members who may drag them into risky sexual behaviour. Additionally, they should control their sexual desire and wait until they finish schooling and get married. Students should change their attitudes towards sexual behaviour because the small number of students involved in sexual behaviour can spoil others. Furthermore, parents should avoid giving their children a luxurious life at school that makes a big difference with those coming from low-income families and subjects them to temptations and hence find themselves engaged in sexual intercourse that might lead to HIV infections. Based on the study's conclusion, policy developers had to consider improving the education curriculum to offer a specific subject on HIV/AIDS education.

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