INFLUENCE OF AWARENESS AND ATTITUDE OF RISKY SEXUAL BEHAVIOURS ON EFFECTIVENESS OF GUIDANCE AND COUNSELLING SERVICES AMONG EGERTON UNIVERSITY STUDENTS, NJORO CAMPUS, KENYA

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DECLARATION AND RECOMMENDATION

Declaration

This research proposal is my original work and has not been presented for a degree or diploma in this or any other university

Signature: ..... **Date …….**

Janet Chepchirchir Soy

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Recommendation

This Thesis has been submitted for examination with our approval as University Supervisors.

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DEDICATION

I dedicate this thesis to my parents, my mother Rodah Chepkwony and my loving late father Mr. Charles Chepkwony for pushing me to further my studies and to my husband Wilson K. Soy, my adorable children Emmanuel Sang, Cynthia Chepkoech and Enock Kiprotich for their love, inspiration, support and understanding during this entire period in order to complete this thesis.

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ABSTRACT

Young people form a large number of the population worldwide. A large part of this population group lives in both developed and developing countries. They are involved in a higher risk of risky sexual behaviours. These risky sexual behaviours sway youths to numerous sexual and reproductive health repercussions such as unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV and AIDS. Globally, having awareness about the spread of HIV and a positive attitude on safe sexual practices has an impact over the prevention of HIV and AIDS. The purpose of this study was to determine the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students. The study was descriptive in approach. The target population was 14,578 undergraduate students from Egerton University. The accessible population was 12,462 students from nine sampled faculties at Egerton University, Njoro Campus. The sample was 375 respondents, however, 351 respondents were included in data analysis as twenty-four were rejected due to incomplete responses and missing data. Proportionate, stratified sampling, simple random sampling, and purposive sampling methods were used to select the participating faculties and respondents. Seven student counsellors were purposively sampled as key informants since they directly counselled students daily. A questionnaire for students and interview schedule for students' counsellors were used to collect data. A pilot study was carried out at Laikipia University-Main Campus and 37 students participated to establish the reliability of the questionnaire. In the study, the reliability coefficient of 0.78 was obtained using Cronbach's alpha. The collected data were analysed using descriptive statistics which entailed (means, frequencies, and percentages) and inferential statistics (Pearson Correlations coefficients, Linear Regression, and t-test). Statistical Package for Social Sciences (SPSS) version 22.0 aided in data analysis. Findings of the study indicated that awareness and attitude of risky sexual behaviours have a significant influence with the effectiveness of counselling at 0.05 significant levels. Further, the findings shown that there was no statistically significant gender difference in students 'awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services. Following these findings, the study recommends the development of effective intervention programmes and sensitisation programmes that inform students about the effectiveness of counselling services to enhance the utilization of these services in the prevention of unwanted pregnancy, unsafe abortions, sexually transmitted infections and drug abuse.

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LIST OF ABREVIATIONS & ACROYNMS

AAU	Association of African Universities
ACU	Association of Commonwealth Universities
AIDS	Acquired Immune Deficiency Syndrome
CDC	Center for Disease Control
FGD	Focused Group Discussion
GOK	Government of Kenya
HEAIDS	Higher Education HIV/AIDS Programme
HIV	Human Immunodeficiency Virus
IDUs	Intravenous Drug Users
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
MSM	Men who have Sex with Men
NASCOP	National AIDS and STI Control Programme
R.S.B.	Risky Sexual Behaviour
STD/I's	Sexually Transmitted Diseases/Infections
UNAIDS	United Nations Programme on HIV/AIDS
UNGASS	United Nation General Assembly Special Session
WHO	World Health Organization

CHAPTER ONE
INTRODUCTION

1.1. Background Information

More than half of the population comprises of young people's less than 25 years old, and most of these populations live in developing countries. These youths are found to be at high risk of practicing risky sexual behaviours (Alamrew et al., 2013). In developing countries, youths seem to be tangled in risky sexual behaviour which include early sexual entrance, having multiple sex partners, and non-use of condoms. This brands them susceptible to numerous health complications such as sexually transmitted infections (STIs), human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) (Agardh, et al., 2012). Worldwide 45% of new HIV infections have been found from statistics to be occurring among youths aged between 15-24. Furthermore, substances use during sex may occupy youths in risky sexual behaviours because it disturbs their decision making (Woolf-King et al., 2013). The use of Alcohol is quoted by numerous studies as one of the common elements which escalate the risk of acquisition of HIV (Woolf-King & Maisto, 2011). Risky sexual behaviours in those manners increase the risk of youths to acquire HIV. In this case, tackling the problem of sexual and nonsexual risk behaviours among youths is vital in decreasing the threat of HIV and other STI infections (Lou et al., 2012). It is known that university students are resources of a country and prospective means to discourse the gap of upcoming national development. Without applicable age and organization embattled mediations in existence, certain behaviours and deeds of the students may put them at greater risk of STI including HIV and unplanned pregnancy (Glen-Spyron, 2015). Hence this study was conducted to determine the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students.

The risky sexual behaviours of youth position them to lasting and instant worries. Their well-being has a major influence on nation-wide growth. According to Fikree et al. (2017), youths add to great maternal death in Africa by up to 40% of all maternal losses in some countries. It is reported that four million unsafe abortions yearly, 25% happen among youths aged between 19–25 years. While plans must be personalised to the progressive requirements of this age set and their common settings, actual methods need to have many aspects. This needs operational involvements that will focus on numerous ranges of healthiness risks helping in the advancement of comprehensive reproductive wellbeing among youths (Scott et al., 2011). In

the study on parent-child communication about sexual and reproductive health in rural Tanzania, Wamoyi et al. (2011) found that parents and family were critical elements in agendas directed at decreasing risky sexual behaviours in youths. They noted that as parents' emphasis on abstinence, the key objective of sexual reproductive health training ought to be mentorship of youths skilled on using an intervention in the organisation of their sexual reproductive health (Wamoyi et al., 2011). Young women in Sub-Saharan Africa, in the evaluation of other regions around the world, rank top in regards to the risk of death owing to risky abortions with partial of all general deaths happening in women of less than the age of 25 years (De Cock et al., 2014). It was also found that sixty to eighty percent of African women infected with the HIV/AIDs had been through sexual intercourse. These harmful concerns in reproductive health happen currently among young people in Sub-Saharan Africa born in societal waves of poverty and HIV/AIDS (UNICEF, 2011). Gavin et al. (2010) argue that helpful youth development programs are vital in the advancement of adolescent and youth's sexual and reproductive health.

Data in Kenya also reveal that sustained venture in effective prevention and treatment plans is vital to guard youths' sexual and reproductive health. Risky sexual behaviour of youths is a main public health worry as it represents 26% of the population in Kenya (Adaji et al., 2010). Half of all new HIV infections are in youths while one quarter to half of the teenage girls become mothers before 18 years. It is observed that by the age of 15 years, most teenage girls reach sexual maturity with possible exposure to the risk of sexually transmitted diseases and unplanned pregnancy. In Kenya, the Kenya AIDS Indicator Survey in 2012 revealed that female youth had an advanced probability of HIV infection than their male colleagues. Continued resource distribution in Kenya towards effective plans in prevention and treatment approaches is vital in safeguarding the sexual and reproductive health of youths (Gavin et al., 2010). According to Eaton (2012) the level of risky sexual behaviours and the spread of STIs is high consequently because of the inadequacy of information on youths' sexuality. Awareness about the spread of HIV and a positive attitude on safe sexual practices has a serious sway on the prevention of HIV and AIDS. Studies on civic awareness of HIV and AIDS and positive attitudes on counselling usually target at giving information geared to how much individuals know about HIV and AIDS. Regardless of the circumstance that both awareness of HIV and AIDS and positive attitudes are amongst the greatest dynamic tools in the fight against HIV and AIDS, study around the world has frequently recognized gaps in youth awareness of HIV spread and high-risk behaviours and susceptibility to HIV infection (Mojelantle et al., 2014).

Despite the research focus on sexual behaviour among youth attending school and out-of-school youths, partial consideration has been dedicated to the risky sexual behaviour awareness among university students in Kenya. In connection with this, slightly has been discovered around the risky sexual behaviour awareness in the framework of universities in Kenya in overall and in Egerton University in specific. Hence, this study was carried out to fill this gap by identifying University students' risky sexual behaviours awareness and attitudes on effectiveness of guidance and counselling services. The scanty research on risky sexual behaviour among university students makes it challenging to ascertain the effectiveness of guidance and counselling services as they attempt to overcome the vices. Attitudes on effectiveness of guidance and counselling services are influenced by the awareness of the provision of guidance and counselling services. In Kenya, the importance of creating awareness of guidance and counselling services is well known. Further, literature indicate that awareness of such programs determines students' attitudes towards seeking help as they attempt to overcome the risky sexual behaviour. University students, in particular, are vulnerable to various risky sexual behaviours including sexual coercion, HIV/AIDS, STIs, unplanned pregnancy and illegal abortion. According to baseline data from Egerton University's medical department, from January 2016 to January 2017 the cases of abortion were 58, HIV cases were 68, 23 males and 45 females, sexually transmitted infections were 271, the males were 117 and the females were 154. On the other hand, there were 8 rape cases, 1 male and 7 females and there are also an increased number of student mothers on campus (Egerton University, MOH, 705b). This is happening despite the availability of programs such as health awareness week, condom distribution and student orientations. This is also happening against the backdrop of interventions such as guidance and counselling services, HIV workshops, and seminars that are meant to sensitize students on risky sexual behaviour. In addition to this, the literature on risky sexual behaviour indicates that such a study has not been conducted at Egerton University, indicating a critical research gap. Hence, it was of paramount importance that the study was carried out to determine the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students.

1.2. Statement of the Problem

There has been a rise of risky sexual behaviours at Egerton University, Njoro Campus. According to baseline students 'data from Egerton University's medical department, from January 2016 to January 2017 the cases of abortion were 58, HIV cases were 68, sexually transmitted infections were 271 and 8 rape cases. This makes one wonder why the prevalence since these youths begin learning about risky sexual behaviours back in their elementary and secondary school education, could it be due to inadequate risky sexual behaviours awareness and negative attitude on effectiveness of guidance and counselling services. Guidance and counselling services are improving and university students are in need, but the number of students seeking for guidance and counselling services are very few despite many cases of HIV, STI, unwanted pregnancy and illegal abortion. Information on HIV/STIs towards sexual risk and positive attitude are among the most significant tools in the battle against HIV/AIDs transmission but there seems to be a gap in young people's knowledge of risky sexual behaviour. Therefore, this study sought to establish the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students.

1.3. Purpose of the Study

This study aimed at establishing the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

1.4. Objectives of the Study.

This study was guided by the following objectives: -

i) To establish the influence of awareness of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

ii) To determine the influence of attitude of risky sexual behaviour on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

iii) To establish whether gender differences exist in awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

1.5. Hypotheses

The study addressed the following hypotheses.

$H_{01:}$ There is no statistically significant influence in awareness of risky sexual behaviour on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

$H_{02:}$ There is no statistically significant influence in attitudes of risky sexual behaviour on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

$H_{03:}$ There is no statistically significant gender difference in awareness and attitude of risky sexual on effectiveness of guidance and counselling services among University Egerton students, Njoro Campus.

1.6. Significance of the Study

Information gathered from this study may be useful in developing effective intervention programs that may aim at lowering risky sexual behaviour among students. Also, the study may add to the prevailing body of knowledge on risky sexual behaviour among youths. The study may inform the growth of approaches that may influence the positive attitudes of students concerning guidance and counselling on sex-related issues. The risky sexual behaviour awareness may clarify university students' misconceptions of sexual behaviour, which will not only be important for the students, but also to their families and the society at large. The study findings may also be helpful to the Universities in formulating policies geared towards creating a conducive environment for effectiveness of guidance and counselling for reducing risky sexual behaviour among the young generation. So, this study may establish the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students, hence reducing cases of risky sexual behaviours among the youths.

1.7. Scope of the Study

The study respondents comprised of Egerton University's undergraduate students in the first, second, third and fourth years of study. The fifth and six years were exempted because were away on internship program. The study was meant to determine the influence of risky sexual behaviour awareness and attitudes on effectiveness of guidance and counselling services among students.

1.8. Limitations of the Study

The study faced the following limitation;

i) Since this study was restricted to one University, the findings from this research study may only be generalized to Universities of similar characteristics in Kenya.

ii) The study used self-report questionnaires to collect data which may have influenced the results since all information collected in the study was based on the participants' awareness and attitude of risky sexual behaviour at the time of filling the questionnaire.

1.9. Assumption of the Study

The study was conducted with the following assumption.

i. That the respondents would cooperate and provide honest responses that reflected the information stipulated in the questionnaires.

1.10. Operational definitions of terms

Attitude: Refers to positive or negative pre-disposition to feel, perceive, think and behave in a definite way concerning a given situation. While attitudes are lasting, they can also change (Cherry, 2018). In this study, attitude refers to facts opinions/views students hold towards effectiveness of guidance counselling services.

Awareness/Knowledge: Refers to a realization of internal or external events or experiences, that is thought by some to distinct human and non-human animals (Nugent, 2013). In this, study, awareness is the information that students have about risky sexual behaviour.

Counselling: It is defined as sharing with other individual in order to get help either in terms of understanding, advice or information as well as treatment or and general support during or following as given problem or distressing experience (Rickwood, 2005). In this study, counselling cover only sexual issues.

Guidance Is define to as all the activities delivered by educational institutions, that are mainly concerned with supporting individual students apprehend themselves, so their needs, interest's abilities and potentials.

Influence Refers to the attraction given to students by external stimuli to change in their character while in their schooling.

Substance use*:* Refer to the use of at least any one of the subsequent substances: alcohol, Khat cigarette, Shisha, Hashish or drugs that are presumed to distress level of thinking and increase risk of engaging in risky sexual behaviour.

Sexual Behaviour: The way in which individuals experience and express their sexuality. It includes extensive series of actions such as approaches to discovery or entice partners (mating and display behaviour), interactions between individuals, physical or emotional intimacy, and sexual contact.

Student: A student is any individual who is registered at higher learning. In this study students are those registered at the Egerton University taking their first degree.

Risky Sexual behaviour: It is defined as a behaviour that increases one's risk of contracting HIV/AIDS, STI, unwanted pregnancy and unsafe abortions (Eaton et al., 2012). This definition was adapted and used as it in this study.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of various aspects of the literature on risky sexual behaviour, students' awareness of risky sexual behaviour, students' attitude of risky sexual behaviour and effectiveness of guidance and counselling services. The chapter also looks at the applicable theories to the study and the conceptual framework.

2.2. Risky Sexual Behaviour among University Students

Several risky sexual behaviours have been observed amid University students. Such behaviours include sex at early age, multiple sexual partners, sex under the influence of alcohol and drug abuse and unprotected sexual behaviour. The literature on these behaviours is presented below: -

2.2.1. Sex at an Early Age

Youths aged between 10 and 24 years create around 1.8 billion people, which signifies about 27% of the world's population. Many youths participate in unprotected sex at an earlier age. This is mutual among the sexually active university students. Thus, young people are exposed to sexually transmitted diseases such as HIV and AIDS and other reproductive health complications, which are the utmost threats to their happiness (Shiferaw et al., 2014). Internationally, third of the 340 million annual cases of new STIs happen among youths aged below 25 years. On average, it is found that about 1 in every 20 adolescents is infected with a treatable STI, indicating the risky nature of early sexual behaviour.

Early age at initial sex is linked with an extended era of contact to sexual activity, a greater predisposition to have numerous sexual partners, and enlarged likelihoods of obtaining sexually transmitted infections including HIV. Tura et al. (2012) indicate that the mean age at initial sexual entrance among University students was 17.7%. A study was done in Ethiopia, among Jimma University students revealed that 26.9% practiced sexual intercourse with males leading about three times more likely to ever had sexual intercourse. Alamrew (2013), in a research in a private college in Ethiopia also described that 50.7% had sexual intercourse. A study by Shiferaw et al. (2014) conveyed that additional half of new HIV infections transpire in persons between 15 and 24 years. These statistics are worrying since HIV/STI stand as a main public health, economic and communal difficulties among the fresh generation in Kenya.

According to the Ministry of Health (2015), the average age of sexual debut reduced from 18.8 years to 16.8 years by 2015.

2.2.2. Multiple Sexual Partners

Ayankogbe et al. (2011) in research between sexually active University/college students showed a tall rate of multiple sexual partners 40%, 10% and 6% in Mexico, Nigeria, and China correspondingly. Likewise, Ehsanul and Shanaz (2011) in a study done amid University students of South Africa and Uganda also indicated a tall rate of multiple sexual partners. Students in advanced years of study, non-resident students, students with common short and long-distance movement and students using alcohol recounted multiple sexual partners. The figure of sexual partners is a substantial gauge of risky sexual behaviour (Dingeta et al., 2012). Samuel and Angamo (2012) noted variation in exposure to multiple partners among males and female students. Among those who practiced multiple sexual partners, female fresher's students, Christian, single and alcohol users were more expected to involve in having multiple sexual partners.

South African National Aids Council, (2010) indicates that persons having multiple sexual partners are at menace of HIV infection. A study carried out by Pettifor et al. (2009) in South Africa stated that "only 35% of the sexually experienced young people had a one-lifetime partner" (p 35). The study found that men were considerably less probably to state having had only one-lifetime partner equated to women (25% against 45%, correspondingly). Results by Pettifor et al. (2009) were inconsistent with earlier findings by Shishana et al. (2005) in a study done in South Africa. Shishana et al. (2005) establish that around 27.2% and 6% of the youths aged 15 to 24 years, respectively, had more than one sexual partner in a year. Higher Education HIV/AIDS Programme (2010), on the other hand, establishes that 19% of male students and 6% of female students indicated having had more than one partner in a period of one month. It is well-known that the risk of becoming infected with HIV is openly associated with the number of sexual partners (Mishra et al., 2009). Persons who have multiple sexual partners escalate their menace of contracting HIV as each new association presents another passage for HIV spread. Simultaneous sexual partnerships are extensively held to be one of the prime carters of HIV prevalence, especially in sub-Saharan Africa. The simultaneous sexual partnership is defined as having two or more partnerships that correspond in time. This increases the likelihood of an infected person having sex with a vulnerable partner during the severe HIV

infection phase when there is a higher possibility for onward transmission of the virus. This finding has been established by epidemiological studies in Kenya (Amornkul, 2009).

2.2.3. Sex under the Influence of Alcohol and Drug Abuse

Worldwide, males have been described to commence to drink alcohol far along than girls and their alcohol intake rises with age. Totalling, women had bigger alcohol linked risk of un-protected sex with stable but not casual partners (LaBrie et al., 2011). A projected 31% of 8 million university students aged 18-24 years in the United States of America (USA) abused alcohol with drinking, casual partner and sexual behaviour related with an increased risk for unprotected sex. In this respect, the students stated penetrative sexual intercourse as drinking increased the chances of a high-risk partner (Stinson, 2010).

Agardh et al. (2011) in their study revealed drinkers of alcohol are less possibly to use protection reliably. Also, more than a quarter of the sexually active students described having sex under the influence of alcohol. Alcohol use was connected with a folded risk of having had an early sexual introduction and the risk of having had several sexual partners. Also documented was peer pressure being the influencing factors for exposed sex and HIV infection. There is a substantial relationship between substance abuse, multiple sexual partners and inconsistent condom use equated to non-users. Substance abuse put them at high risk for STI, with HIV infection (Hadland et al., 2011). The sexually vigorous youth who involved in substance abuse were unlikely to use condoms (Hodgson et al., 2013).

According to a survey of AIDs, Kenya, (2010), people beneath the influence of drugs and alcohol lose their self-consciousness and are more likely to involve in risky sexual behaviour. Such behaviour comprises of unplanned sex with many partners, having sex without a protection or using the condom incorrectly. Significant route in Kenya for transmitting HIV is injecting drugs which is a most capable way of getting infected by using contaminated injection equipment. Alcohol consumption earlier or during sexual intercourse might add to risky sexual behaviour. (The Kenya AIDS epidemic update 2011). Shaffer et al. (2010) in a 36-month study of agricultural workers in rural Kenya revealed that study members who consumed alcohol during sexual intercourse were 2.4 times more likely to become infected with HIV.

2.2.4. Unprotected Sexual Behaviour

Global statistics have shown that 45% of new HIV infections happened among youths aged 15-24 (UNAIDS/WHO, 2009). For instance, UNESCO (2014) reported 8.7% and 4.3% prevalence rate of HIV among adolescents aged between 14 and 24, respectively, in Zambia. Studies on condom usage amid youth in the Sub-Saharan Africa region have shown varying results. Mulu et al. (2014), in a study of sexual behaviour amongst university learners in Ethiopia, establish that out of students who ever had sexual intercourse, about 45.2% had multiple sexual partners and 59.4% had first sex while in high school. The findings by Mulu et al. (2014) were further reiterated by Meekers et al. (2013) who reported that many youths in Cameroon often change sexual partners and condom use is low among the same age group. The Zambian Sexual Behaviour Survey showed that young respondents reported that two-thirds of teenagers aged 15-19 and one-third of youths aged 20-24 engaged in sexual relations with an unmarried and non-cohabitating partner. The survey results also indicated that only 32% of teenagers and 41% of youths used condoms in their sexual affair with non-regular partners (Central Statistical Office, Ministry of Health, University of Zambia & Measure Evaluation, 2009). Pascual et al. (2016) indicating abstinence as the key deterrent approach. Similarly, Protogerou et al. (2017) found that on the unified theory of condom use for youth in Sub-Saharan Africa, condom usage was likewise the utmost widespread HIV/AIDS protective technique amid the students. The bulk of participants stated one or two contraceptive approaches as having sufficient awareness about condoms as the manner they were utmost familiar using.

Unreliable protection during sexual intercourse, particularly among men, remains to stance a severe health in Sub – Saharan African, encounter with a great probability of adversely affecting the region's socio-economic growth. This situation is worsened by cultural beliefs, customs, and practices and the deficiency of a clear regional method to broadly confront such problems. The UNAIDS Global AIDS Monitoring Report (2017) echoed that risky sexual behaviour amid youths and adults' upshots in an amplified occurrence of HIV and AIDS infections, foremost to high demise rates midst the sparingly energetic age group, 15-60 years. Some factors, such as low accessibility, cost, lack of education about condoms and in what way to use them, and association factors add to low usage. Kenyans, in specific, have often received disagreeing messages about condom use. Several religious leaders have articulated resistance to condom use particularly the Catholic clerics. Using of a protection is reflected the core mechanism approaches in the avoidance of HIV and other sexually transmitted infections (STIs). Regardless of the anticipation of University students to follow protective procedures,

the occurrence of steady condom usage was precisely little. Part of the explanations for unreliable condom use were being freshmen, alcohol abusers, families living in minor cities and rural parts, having lasting relation, disapproving using condoms and feeling that condoms reduce sexual pleasure (Dessalegn & Wagnew, 2012).

2.3. Students' Awareness of Risky Sexual Behaviours

Being familiar with the knowledge of risky sexual behaviour is a vital aspect in survives of university students with a straight consequence on the accomplishment of university studies and advancing to industrious grown-ups. World Health Organization approximates that each day, more than 1 million persons obtain an STI (WHO, 2015). It is hard to calculate the percentage of these infections which go undiagnosed and untreated, which is portion of the difficult of understanding and handling untreated infections. Practical research proposes that less than 50% of untreated chlamydia naturally resolves without cure while numerous viral STIs including HIV, herpes, hepatitis B and human papillomavirus are incurable. Studies have predicted that if sex partners are not treated concurrently 19.4% of patients diagnosed with chlamydia and 12.5% of those with gonorrhoea will be re-infected. Symptoms can activate help-seeking and have been stated as the most known cause for attending counselling and further healthcare (Balfe et al., 2010). Untreated infections can cause long-term health complications worsening the weight of STIs globally. Accessing screening services needs individuals to pursue help or at least involve with opportunistic STI testing (Low et al., 2014).

Educational activities can advance health care value and can be used at several different times as in health facilities, not just at the offer for HIV testing (Sanga et al., 2015). The Brazil Ministry of Health founded testing and counselling centers to deal with diagnosis and counselling established on the values of voluntariness, discretion, secrecy, promptness, and resolution of HIV diagnosis (Silva et al., 2013). The Ministry of Health in the late 1990s, initiated devolving STD deterrent undertakings for primary health care. This has become a significant zone of prevention and maintenance of these diseases since it is a significance element of the Brazilian government control of the HIV epidemic. The main concerns of primary care is the development of preventive activities for STD in the individual and shared contexts. (Sanga et al., 2015). Providing youth with basic healthy sexual behaviour allows them to guard themselves from being infected. Youths are regularly mostly susceptible to risky sexual behaviour. Acquiring knowledge and skills inspires youths to evade or decrease behaviours that bring a risk of STI infection and unintended pregnancies. Even for those youths

not yet involved in risky behaviour, behaviour training is vital for making sure that they are ready for circumstances that will place them at risk as they grow older (Hindin, 2009).

According to a study done among students of Mizap-Tepi University in 2014, ninety-three percent of study respondents had a noble understanding on risky sexual behaviour and condom use but was lesser than the study carried out in Jimma University ninety-seven and WolaytaSoddo University which was (97.3%) (Golibo, 2010). The study revealed that 89.6% of study respondents recognise that regulating sexual partners to only one faithful and an uninfected partner can lessen the opportunity of acquiring HIV and AIDS. Among the respondents, 21.1% of study respondents had a sexual partner, of this 21.6 % of respondents identify that his/her partner had another sexual partner and the mean figure of sexual partner was 1 .9. Nevertheless, it was lesser than the findings found in Nigerian university students which had a mean of (3.5) and 2.5 in Hawassa University (Ethiopia, HIV/AIDs Survey, 2010). In the same study of Mizap – Tepi University, 44.5% of respondents had a past of manifold sexual partners. This number was much greater than the findings establish in Hawassa and Bahir Dar universities (27.8% each) in 2012. In a similar study, 84.5% of study respondents recognise that condom deters unintended pregnancy and 59.5% of them know that alcohol consumption, chewing khat and smoking cigarette can render them to unintended pregnancy, STI and HIV/AIDS (Ethiopia, HIV/AIDs Survey, 2010). A study carried out in Malaysia by Awang, Wong, Jani, and Low (2013) examined the awareness of sexually transmitted diseases and sexual behaviour among Malaysian male youths. The findings revealed that 92% of the participants had heard of at least one of the listed STDs, which included syphilis, gonorrhoea, chlamydia, yeast infection, herpes, genital warts, trichomoniasis and HIV/AIDS. The syndrome that most people knew of was HIV/AIDS (90%) and syphilis (59%). The least famous diseases were chlamydia and trichomoniasis, only 13 % of the respondents were aware of those diseases. With STD transmission, 95 % of the respondents knew at least one method.

Selassie (2017) report contradicting results in Ethiopia, in respects to sexually transmitted infections, which statistics shows utmost students know about additional one sexual transmitted infection with a marginally upper proportion of ladies reporting of knowledge of their HIV status in comparison to their men colleagues. This was similar to Grulich et al. (2014). In a study done on valuation of awareness, attitude, and practice of risky sexual behaviour primary to HIV and sexually transmitted infections amongst Egyptian Substance Abusers: A cross-sectional study revealed that there were no substantial variances in the awareness, attitude, and

practice scores for sexual behaviour amongst ladies and men; that is, the whole behaviour position of respondents was not significant influenced by gender. This was also similar with research study done in Ethiopia by Shiferaw et al. (2011), unlike the same results, a study in India, showed good awareness was in males as equated to females (Lal et al., 2000). This divergence might be due to cultural dissimilarities where females in India might have had more societal restrictions than males of equal age.

Awareness of services submitting reproductive health amenities indicated that sanatoriums were the most known source of reproductive health services followed by the university clinic (Thatte et al., 2016). Most youths seeking reproductive health services from hospitals and university clinics. This relates to study by Woog et al. (2015) on youth's requirement for and usage of sexual and reproductive health services in evolving countries. Female students portrayed a prospect of accountable sexual experience as equated to the males (Denno et al., 2015). In a study done at Mount Kenya University, the main campus in 2018, the results show a lack of knowledge concerning reproductive health in college students implying that there was insufficient knowledge on various reproductive health stuffs such as STIs, contraception techniques and services prevailing reproductive health. Condom usage and sexual abstinence were the key approaches known in the stoppage of unintended pregnancy and STI. Adam and Mutungi (2007), at Moi University, conducted investigation of sexual risk behaviour, HIV/AIDS knowledge, and perceptions among 1917 students. They found that the bulk of respondents had not had access to precise HIV/AIDS information, hence exposing them to HIV/AIDS infection innocently based on ignorance. The results of the study highlight the vulnerability of university students to HIV infection. Similarly, Adam and Mutungi (2007) and Othero et al. (2009) conducted a study on existing knowledge, attitudes, and sexual practice. The sample was centred on 500 university students nominated from Maseno University, Kenya. The outcomes indicated that the HIV/AIDS level was high; 74.3 percent accepted their susceptibility to contracting HIV/AIDS founded on their earlier risky sexual behaviour. The study concludes the necessity for promoting peer education programmes, as a mean of fighting the spread of HIV/AIDS (Othero et al., 2009).

Mwamwenda (2013) also carried out a study on HIV/AIDS knowledge among high school adolescents in Kenya. In one of the objectives, the study sought to determine whether there was a transfer of knowledge in terms of the relationship between respondents and their sexual behaviour. The findings revealed that teenage high school students had a high level of

HIV/AIDS knowledge and that such knowledge had transferred to their sexual relationship. The University of Nairobi was also inspired by the requirement to establish an HIV/AIDS level of knowledge amid undergraduate students. This was in evaluation with other similar prior studies across universities in Kenya that have make an effort to find out students' knowledge, attitudes, beliefs, and perceptions as far as HIV/AIDS is concerned. The study discovered a high level of HIV/AIDS knowledge among students at the University of Nairobi. The students appear aware of the ways of contracting or transmitting the disease. The results echo those of earlier studies for example, (Othelo et al., 2009; Lake Victoria Basin Commission, 2010; Mwamwenda, 2013), which similarly recorded high levels of HIV/AIDS knowledge amongst university and high school students. Participants in the University of Nairobi's study stated a high transfer of knowledge to their sexual relationships. They admitted to being vigilant in their relationships with boys/girls to escape getting AIDS. This discovery duplicates the comment made by Mwamwenda (2013) in his research among high school students in Kenya. Nevertheless, other earlier studies have witnessed disconnect among HIV/AIDS levels of knowledge and sexual behaviour for example, Lake Victoria Basin Commission, 2010; Othello et al., 2009). In the study by Othello and co-workers for instance, although their high HIV/AIDS knowledge, their participants acknowledged to involving in risky sexual behaviour. By the way, there is a necessity for additional related studies to aid in the growth of targeted programs.

Risky sexual behaviours awareness might help youths in postponing their commencement into sexual activities and shield those who were previously involved in sexual activities. Though, even with these government creativities comprising the establishment of Guidance and Counselling programme in secondary schools and universities, there is fairly partial data about the risky sexual behaviour awareness of students on contraceptive use in the hindrance of Sexually Transmitted Diseases. Hence this study sought to determine the influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students.

2.3.1. Awareness of Risky Sexual Behaviour and Effectiveness of Guidance and Counselling Services

In Taiwan, professionals such as therapists, counsellors, psychologists, medical personnel and social workers work to address various issues related to sexuality through counselling and therapy sessions (Hsu, 2010). Counselling is an essential public health exercise in the challenging duty of breaking the sequence of spread of sexually transmitted diseases (STDs),

HIV and AIDS. It is grounded on three basic errands: giving information, evaluating risks, and providing emotional support (Taegtmeyer et al., 2013). In Brazil and worldwide, counselling is an essential approach in the battle against STD, HIV, and AIDS reason being the little cost of execution and its possible efficiency (Cawley et al., 2014). Adding to the precautionary measures existing (condoms, post-exposure prophylaxis), counselling is a technique to discourse these infections (Tromp et al., 2013). Counselling has specific applicability in circumstances of infection risk through sexual contact.

2.3.2. Awareness of Policies in the Universities

The HIV/AIDS Policy (2005) indicates that the public segment workstation policy on HIV/AIDS suggested the establishment of counselling services at the workstation for all government ministries and public institutions. It was noted that in areas where condoms are accessible, inadequate delivery structures had made availability difficult. The government channels are spread and private sectors are inadequate to urban areas, causing irregular accessibility. Hence university students find it difficult to obtain condoms because of its cost and limited availability. The substance abuse adversely affects students hence the ultimate university policy to tackle matters of preventive education and behaviour change. The university policy should be established with ownership and commitment from topmost management. It should involve students, the workers, and managers. The ACU has combined HIV/AIDS service program and made guidelines (ACU, 2002). In 2002 fewer than half of 100 member universities measured by the ACU had established institutional policies on HIV/AIDS (ACU, 2002). The tertiary institution's AIDS policies should consist of staff, researchers, community service, and students in the universities. HIV/AIDS institutional policy controlled the problem, obligation, safety measures, services and resources, legal features and assurance to community action (ACU, 2002). The substance abuse and HIV/AIDS initiatives and how to handle them within universities must begin at home.

ACU (2002) states that an institutional policy will only be as operational as the management that possesses and sustain it. The prevention successes and mediation programs at the universities can be completed by a partnership among the national supports, resident organizations, private sector, and community-based individuals. The AAU acknowledged prospectus modification for alumnae in an HIV/AIDS affected society (AAU, 2007). In Kenya, substance abuse intensified promptly with manifest changes in consumers' demographic outline as youth begun the act (NACADA, 2004). Hence, University policy on substance abuse

and HIV/STI was essential to construct awareness on the damaging effects of substances and HIV/STI discovery and intervention. Universities must instrument policies to curb substance abuse and HIV/STI transmission (Kelly, 2002). By providing tailored counselling as well as information about high-risk behaviour, VCT could encourage people to embrace safer sexual behaviour and prevent the spread of HIV. This could be mainly important for adolescents and youths, who naturally have their sexual debut but might not have perfect information about HIV risk.

2.4. Students' Attitude on Effectiveness of Guidance and Counselling Services

Eyo et al. (2010) in a study carried out in Cross River State discovered a substantial positive attitude of students concerning psychological guidance and counselling. When compared to the study carried out among Sri Lankan undergraduates it shows that Sri Lankan students possess more negative attitudes towards counselling services however they have very good knowledge. Yılmaz-Gözü (2013) in a research carried out on help-seeking attitudes indicates that female students detained added positive attitudes than male students. The similar study showed that male students had upper psychological suffering and more self-reliance in mental wellbeing professionals as they seek assistance from an opposite-gender counsellor for academic difficulties than for individual difficulties. Though, the kind of difficult (academic and/or individual) brought a slight change in psychological suffering and self-reliance concerning seeking help with a same-gender counsellor. A research carried out among Turkish high school students revealed that male students were unwilling to pursue help from school counsellors. In dissimilarity, the Sri-Lankan undergraduate students discovered that 51% of male students had positive attitudes concerning help-seeking (Yılmaz-Gözü, 2013).

The negative awareness of guidance and counselling programmes by students and the general population is one of the main difficulties counsellors face (Nyamwaka et al., 2013). Sanders (2006) proposed that social assessment of information from family as well as friends has a key effect on students' choices to pursue assistance on sexual matters. Confidentiality could also influence student help-seeking attitudes. Help-seeking attitudes are also influenced by the awareness of the delivery of guidance and counselling services. Creating awareness of guidance and counselling among university students in Kenya is critical in assisting them to overcome challenges that they encounter while on campus. Studies have also shown that awareness of such programs determines students' attitudes towards seeking and making use of guidance and counselling services. Rutondoki (2000) found that although students have

favourable attitudes towards counselling services, only a few had a basic awareness of the openings that come with the counselling services. He also establishes that some students don't find help because they consider their ability or the capability of their friends in resolving their problems. These findings were further reiterated by Nyokabi and Thinguri (2015) who reasoned that the majority of students are aware and have a positive attitude towards the existing guidance and counselling programs. Students' opinion on guidance and counselling being a moderately new concept in the Kenyan public universities with reservation. Thus therapists need to build awareness among students on the significance of these services (Wanjohi, 1990).

There are also opposing findings concerning students' attitudes on guidance and counselling services. Nyamwange et al. (2013) found that students did not consider counselling essential in universities. Students tremendously reported a negative attitude towards guidance and counselling programs. Furthermore, students felt that the available counselling resources were insufficient to meet their counselling requirements. Negative attitudes towards guidance and counselling were ascribed to the lack of values attached to guidance and counselling, negative awareness of the programs and the incapability of the programs to resolve individual or peer problems (Muema & Kiilu, 2013). The negative attitudes were also connected with the fear of being seen with a counsellor and a lack of privacy. In Kenya, Nyingi (2014) found gender differences in students' insights of the welfares of guidance and counselling services with more female than male students rating guidance and counselling more highly. Likewise, Muema and Kiilu (2013) found higher though irrelevant numbers of female than male students seeking help. Njeri et al. (2014) found no significant gender differences in attitudes towards seeking help. Studies have shown that class level is related to the appreciation of the significance of guidance and counselling. Ibrahim et al. (2014) found out that as students moved to upper-class levels they developed a more positive attitude towards guidance and counselling services. While some studies have concentrated on gender and year of study, another line of study has narrowed down on the location of the institution. In one such study, Njeri et al. (2014) found significant differences in students' attitudes towards guidance and counselling in favour of Nairobi as compared to Nyeri. As is evident, the literature on students' attitudes is inconsistent and hence requires further study.

Studies also indicate that the number of university students looking for professional and psychological help is low regardless of the high demand. In an evaluation of operation rates of

university counselling services, Raunic and Xenos (2008) found that only 2% to 4% of the students search for help from the university counselling centres. This was low despite the demand for counselling services on campuses. Nilsson et al. (2004) investigated annual access to counselling services among international students and found that only 2% of them sought help from the university counselling centre. Influence of students' positive attitude on the importance of Guidance and Counselling is the promotion of positive communications and relationships within the university and between the school and the community or society at large. These services will ease the development of positive behaviour and abolition of deviant behaviour patterns among the youth.

Help-seeking attitudes are also influenced by awareness of the provision of guidance and counselling services. In Kenya, the importance of creating awareness of guidance and counselling services has been noted (Mwangi, 1991). Studies have also shown that awareness of such programs determines students' attitudes and whether they are utilised. Mwangi (1991) and Muema and Kiilu (2013) argue that positive perception of students about guidance and counselling is a result of access to information about the program and the positive meaning they attach. Nyingi (2014) established students from public universities to be more aware of guidance and counselling services than their colleagues in private universities. Furthermore, although most students were not conversant with the importance of guidance and counselling, they rated it as being significant and appropriate to their college life. Gitonga (1999) also found that majority of the university students were aware of the existence of guidance and counselling services.

2.4.1. Attitudes related to HIV/AIDs

The stigma related to HIV/AIDs has extended to challenge HIV prevention and treatment struggles (UNAIDS, 2008). HIV-related stigma prevents exposed debate of the epidemic, and fear of judgement could also prevent persons from looking for the services they require. In some cases, persons may evade taking steps to guard against HIV transmission out of fear that they may be thought to be possibly infectious or believed to belong to the side-lined group that has been seriously affected by the epidemic (The Kenya AIDS epidemic updates, 2011). Stigma is defined as a state where individuals living with HIV and AIDS are regarded as disgraceful and the illness is observed to be an outcome of personal recklessness. If not responded to, such attitudes add bias to those living with HIV and AIDS, side-lining and rejecting individuals. Eventually, such attitudes permit societies to justify themselves from the obligation of taking

care and observing those infected. More significantly, stigma leads to silence and denial that obstructs persons from pursuing counselling and testing for HIV, along with care and backing services.

In Sub-Saharan Africa for example, communities have looked unresponsive to the predicament of HIV positive youth and as an outcome, victims decide not to reveal their HIV status for fear of being hated by society. Open discrimination against HIV positive youth might cause dropping out of school for the victims (Wodi, 2005). In Kenya, struggles have been done to lessen fear and discrimination towards people living with HIV/AIDS but the stigma has not vanished. Although knowledge of HIV and AIDS in Kenya is still high, several people living with the virus continue to suffer discrimination and stigma. Individuals are alert on the simple facts about HIV and AIDs but studies have shown that many are not informed of the more detailed knowledge that addresses issues of stigma. Stigmatizing attitudes amongst health care workers can be mainly hazardous, assumed their possible warning influence on use of vital health services. According to the Kenya AIDS epidemic update (2011), a national survey of health care workers in 2010 established that 15% of doctors thought that health workers had the right to lessen care to people living with HIV. (The Kenya AIDS epidemic updates 2011). Negative attitudes concerning people living with HIV could be narrowing a bit over time. Nevertheless, stigmatizing attitudes continue. Approximately half of all Kenyan women surveyed in 2008– 2009 said they would need to maintain a family member's HIV infection undisclosed (Kenya National Bureau of Statistics, 2010).

2.4.2. Attitudes towards negotiating safer sex

Understanding sexual behaviour and having sexual judgement practises midst people living with HIV is crucial for averting the transmission of HIV. Closely one third of people living with HIV continue to involve in unprotected sex, regularly with partners of negative or un identified serostatus (Golin et al., 2009). Such unsafe sexual practices contribute to the new HIV infections each year in the United States (Hall et al., 2008). The high prevalence recommends dire necessity for new approaches that assist individuals decrease their spread risk behaviour.

Condoms are termed as the paramount weapons against HIV infection, studies continue to indicate partial usage of protection in sub-Saharan Africa (Eaton et al., 2012). These studies associate socio-cultural and religious aspects in negotiating for safer sex. Information about HIV spread and methods to stop it are less convenient if individuals feel helpless to negotiate

safer sex with their partners. To measure attitudes towards safer sex, it is important to recognise if individuals ponder a wife is right in declining to have sex with her husband when she recognises he has an illness that can be conveyed through sexual contact. It is also a requirement to distinguish whether a woman in the similar conditions is right in asking her husband to use a condom.

2.5. Role of Guidance and Counselling Services

The major objective of guidance and psychological counselling services is to permit each student in the university to develop the best learning benefits to attain his/her potentialities. The UNESCO component on guidance and counselling (2000) has indicated that guidance and counselling is a specialized field. It comprises an extensive variety of undertakings, programmes, and services to help persons to realise themselves, their hitches, and their school surroundings and to make sensible choices. The notion to carry a study on the influence of awareness and attitude of risky sexual behaviour awareness and on guidance and counselling services of university students' result from the notion that students are the main beneficiary of guidance and counselling services in the university setting. Eyo (2010) stated that the manner at which the students react and observe guidance and counselling services will define the need for guidance and counselling services in universities. The educational objective can be attained through the achievement of the aims and objectives of guidance and counselling. Psychological counselling assistances an individual to recognise him or herself well. Counselling involves rather more than providing an answer to an instant difficulty. Counselling itself is supposed to sustain the personal firmness of recurrent challenges.

A counselling division comprises educational, vocational, and personal along with social features. The student's hitches can be solved if only the student can open up and be prepared to be assisted. The guidance and counselling services would help to a great extent to advance proportion of students in the universities and assist them to achieve all features of personal resources and be completely functional. It is true that during the orientation period, newly admitted students need guidance and psychological counselling to acquaint themselves with a new environment alongside with rules and regulations. University counsellors have been highlighted by researchers to be of potential importance since they help in numerous precise high-risk behaviour circumstances, including high-risk sexual behaviour, drug use, youth violence, suicide/suicidal ideation, and disordered eating. University counsellors also play a vital role in averting HIV and other infectious illnesses through counselling and psycho-

educating youths in appealing in safer sex practices and decreasing high-risk sexual behaviour including unsafe drug use (Stevens-Smith & Remley, 2009).

2.5.1. Effectiveness of Guidance and Counselling Services and Intervention of Risky Sexual Behaviour

Behavioural counselling (BC) interventions are one method of prevention of risky sexual - behaviour at a personal level. The main aim of these programs is to decrease the occurrence of high-risk behaviour that finally leads to infection, including sexual risk behaviours. BC approaches differ, they mostly include client-centered interactions to lessen risky sexual behaviours through the delivery of personalised risk reduction education and behavioural counselling approaches. The organized review concentrate on programs that comprise communicating session(s) headed by a skilled counsellor with a client(s) that is "client centred" and precisely focuses on risky sexual behaviour. Client-centred is distinct in different ways: - (a) conversation with rather than to the client; (b) naturally face-to-face meetings; (c) meetings that are approachable to needs, as recognised by the client; and (d) the counsellor preserving an unbiased non-judgmental attitude towards clients (Zajac et al., 2013).

Effective counselling, hence include behavioural interventions which are defined as interventions that are (1) tailor-made to lessen high-risk sexual behaviour such as unguarded sex and compound partners, and (2) to advance acceptance of voluntary counselling and testing (VCT). Voluntary testing and counselling are identified to transform behaviour (Corbett, 2007). Behavioural interventions can be categorized by individual-level or group-level interventions centred on the subsequent aspects. Individual-level Interventions work largely on individual transforming features such as knowledge, attitudes, intentions, skills, and self-esteem. This comprises of voluntary counselling and testing, counselling without HIV testing, individual cognitive behavioural therapy, couple counselling, telephone help-lines or interactive Internet-based interventions. Group-level interventions apply the individual transforming features and utilize the benefit of the features of the group to influence peer insight, attitude, and behaviour on safe sex and condom use.

Group-level interventions also emphasis on the community or group of individuals, with interventions channelled to small groups in the workplace. Interventions are likewise characterised according to the phase of the endemic. This is simply because of the influence of employer interventions which may differ according to the phase of the epidemic and the level

of knowledge in the overall population. Behavioural interventions are typically difficult and cover various mechanisms. Such mechanisms of behavioural intervention include: negotiation for safer sex, condom distribution or promotion counselling with or without HIV testing, couple counselling, small group discussion on promotion of safe sex, role play, cognitive behavioural therapy, skills training on correct condom use, workplace-based sex education, telephone help lines, and interactive Internet-based interventions e.g. chat rooms (AbdoolKarim & Meyer-Weitz, 2011).

2.5.2. Counselling and Testing of HIV among University Students

Anderson and Louw-Potgieter (2012) point out that in South Africa, VCT services are aimed at attaining temporary, medium and lasting results involving to HIV/AIDS risks and the eminence of the individual. Temporary results narrate to knowledge, acquisition of HIV, the way it is spread and knowing one's HIV status. Medium-term results are based on variations in risky sexual behaviour and safer sexual behaviour. Individuals who are establish to be negative are fortified to guard themselves by using condoms and to have one faithful partner. Regarding those infected they are provided with support and the essential treatment (Anderson & Louw-Potgieter, 2012; NASCOP, 2010). Finally, lasting results ought to patent a decrease in new infections. Awareness of HIV status can encourage persons to further safeguard themselves against infection and also defend their partners from obtaining the disease. Hence it is of great importance to quantify testing behaviour among youth. Since they are susceptible to infection and may experience obstacles to accessing testing facilities because they are young. The majority of youths particularly, in sub-Saharan Africa do not have access to sexual health advice, forms of contraception and voluntary counselling and testing services for HIV. Reproductive health services are rarely channel towards the requirements of the people, who then have a habit to evade them placing themselves and their sex partners at risk of infection (UNAIDS 2008). Voluntary counselling and testing is, therefore, a serious entry point for access to HIV/AIDS treatment and care and policies in the Universities.

NACC and NASCOP (2012) indicated that Kenya has the top national HIV occurrence in any country outside South Africa hence Testing for HIV antibodies is an essential element of prevention and intervention programmes aimed to control the transmission of HIV infection. The HIV epidemic in Kenya is compound as it remains to develop among different populations, which creates it hard to foresee. Youths between ages 15 to 35 signify 38% of the nationwide

population but are assumed to create more than 60% of new HIV infections in Kenya. The HIV virus is mainly spread through heterosexual intercourse that add up to 77% of all new infections (NACC, 2009; NACC & NASCOP, 2012). Students at the University, who are the leading focus are among the risk groups in Kenya (NACC & NASCOP, 2012).

Studies in Kenya specify that a high percentage (68%) of university students, ages 17 – 24 years old are sexually active with peaks in the first and second years of study (EAC/AMREF, 2010). University students are thus significant population in the interventions against HIV and AIDS because many could be getting into university before they are sexually active they fall within the age bracket where HIV infection peaks. The university students are the upcoming leaders and are the fiscal strength of Kenya, which expects to achieve a middle-class economy by the year 2030 (NACC & NASCOP, 2012). VCT advertising campaigns are done through main events like the 2010 world cup tournament where testing was cheered as individuals watched the game in public places (KNBS, 2010). Essential values of HIV testing and counselling include persons receiving VCT give informed consent, which makes testing voluntary. VCT services are private, meaning whatever deliberated between the VCT provider and client is not revealed to a third party. HIV test is supplemented by pre-test information and post-test counselling including referrals to applicable services (NASCOP, 2010).

2.6. Theoretical Framework

The proposed study was anchored on the Theory of Planned Behaviour (TPB) and the Health Belief Model (HBM). The TPB and HBM are explained below; -

2.6.1 Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) was preceded by the Theory of Reasoned Action in 1980. The Theory of Reasoned Action was used to predict an individual's intention to engage in a given behaviour in a specific time and place. The theory was intended to explain how individual self-control ability influences people's behaviour. The underlying component of TPB is the behavioural intent. Behavioural intentions are further influenced by the attitude about the probability that the behaviour will result in the likely results and that the subjective evaluation of the risks and benefits of that result. TPB was postulated and developed by Ajzen in 1988. The theory focuses on how human actions are guided and how they can be measured. TPB predicts the likelihood of a given behaviour based on behavioural intention. TPB assumes that human beings behave wisely. They take into account the existing information and,

indirectly or openly, reflect the repercussions of their actions. The theory further assumes that a person's intention to engage or not to engage in a certain behaviour is the most important and instant cause of that action (Ajzen, 2014: Linder et al., 2013). The theory of planned behaviour further point that intentions are a function of three basic determinants. The first determinant is personal in nature (attitudes). The second determinant reflects one's social influence (subjective norms). The last determinant deals with issues of control (behavioural control).

In general, people engage in a given behaviour when they appraise it positively, when they experience social pressure to do it and when they believe that they have ways and chances to do so (Ajzen, 2014; Linder et al., 2017). As per TPB, persons who have a positive attitude towards refraining from sexual intercourse and being faithful to one partner are likely to abstain from partaking in casual sexual relations. Furthermore, when individuals are always watchful about having safe sex or not engaging in casual sexual relations with someone they just encounter, they are not likely to participate in risky sexual behaviour. By desisting from having sexual relations with someone who is much older than themselves, or for money, goods or favours, they safeguard themselves from contracting sexually transmitted diseases. Those who understand that they receive social support from significant and accountable people are also likely to behave accordingly because they are convinced that they can have responsible sexual behaviour (Fisher, 1997).

TPB is one of the greatest extensively quoted and practical behavioural theories. It is one of the closely inter-related families of theories that embrace a cognitive approach to clarifying behaviours that centre on individuals' attitudes and beliefs. Using the theory to explain and predict the likely behaviour may, however, be a useful method for identifying particular determinants of behaviour that could be targeted for change. The theory makes reference to both awareness and attitude of risky sexual behaviour awareness which are the independent variables of this study. Therefore, it compensates for what is lacking in the HBM. Figure 1 provides the relationship between different determinants of behaviour as postulated by TPB.

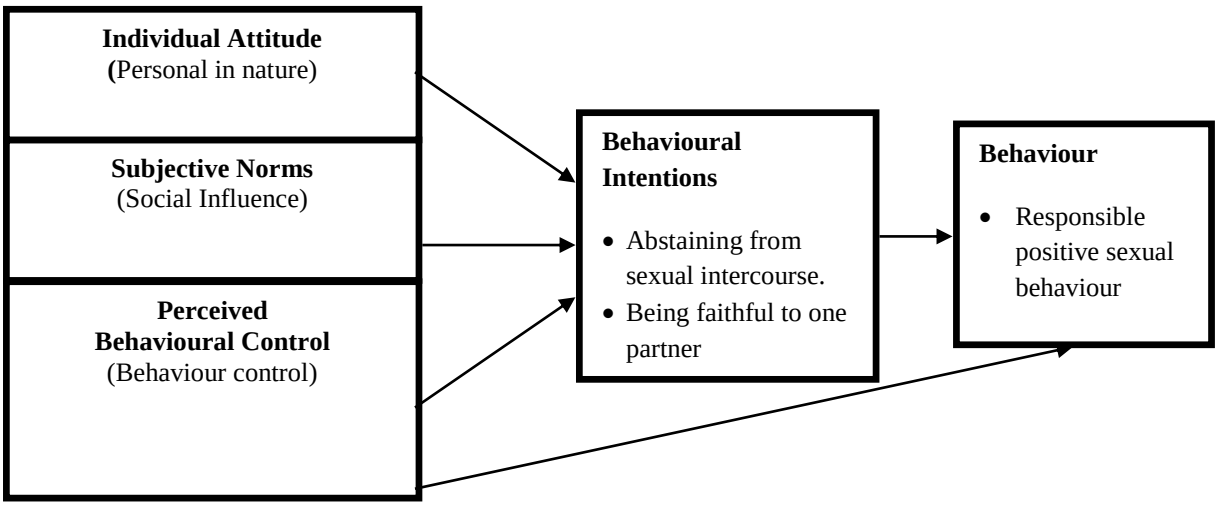

Figure 1. Theory of planned Behaviour (Ajzen, 2014)

2.6.2 The Health Belief Model

The HBM were developed in the 1950s by social psychologists (Becker, 1974; Hochbaum, 1958; Rosenstock, 2005; Sharma & Romas, 2012). The HBM, is the second model that attempts to provide a theoretical explanation for sexual behaviours. The HBM has successfully been used to encourage the use of condom and seat belt as well as to promote medical compliance, health screening, and other health-related behaviours. It is a mental model which speculates that behaviour is dogged by individuals' belief about fears to their wellbeing. It also posits that the effectiveness and outcomes of particular actions or behaviours determine individual behaviour. Some constructions of the model feature the concept of self-efficacy (Bandura, 1 997) alongside beliefs about actions. The beliefs are further supplemented by additional stimuli referred to as 'cues to action' which trigger actual adoption of behaviour.

The perceived threat is at the core of the HBM. Perceived threat determines one's readiness to engage in a given action. The readiness to engage in a given action depends on individual beliefs on the perceived susceptibility to a specific risk as well as the significance of the likely magnitudes. The perceived benefits associated with behaviour (effectiveness in reducing the threat) are weighed against the perceived costs and negative consequences that may result from it (perceived barriers). The negative consequences of a given behaviour can be the side effects of treatment and, therefore, it is important to establish the overall extent to which behaviour is beneficial. The individual's perceived capacity to adopt the behaviour (their self-efficacy) is also a key component of the model. Lastly, the HBM identifies internal and external cues to action which influence behaviour. Internal cues to action are symptoms of ill health whereas

external cues to action can either be broadcasting promotions or other types of data. These cues affect the insight of threats and can cause or sustain behaviour.

Consequently, Nisbet and Gick (2008) concluded that behavioural change is dependent on an individual's feeling of being individually susceptible to a healthiness threat and the likely magnitudes of the threat. This invokes an action that is likely to reduce either the risk or severity of the possible consequences at an acceptable cost. At the same time, the perception of individual competence in executing and maintaining new behaviour is critical in influencing behaviour. These considerations trigger either internal or external drive which ensures that the actual behaviour ensues. However, when the threat is perceived as not serious or when an individual is less susceptible to it, then is unlikely that an individual will adopt mitigating behaviours. Low benefits and high costs can have the same impact. Figure 2 provides the key elements of the HBM.

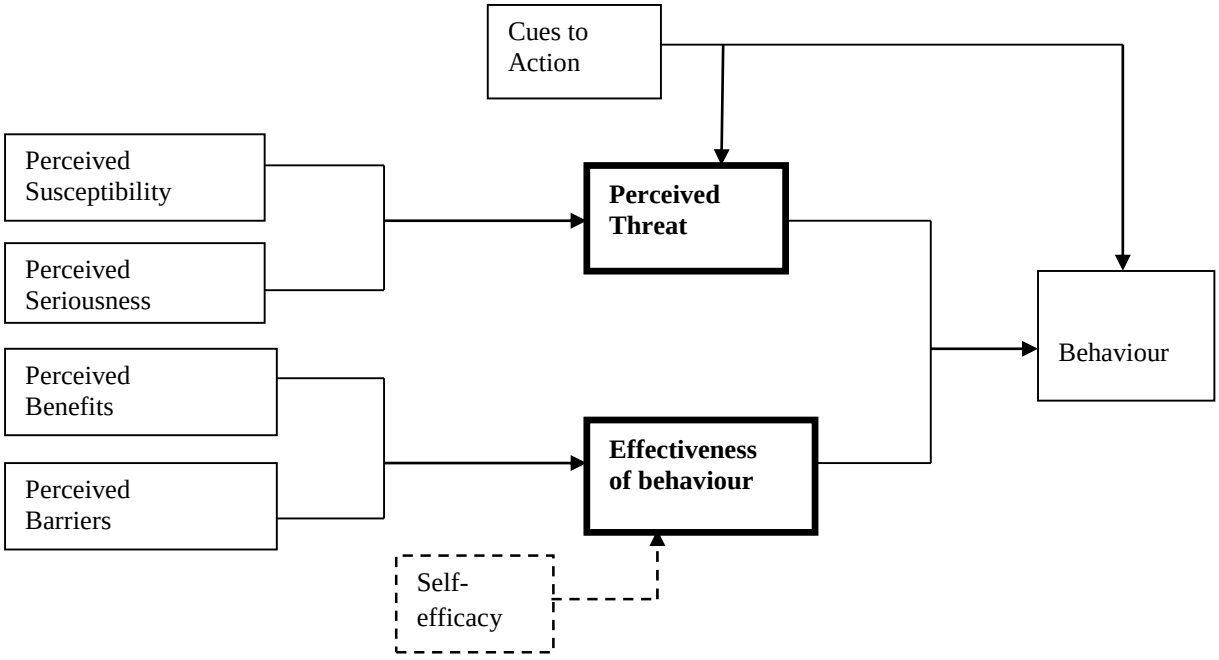

Figure 2. Health Belief Model (Hochbaum, 1958; Sharma and Romas, 2012)

The HBM explanation of individual behaviour is based on the understanding that a person will take a health-related action given a number of individual considerations. The consideration could possibly be an individual feeling that the negative health condition can probably be avoided. In addition, individual consideration of health-related action could also be an encouraging anticipation that by engaging in the suggested action, the individual will evade a destructive health condition. Lastly, an individual believes in the success of the health action

also a key consideration. Consequences of risky sexual behaviour which includes HIV infection, the risk of contracting STIs and unintended pregnancies may motivate university students to practice safe sex. The cues to action are frantic efforts put in place such as education symposiums, mass media campaigns (newspaper or magazines), youth-friendly services and posters on sex-related matters.

HBM is an effective framework when developing health education strategies. Hence, the HBM provides the foundation for this study because it is widely used in circumstances involving the understanding of health behaviours. Furthermore, the HBM and TPB are comprehensible and can easily be integrated into a working theory of behavioural change. Thus, combining the two theories provides a broader and more inclusive approach to understanding and managing behaviour.

2.7. Conceptual Framework

Campus life is a critical period for youths to be explorative as they experience fundamental freedoms which put them at risk of engaging in risky sexual behaviour. As the students continue to engage in sexual behaviour, the behaviour may be akin to a number of factors which influence their awareness of risky sexual behaviour. This, in turn, influence their immediate attitude of risky sexual behaviour towards seeking of guidance and counselling. The framework identifies awareness of factors associated with risky sexual behaviours as a factor that influences students' engagement in sexual behaviour which, in turn, influences their attitude of risky sexual behaviour on seeking of guidance and counselling services.

The study anticipates that students' attitude of risky sexual behaviour on seeking guidance and counselling services results from their awareness of factors associated with risky sexual behaviour such as engaging in sexual activity at an early age, having multiple partners, unprotected sex behaviour and sex under influence of alcohol and substance use and awareness of policies. Alcohol and drug use are thought, in this context, to impair students' judgment and also reduce self-consciousness (Heemskerk & Uiterloo, 2009). The study also anticipates that students' seeking guidance and counselling may also result from students' attitude towards the quality of their relationships such as their ability to negotiate for safer sex. The sense of student's power in a relationship may influence his/her use of protection (Duncan et al., 2010). Students with a negative attitude towards safe sex and HIV/AIDs are expected to be less likely to seek guidance and counselling, HIV/AIDs or STI testing and treatment. Students' awareness of his/her partner's socioeconomic status either leads to comfort or doubt that clear the risks

associated with engaging in sex, which in turn leads to non-use of condoms with certain types of students.

Awareness of the consequences of engaging in unprotected sex is expected to influence the behavioural development of students. Behavioural development comes with responsibility. Responsibility in intimate relationships may, therefore, influence students to seek help related to how to maintain intimate relationships. Keeping intimate relationships also calls for fidelity and students who are aware of the consequences of having multiple partners are expected to seek help on how to avoid such intentions in order to maintain their intimate relationships. The study also anticipates that, although not a major focus of study, demographic factors, as well as cultural and individual factors, indirectly influence students' awareness of risky sexual behaviour. The study expects that individual factors such as attitude of risky sexual behaviour results from cultural factors and related factors such as level of intimacy. In turn, individual religiosity, parenting and prior sexual exposure influence whether the students to engage in sexual behaviour and seek help in matters related to sexual relationships. In the end, the above-mentioned behaviour may influence students' awareness of risky sexual behaviour which differentially influences their attitude of risky sexual behaviour on seeking of guidance and counselling services. However, these intervening variables like campus environment, religiosity, culture, parenting and prior sexual exposure could potentially confound the association between independent variables and depend variable. Three methods were used to control these extraneous variables: holding some of them constant, making assumptions and build into the study some of them and their possible effects statistically isolated. Further, the study anticipated that students that would be exposed to sex at an early age would be less likely to seek help in matters related to their sexual behaviour. In this context, early sex would act as a barrier to seeking guidance and counselling among students. On the other hand, ideation, plan or attempt to engage in sexual behaviour for students not exposed to early sex would be negated by the tendency of such thoughts pushing them to seek sexual guidance and counselling. In the context of the proposed study, awareness of the consequences of early sex would deter engagement in irresponsible sexual behaviour while encouraging seeking guidance and counselling among students.

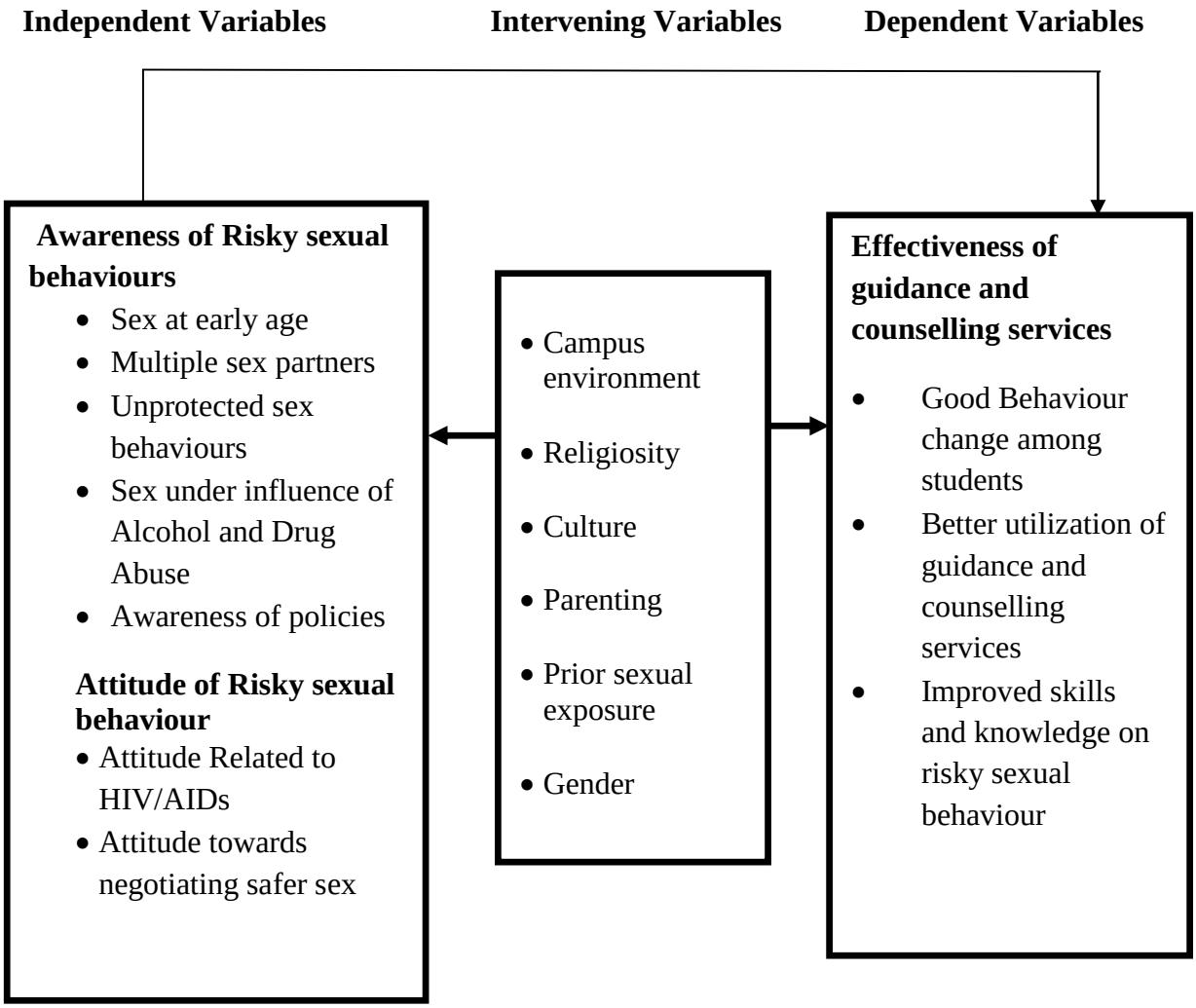

Figure 3. Interaction of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling Services

CHAPTER THREE
RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes the research design, location of the study, population of the study, sample size and sampling procedures, instrumentation, data collection procedures and how the data and data analysis.

3.2. Research Design

This study was descriptive in approach and utilized the descriptive survey design. Descriptive survey research design is used to designate any research activity in which the researcher gathers data from a sample of a population for the purpose of examining characteristics, opinions or interactions of that population (Fraenkel & Wallen, 2000). Descriptive survey design was also selected because of its high degree of representativeness, and the ease with which the researcher obtained the respondents' characteristics (Kathuri & Pals, 1993). The study used descriptive research design where a phenomenon is observed, described and documented without manipulating the variables. This design was suitable for this study because variables under study, students' awareness and attitude of risky sexual behaviours and effective of guidance and counselling services had already occurred, and therefore the researcher was not able to manipulate them.

3.3. Location of the Study

The study was carried out at Egerton University, Njoro Campus in Njoro Sub-County, Nakuru County. Egerton University is one of the largest public universities in Kenya. Njoro Campus is the main campus of Egerton University. The campus is located twenty-two kilometres from Nakuru Town. Njoro Campus was preferred because it has the largest student population compared to other Egerton University campuses. Egerton University Main Campus was also selected to yield geographical diversity as well as social and cultural practices. In effect, the campus provided adequate student representation for the study.

3.4. Population of the Study

The population of the study was undergraduate students enrolled at Egerton University main campus in Nakuru County. The target population of undergraduate students at Egerton University at the time of the study was approximately 14,578. The accessible population was 12,462 students from nine faculties at Egerton University, Njoro Campus in the first year of study through the fourth year of study. The fifth year and six year students were not part of the

respondents since they are normally away for internship program. Table 1 provides disaggregated statistics of the undergraduate student population per faculty. In addition, 7 student counsellors in the institution were involved in the study since they are the key informants as they directly handle student counselling issues on a daily basis.

Table 1
Accessible Population as per Faculties in Egerton University, Njoro Campus

Faculty	**Male**	**Females**	**Total**
Faculty of Education and community Studies	2431	1448	3879
Faculty of Arts and social sciences	792	803	1595
Faculty of Agriculture	1383	1066	2449
Faculty of Engineering &Technology	588	120	708
Faculty of Environment and Resources Dev.	545	531	1076
Faculty of Science	1186	657	1843
Faculty of Health Sciences	265	313	578
Faculty of Veterinary Medicine and Surgery	126	51	177
Institute of Women, Gender and Dev. Studies	40	117	157
Total	**7356**	**5106**	**12,462**

Source: Egerton University admissions office database (2015)

3.5. Sample Size and Sampling Procedure

Sampling was done by the use of the formula by Krejcie and Morgan (2013). According to this formula, the sample size that was drawn from the accessible population of 12,462 was 375 respondents. (See Appendix F). To determine the specific number of respondents to be selected from each faculty (stratum), the study employed proportionate to size, purposive, stratified sampling and simple random sampling. The selection of students was done proportionately. This was achieved by dividing the number of students from each faculty by the total number of students, then multiplying by the sample size. The study targeted students from nine (9) faculties. In addition, the study purposively selected 7 student counsellors who served as key informants in the study.

Table 2

Proportionate Sample Size of Undergraduate Students per Faculty

Faculty	**Male**	**Females**	**Total**	**N = 375**
Faculty of Education and community Studies	2431	1448	3879	117
Faculty of Arts and social sciences	792	803	1595	50
Faculty of Agriculture	1383	1066	2449	73
Faculty of Engineering &Technology	588	120	708	21
Faculty of Environment and Resources Development	545	531	1076	32
Faculty of Science	1186	657	1843	55
Faculty of Health Sciences	265	313	578	17
Faculty of Veterinary Medicines and Surgery	126	51	177	5
Institute of Women, Gender and Dev. Studies	40	117	157	5
Total	**7,356**	**5,106**	**12,462**	**375**

Source: Egerton University admissions office database (2015)

Table 3

Students Counsellors in Dean of Students' Office

Egerton University Noro	**Female**	**Male**	**Total**
Students Counsellors	5	2	7

Source: Dean of students' office

Table 4

Proportionate Sample Size of Undergraduate Students per Gender

Faculty	**Males**	**Females**	**n=375**
Faculty of Education and Community Studies	73	44	117
Faculty of Arts and Social Sciences	25	25	50
Faculty of Agriculture	41	32	73
Faculty of Engineering &Technology	17	4	21
Faculty of Environment and Resources Development	16	16	32
Faculty of Science	35	20	55
Faculty of Health Sciences	8	9	17
Faculty of Veterinary Medicine and Surgery	4	1	5
Institute of Women, Gender and Dev. Studies	1	4	5
Total	**220**	**155**	**375**

Source: Egerton University admissions office database (2015)

The selection of students across gender was done proportionately. This was achieved by dividing the number of students of either gender by the total number of students in the faculty, then multiplying by the sample from that particular faculty.

3.6. Instrumentation

Two instruments were developed and administered; one to students and one to student counsellors. The first section of the questionnaire assessed social demographic variables such as age, gender, year of study, faculty, region, residency status and parental status (Appendix A). The second section sought information on students' awareness of risky sexual behaviours where answers of awareness of risky sexual behaviour where based on Yes, No or I don't know categories. (Appendix B). The third section sought information on students' attitude on effectiveness of guidance and counselling services on risky sexual behaviour where answers was based on Yes, No or I don't know scale. (Appendix C). The fourth section of questionnaire sought information on students' effectiveness of guidance and counselling services on risky sexual behaviour. The instrument required that respondents' response using the five point Likert-type scale ranging from SA = strongly Agree, A = Agree, U= Undecided, D=Disagree and SD= Strongly Disagree (Appendix C). The second instrument was interview schedule for Students Counsellors where the interview were based on students' influence of awareness of

risky sexual behaviours on effectiveness of guidance and counselling services, students' influence of attitude of risky sexual behaviour on effectiveness of guidance and counselling services and finally was to established whether gender differences exist in awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services. (Appendix D).

3.7. Validity of Instruments

Validity is defined as the degree to which a test measures what it purports to measure. (Borg & Gall, 1989). A variety of items were constructed on each objective to ensure the content validity of the instruments. The researcher sought the expertise of two supervisors and other research experts from the Department of Psychology, Counselling and Educational Foundations in the Faculty of Education and Community Studies of Egerton University for the purposes of assessing and verifying the content, construct and face validity of instruments. The output of the validation was used to enhance the quality of the instruments. The researcher used the results of the pilot test to adjust the questionnaire items and make them appropriate and understandable thereby increasing their validity.

3.8. Reliability of Instruments

Reliability is a measure of how a research instrument yields consistent results or data after repeated trials (Borg & Gall, 1989). The data collection instruments were pre-tested to measure the reliability of instruments. A pilot sample of 10% of the sample size of the study was considered acceptable (Mugenda & Mugenda, 2003). A pilot study comprising of thirty-eight students was conducted in Laikipia University Main campus where students have similar characteristics with those in Egerton University. The data collected from the pilot test was used to compute Cronbach alpha reliability of the questionnaire. In this study, the reliability coefficient of the items in the questionnaire was 0.78 which was within the acceptable reliability coefficient of 0.7 and above (Field, 2009).

3.9. Data Collection Procedures

The researcher obtained a letter of introduction from Graduate School then sought a research permit from the National Commission for Science, Technology and Innovation. Data collection was conducted using questionnaires and interview schedule. The questionnaires were administered in person by the researcher. The researcher introduced herself to the respondents and guaranteed them of the discretion of the information collected. She explained that the data

collected was to be used for academic purposes only. However, in filling out the questionnaire they gave their consent to participate in the study.

3.10. Data Analysis

The raw data was collected, organized, coded and analysed using both descriptive and inferential statistics. Data was analysed and interpreted in line with the research objectives. Quantitative data was analysed using descriptive statistics, which included frequencies and percentages. The data was analysed using the Statistical Package for Social Sciences (SPSS) version 22.0. Both objective one and two, Pearson's Correlation Co-efficient (r) and regression was used to determine the influence between the two variables at 0.05. In objective three t-test was carried out to check the mean difference between males and females.

3.11. Ethical Considerations

Risky sexual behaviour is a highly sensitive subject in humanity, the study was implemented only upon approval by the faculty board following successful defence of the proposal. Ethical clearance was obtained from Egerton University Research Ethics office who verified ethical considerations in the research. All the respondents were made aware of voluntary participation and the confidentiality of information obtained by ensuring them that the information was only to be used for the purposes of the study. The study ensured all the ethical standards were maintained. The respondents had the liberty to participate in being respondents or not. No names were used to ensure a high level of confidentiality.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1. Introduction

This chapter presents results and discussion of the research findings on influence of awareness and attitude of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus. The chapter is divided into various sections with each focusing on a specific objective. The first section of this chapter presents the demographic characteristics of the respondents. This was then followed by a presentation of the results and discussion of the findings of the study based on the four objectives of the study namely: -

$H_{01:}$ There is no statistically significant influence in awareness of risky sexual behaviour on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

$H_{02:}$ There is no statistically significant influence in attitudes of risky sexual behaviour on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus.

$H_{03:}$ There is no statistically significant gender difference in awareness and attitude of risky sexual on effectiveness of guidance and counselling services among University Egerton students, Njoro Campus.

4.2. Demographic and Background Characteristics of the Respondents

This section gives a summary of the distribution of respondents in the demographic and background characteristics: age, gender, year of study, faculty, religion, residency and parenting.

Table 5

Distribution of Students by Age

Age range	**Frequency(f)**	**Percent (%)**
19-21	148	42.2
22–24	180	51.3
25andabove	23	6.6
Total	**351**	**100.0**

Table 5 indicates that the age of the respondents was between 19-25 years and above, with 42.2% representing ages between 19-21 and 51.3% representing 22-24 years of age and finally 25 and above with 6.6 %. Majority of university students (51.3%) are in the age bracket of twenty-two to twenty-four years. Quite a good number (42.2%) were between 19-21 years.

Table 6

Awareness and Attitude of Risky Sexual behaviour and Effectiveness of Guidance and Counselling Services by Age

Age		**Awareness of Risky sexual behaviour**	**Student attitude**	**Effectiveness of Guidance and Counselling Services**
19 – 21	Mean	18.48	14.91	18.81
	N	148	148	148
	Std. Deviation	3.17	2.96	5.24
22- 24	Mean	18.20	14.61	19.75
	N	180	180	180
	Std. Deviation	3.16	2.64	6.22
25 and above	Mean	18.52	14.13	17.74
	N	23	23	23
	Std. Deviation	5.48	2.32	4.36
Total	**Mean**	**18.34**	**14.70**	**19.22**
	N	**351**	**351**	**351**
	Std. Deviation	**3.35**	**2.76**	**5.73**

Table 6 shows that students in the range of "25 years and above" had best awareness of risky sexual behavior mean= (18.52) while those of the age of 19-21years had the greatest positive

attitude mean = (14.91). The 19-21 years with greatest positive attitude age is mostly first years who are fresh in school and are ready to receive information.

Table 7

Distribution of Students by Gender

Gender	**Frequency(f)**	**Percent (%)**
Male	191	54.4
Female	160	45.6
Total	**351**	**100.0**

Table 7 shows that 54.4 % of the respondents were males while females formed 45.6% of the respondents were females. More males' students filled the questionnaires because most females' students always shy off in issues to do with sexual behaviors.

Table 8

Distribution of Students by Year of Study

Year of study	**Frequency**	**Percent (%)**
y1	64	18.2
y2	79	22.5
y3	89	25.4
y4	119	33.9
Total	351	100.0

Table 8 indicates that from the batch of student majority were fourth year students (33.9%), followed by third year (25.4%) and second year (22.4%) and finally first years (18.2%). It shows fourth years being the seniors were willing to participate compared to first years that were shying away.

Table 9

Distribution of Students by Faculty

Faculty	**Frequency(f)**	**Percent (%)**
Education and Community Studies	118	33.6
Arts and Social Sciences	47	13.4
Agriculture	70	19.9
Science	46	13.1
Engineering &Technology	20	5.7
Environment and Resources Dev	27	7.7
Health Sciences	18	5.1
Institute of Gender & Dev. Studies	5	1.4
Total	**351**	**100.0**

Table 9 shows that 33.6% was from the FEDCOS, 13.4 % FASS, 19.9% Agriculture, 13.1% Science, 5.7% Engineering, 7.7% FERD, 5.1% Health Sciences while 1.4% Institute of Gender. Thus, the Faculty of Education and Community Studies had the highest number of students. The Institute of Gender and Development Studies, on the other hand the lowest number of students in the sample.

Table 10

Distribution of Students by Denominations

Denominations	**Frequency(f)**	**Percent (%)**
Catholic	121	34.5
Protestants	169	48.1
Islamic	12	3.4
SDA	46	13.1
Others	3	.9
Total	**351**	**100**

Table 10indicates that34.5% of the samples were from Catholic, 48.1% were protestant, 3.4% were Islamic, 13.1% of the sample was SDA and the 0.9 were others. The denomination with the majority respondents were Protestants.

Table 11

Distribution of Awareness and Attitude of Risky Sexual Behaviour and Effectiveness of Guidance and Counselling Services by Denominations

Denominations		**Awareness of Risky Sexual Behaviour**	**Attitude of Risky Sexual Behaviour**	**Effectiveness of Guidance and Counselling Services**
Catholic	Mean	18.04	14.97	19.02
	N	121	121	121
	Std. Deviation	3.018	2.89	6.035
Protestant	Mean	18.38	14.57	19.43
	N	169	169	169
	Std. Deviation	3.01	2.59	5.57
Islamic	Mean	19.08	14.50	21.50
	N	12	12	12
	Std. Deviation	4.46	3.45	4.70
SDA	Mean	18.93	14.69	18.76
	N	46	46	46
	Std. Deviation	4.82	2.92	5.73
Others	Mean	16.00	13.00	14.00
	N	3	3	3
	Std. Deviation	1.00	.000	4.00
Total	**Mean**	**18.34**	**14.71**	**19.22**
	N	**351**	**351**	**351**
	Std. Deviation	**3.35**	**2.76**	**5.73**

The Table 11 shows that Islamic denomination seemed to be best in awareness of risky sexual behaviors with a mean of 19.08 followed by SDA (18.93), protestant (18.38), Catholic (18.04) then the least with the mean of awareness of the risky sexual behavior were “others” (16.00). The Islamic denomination also has a highest effectiveness of guidance and counseling services with a mean of 21.50 followed by the Protestants with a mean of 19.42. These findings are similar with Coleman and Testa (2008) that Muslim youths were less expected to act in a risky manner on sexual stuffs compared with Christian youths. This might be ascribed to varied

cultural and religious beliefs at domestic and communal levels that tend to worsen sexual and reproductive behavioural selections among youths (Coleman & Testa, 2008; Tenkorang et al., 2011). Religion brands an individual delicate to moral issues and acknowledged standard of behaviour.

Table 12

Distribution of Students by their Residency

Residency status	**Frequency(f)**	**Percent (%)**
University hostels	229	65.20
At home with guardian	19	5.4
Rented accommodation	102	29.1
With no designated accommodation	1	.3
Total	**351**	**100.0**

Table 12 shows that the highest percentage (65.20%) of the students sampled reside in the university hostels, followed by 29.1% who stay in a rented accommodation, followed by 5.4% who stay with their guardians. The least percentage (0.3%) with no designated accommodation.

Table 13

Distribution of Students by number of Occupants

No. of occupants	**Frequency(f)**	**Percent (%)**
1	93	26.5
2	78	22.2
3	84	23.9
4	89	25.4
5 and above	7	2.0
Total	**351**	**100.0**

Table 13revealed that 26.5% of students stay alone, 22.2% stay in two's, 23.9% stay in three's and 25.4% stay in five's and only 2% stay 5 and above.

Table 14

Distribution of Students by Parenting Status

Parenting Status	**Frequency(f)**	**Percent (%)**
Mother	65	18.5
Father	41	11.7
Both	223	63.5
Guardians	22	6.3
Total	**351**	**100**

Table 14 shows that most students were brought up by their both parents (63.5%), 18.5% of the students' sample were brought up by a single mother, 11.7% were brought up by their father while the smallest percent of 6.3 were brought up by their guardians.

Table 15

Awareness and Attitude of Risky Sexual Behaviour and Effectiveness of Guidance and

Parenting status		Awareness of Risky Sexual Behaviour	Attitude of risky sexual behavior	Effectiveness of Guidance and Counselling services
Mother	Mean	18.00	14.88	18.29
	N	65	65	65
	Std. Deviation	2.70	3.00	5.87
Father	Mean	18.20	14.68	18.76
	N	41	41	41
	Std. Deviation	3.17	2.75	5.33
Both	Mean	18.51	14.75	19.65
	N	223	223	223
	Std. Deviation	3.55	2.73	5.82
Guardian	Mean	17.91	13.82	18.45
	N	22	22	22
	Std. Deviation	3.45	2.34	5.02
Total	Mean	18.34	14.71	19.22
	N	351	351	351
	Std. Deviation	3.35	2.76	5.73

Counselling Services as per Parental Status

Table 15 shows that the students who were brought up by both parents were more aware of risky sexual issues with mean of 18.51 followed by those brought up by father mean of 18.20, mother with mean of 18.00 and then guardians with mean of 17.91. This may mean that both

parents play a very crucial role in the upbringing of their children since they may share the responsibility of guiding their children to understand about their risky sexual life.

4.3. Influence of Awareness of Risky Sexual Behaviours on Effectiveness of Guidance and Counselling Services among Egerton University students, Njoro Campus.

The first objective of the study examined the influence of awareness of risky sexual behaviours on effectiveness of guidance and counselling services among Egerton University students, Njoro Campus. Data on awareness of risky sexual behaviour was elicited using the students' questionnaire (See Appendix B and D). In order to achieve this objective, correlation analysis and regression analysis were carried out.

The hypotheses were tested by establishing the influence between students 'awareness of risky sexual behaviour on effectiveness of guidance and counselling services. Pearson's Correlation Co-efficient (r) was used to determine the strength and the direction of the relationship between the two variables. Table 17 shows a correlation coefficient matrix of frequency of awareness of risky sexual behaviour and effectiveness of counselling services.

Table 16

Correlation Analysis of Awareness of Risky Sexual Behaviour on Effectiveness of Guidance and Counselling Services

		Awareness of Risky Sexual Behaviour	Effectiveness of Guidance and Counselling Services
Awareness of Risky Sexual Behaviour	Pearson Correlation	1	.276**
	Sig. (2-tailed)		.000
	N	351	351
Effectiveness of Guidance and Counselling	Pearson Correlation	.276**	1
	Sig. (2-tailed)	.000	
	N	351	351

**. Correlation is significant at the 0.05 level (2-tailed). (r = 0.276, p >0.05)

Table 16 indicates that awareness of risky sexual behaviour on effectiveness of guidance and counselling services was positively correlated (r = 0.276, p=.000). The positive correlation between awareness of risky sexual behaviours and effectiveness of guidance and counselling services suggests that the higher the awareness of risky sexual behaviour the more effectiveness

of guidance and counselling services in the university. The computed p-value ($p<0.000$) was less than significance level of 0.05). Thus the null hypothesis was rejected. There is no significant influence between the student's awareness of risky sexual behaviour and effectiveness of guidance and counselling services and accepted the alternative hypothesis that there is a significant influence between the students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services. This implies that there is a significant positive relationship between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services

Table 17

Analysis of Variance for Test of Significance of the Regression Model

Model		Sum of Squares	Do	Mean Square	F	Sig.
1	Regression	879.239	1	879.239	28.890	.000[b]
	Residual	10621.427	349	30.434		
	Total	11500.667	350			

a. Dependent Variable: effectiveness of guidance and counselling

b. Predictors: (Constant), awareness of risky sexual behaviour

Table 17, is used to test for regression significance. Since the p-value is less than 0.05 which is our significant level, the sample data provide enough sufficient evidence to conclude that the regression model fits the data better than model with no independent variables. Sum, mean of Squares and degrees of freedom are all geared towards calculation of p-value.

Table 18:

Coefficients of Awareness of Risky Sexual Behaviour on Effectiveness of Guidance and Counselling Services

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.546	1.641		6.428	.000
	Awareness of Risky sexual behaviour	.473	.088	.276	5.375	.000

a. Dependent Variable: effectiveness of guidance and counselling services

Table 18, y is the dependent variable (effectiveness of guidance and counselling) and x_1 is the (awareness of risky sexual behaviour). Awareness of Risky sexual behaviour had unstandardized coefficient (B) of 0.473. This meant that increasing values of awareness of risky sexual behaviour by one unit increases the effectiveness of guidance and counselling services by 0.473. The regression equation of awareness of risky sexual behaviour on effectiveness of guidance counselling services then becomes;

$$y = 10.546 + 0.473x_1$$

This finding concurs with the World Health Organization (2015) which documented that per the estimates of every day, more than 1 million people acquire a STI, hence become difficult to quantify the proportion of these infections which go undiagnosed and untreated, but when an individual is aware of these symptoms it triggers help-seeking behaviour which have been reported as the most common reasons for attendance of counselling services and further healthcare (Balfe et al., 2010).

Effectiveness of Counselling Services is an important public health practice in the challenging task of breaking the chain of transmission of sexually transmitted diseases (STDs), HIV and AIDS. It is based on three basic tasks: providing information, assessing risks, and providing emotional support (Taegtmeyer et al., 2013). Similarly, in Brazil and universal, counselling is an essential approach in the battle against STD, HIV, and AIDS, the reason being low cost of implementation and its possible effectiveness (Cawley, et al., 2014).

Furthermore, providing the youth with basic healthy sexual behaviour permits them to defend themselves from being infected. Youths are particularly generally vulnerable to risky sexual behaviour. Obtaining awareness and skills inspires youths to evade or decrease behaviours that deliver a risk of STI infection and unintended pregnancies. Also for youths who are nevertheless engaging in risky behaviour, behaviour training is vital for make sure that they are ready for circumstances that will place them at risk as they mature (Hindin, 2009). Consistent with this statement, effective counselling includes behavioural interventions which are defined as interventions that are tailor-made to reduce high-risk sexual behaviour such as unprotected sex and multiple partners, and to improve acceptance of voluntary counselling and testing (VCT). Voluntary testing and counselling is known to change behaviour (Corbett, 2007). Participants in our study reported high awareness of risky sexual behaviour. This result duplicates the comment made by Mwamwenda (2013) in his research amongst high school

students in Kenya. Nevertheless, other earlier studies have witnessed disconnect between HIV/AIDS level of awareness and sexual behaviour (Lake Victoria Basin Commission, 2010; Othero et al., 2009). In the study by Othero and associates, for instance, despite their high HIV/AIDS awareness, their respondents acknowledged to be involve in risky sexual behaviour. Their study concludes that there is requirement for supporting peer education programmes, as a mean of battling the spread of HIV/AIDS (Othero et al., 2009). Hence, creating awareness of guidance and counselling among university students in Kenya is critical in assisting them to overcome challenges of risky sexual behaviour that they encounter while on campus.

In this analysis, the study sought to test the hypothesis that stated that there is no statistically significant influence between awareness of risky sexual behaviour and effectiveness of guidance and counselling services. The current study concludes that there is statistically significant influence between awareness of risky sexual behaviour and effectiveness of guidance and counselling services.

Question 1– Student counsellor's interview schedule

Researcher: Is there influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services?

Counsellor 1: Yes, as risky sexual behaviour awareness increased through information on HIV and AIDs and sensitization programs the students also become aware of effectiveness of guidance and counselling services. So there is an influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services

Counsellor 2: Yes, through social media, television and other educative forums, students' awareness of risky sexual behaviour make them aware of effectiveness of guidance and counselling services. Hence, there is an influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services

Counsellor 3: Yes, students transfer knowledge of risky sexual behaviour to the real life situation, they will also find counselling very important because they will be aware of guidance and counselling programmes. Therefore, there is influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services.

Counsellor 4: Yes, through sensitization workshops and training, awareness of risky sexual behaviour will increase hence they become aware of effectiveness of guidance and counselling services. So there is an influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services.

Counsellor 5: Yes, students are aware of risky sexual behaviours since knowledge is acquired even in lecture halls and public HIV and campaign done through social media and posters hence become aware of effectiveness of guidance and counselling services. So, influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services is noted.

Counsellor 6: Yes, because during orientations, HIV workshops, and group counselling students' awareness of risky sexual behaviour increase hence they become aware of effectiveness of guidance and counselling services. So there is an influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services.

Counsellor 7. Yes, because of sensitization done regularly at the university and the training carried out on relationship and alcohol and drug abuse workshop at counselling office it makes students increase awareness of risky sexual behaviour hence they find guidance and counselling to be effective. Hence, there is an influence between students' awareness of risky sexual behaviour and effectiveness of guidance and counselling services.

Counsellor's responses indicated that as student's awareness of risky sexual behaviour increased day by day because they receive information from several sources that empower them on issues to do with risky sexual behaviours they become aware of effectiveness guidance and counselling services. This finding was similar to that of students that implies that there is a significant positive influence between awareness of risky sexual behaviour and effectiveness of guidance and counselling services. This was in contrast to a related study which was carried out among first year undergraduates at University of Sri Jayewardenepura which discovered that more than half (51%) of first year students were unfamiliar of the counselling services at university (De Silva, 2013)

4.4. Influence of Students' Attitudes of Risky Sexual Behaviour on Effectiveness of Guidance and Counselling Services among Egerton University students, Njoro Campus.

The second objective was to find out the influence of students' attitude of risky sexual behaviour on effectiveness of guidance and counselling services. Data on students' attitude was elicited using the students' questionnaire (See Appendix C and D). In order to achieve this objective, correlation analysis and regression analysis were carried out.

The hypothesis was tested by establishing the influence of students' attitude of risky sexual behaviour on effectiveness of guidance and counselling service. Pearson's Correlation Co-efficient (r) was used to determine the strength and the direction of the relationship between the two variables. Table 19 shows result of the analysis.

Table 19

Correlation Analysis for Students' Attitudes of Risky Sexual Behaviour on Effectiveness of Guidance and Counselling Services

		Effectiveness of Guidance and Counselling	Students' attitude of Risky Sexual Behaviour
Effectiveness of Guidance and Counselling Services	Pearson Correlation	1	.263**
	Sig. (2-tailed)		.000
	N	351	351
Student attitude	Pearson Correlation	.263**	1
	Sig. (2-tailed)	.000	
	N	351	351

**. Correlation is significant at the 0.05 level (2-tailed).

Table 19 shows that the correlation between students' attitudes of risky sexual behaviour on effectiveness of counselling services was 0.263 indicating a positive correlation (r = 0.263, p=.000). The p value in this case is also equal to 0.000 which is less than the significance level of 0.05. Therefore, null hypothesis was rejected that there is no significant relationship between the students 'attitude of risky sexual behaviour and effectiveness of guidance counselling and support the alternative hypothesis and conclude that there is a statistically significant influence

between the students 'attitude of risky sexual behaviour and effectiveness of guidance and counselling services.

Table 20

Analysis of Variance for Test of Significance of the Regression Model

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	798.478	1	798.478	26.039	.000[b]
	Residual	10702.188	349	30.665		
	Total	11500.667	350			

a. Dependent Variable: effectiveness of counselling

b. Predictors: (Constant), students' attitude of risky of behaviour

Table 20, is used to test for regression significance. Since the p-value is less than 0.05 which is our significant level, the sample data provide enough sufficient evidence to conclude that the regression model fits the data better than model with no independent variables. Sum, mean of Squares and degrees of freedom are all geared towards calculation of p-value.

Table 21

Coefficients of Attitude of Risky Sexual Behaviour on Effectiveness of Guidance and Counselling Services

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.176	1.604		6.966	.000
	Attitude of Risky Sexual Behaviour	.547	.107	.263	5.103	.000

a. Dependent Variable: effectiveness of counselling services

Table 21, y is the dependent variable (effectiveness of counselling services) while x_2 is the independent variable (attitude of risky sexual behaviour). Attitude of risky sexual behaviour had unstandardized coefficient (B) of 0.547. The above table implies that an increase of student's attitude of risky sexual behaviour by one unit is associated with an increase in effectiveness of counselling services by 0.547. According to the data presented in table 21, there is a significant relationship between students' attitudes with regard to counselling

services. As a result, the regression equation of student's attitude of risky sexual behaviour on effectiveness of counselling services was given as below;

$$y = 11.176 + 0.547x_2$$

According to the data presented in Table 21, there is a significant influence between students' attitudes of risky sexual behaviour with regard to effectiveness of guidance and counselling services. Findings in Table 21 indicate that overall, majority of students had a positive attitude toward effectiveness of counselling services in the institution. This may be attributed to students' evaluation and appreciation of the counselling services offered in the institution and the ability of the counsellors to discharge these services. The positive attitude was expected to increase students' demand of counselling services whenever they had a counselling need. The findings support Muma and Kiilu (2013) who found out that the ultimate attitude of students with information gained from experience and knowledge about counselling services in their institution would be coherent with their cognition.

The current study concurs also with Nyokabi and Thinguri (2015) who observed that the majority of students were aware about counselling services and had a positive attitude towards the existing guidance and counselling programs. This is also similar with research carried out in Cross River State which discovered a significant positive attitude of students on psychological guidance and counselling (Eyo et al., 2010). In a study done in Sri Lanka on investigation of knowledge and attitudes on psychological counselling among first year undergraduates, students had more negative attitudes on psychological guidance and counselling yet they had a very good knowledge level. There are also opposing findings with respect to students' attitudes towards guidance and counselling services. Nyamwange et al. (2013) found that students did not consider counselling essential in universities. Those students tremendously reported a negative attitude towards guidance and counselling programs. She reported that out that help seeking attitudes are influenced by awareness of the provision of guidance and counselling services. Workshops and awareness programmes are recommended to improve students' attitudes on psychological guidance and counselling services particularly in the course of their orientation period and to uphold upcoming research to offer effective psychological guidance and counselling services.

In this analysis, the study sought to test the hypothesis that stated that there is no statistically significant influence between attitude of risky sexual behaviour and effectiveness of guidance and counselling services. The current study rejects the null hypothesis and concludes that there

is statistically significant influence between students' attitude of risky sexual behaviour and effectiveness of guidance and counselling services.

Question 2– Student counsellor's interview schedule

Researcher: Is there influence in students' attitudes of risky sexual behaviour on effectiveness of guidance and counselling services?

Counsellor 1: Yes, when a student has a positive attitude he/she will find counselling very necessary and he/she will come for individual counselling and group counselling when they have issues.

Counsellor 2: Yes when students who are clients have positive attitude they will seek for guidance and counselling sessions and join group counselling when they are offered.

Counsellor 3: Yes, positive attitude means ready to attend individual counselling services, workshops, training and group counselling services.

Counsellor 4: Yes, when students who are clients have positive attitude they even make referrals for their peers, they come back for continue sessions which show they have trust in effectiveness of guidance and counselling services

Counsellor 5: Yes, when they have negative attitude when they are faced with issues/challenges they will not come for counselling so with positive attitude they will come for guidance and counselling services.

Counsellor 6: Yes, clients come back for guidance and counselling services showing positive attitude.

Counsellor 7: Yes, many turn up for group counselling sessions, individual and trainings, this shows positive attitude on effectiveness of guidance and counselling services.

Counsellors' responses were clear that students' attitude on guidance and counselling services is positive. The reasons given were many students come for guidance and counselling sessions and when notices are placed for workshops, group counselling and trainings they register in a large number and attend the advertised activity. This implies that there is a significant positive influence between student attitude and effectiveness of guidance and counselling services similar with findings of the students. These findings contradict the findings of Nyamwaka et al., (2013) concerning attitudes towards help seeking behaviour concerning students' feelings

of being able to deal with their own problems and not attending for either individual or group counselling services.

4.5. Gender differences in Awareness and Attitude of Risky Sexual Behaviour on Effectiveness of Guidance and Counselling Services among Egerton University students, Njoro Campus.

The third objective of the study examined the gender differences in students' awareness and attitude of risky sexual behaviour on effectiveness of guidance counselling services. Gender is a key item in understanding both students' awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services. The students' responses to items on awareness and attitude of risky sexual behaviours by gender in the questionnaire were converted into an index. The Likert method of summated rating was used to transform the responses to items into mean scores, standard deviation and a t- test was done to test if there was significant difference in terms of gender.

Table 22

Independent Sample Test: t- test for Equal of means (Awareness of Risky Sexual Behaviours)

		Levene'sTest for Equality of Variances		**t-test for Equality of Means**						
		F	**Sig.**	**T**	**Df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**	**95% CI of the Difference Lower**	**Upper**
Awareness of Risky Sexual Behaviours	Equal variances assumed	.380	.538	.040	349	.968	.01430	.35957	-.69290	.72150
	Equal variances not assumed			.040	349.000	.968	.01430	.35400	-.68194	.71054

Table 22 shows that there was no significant gender difference in awareness of risky sexual behavior (t = 0.040, p=.0.968p>0.05). Since p value in this case was equal to 0.968 which is

greater than the significance level of 0.05, it implies that there is no gender difference as far as awareness of risky sexual behavior is concern. The behaviour position of the respondents was not statistically influenced by gender. This was similar with a study in Ethiopia by Shiferaw et al. (2011) while in contrast to a study in India which revealed that worthy understanding was witnessed in males as equated to female (Lal et al., 2000). This difference might be owing to cultural variances where females in India might have had more social restrictions than males of the similar age, which was not witnessed in the current study, prompting to lesser knowledge scores in females.

Selassie (2017) reported related outcomes in Ethiopia, in respects to sexually transmitted infections. The records show that utmost students had familiarity on more than one STI with a marginally upper percentage of females recording of responsiveness of their HIV status in comparison to their male colleagues. Contrast to current study it was also found out that female students portrayed a prospect of responsible sexual involvement as equated to the males (Denno et al., 2015).

Table 23

Independent Samples Test: t- test for Equality of Means (Students' Attitude of Risky Sexual Behaviour)

		Levene's Test for Equality of Variances		**t-test for Equality of Means**						
		F	**Sig.**	**T**	**Df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**	**95% CI Difference**	
									Lower	**Upper**
Student attitude	Equal variances assumed	.258	.612	.484	349	.628	-.14352	29624	-.72616	.43911
	Equal variances not assumed			.490	348.238	.624	-.14352	29284	-.71949	.43245

Table 23indicatesthat there was no significant gender difference as far as students' attitude was concerned (t = 0.48, p=0.628p>0.05). Since p value in this case was equal to 0.628 which is greater than the significance level of 0.05, it implies that there is no gender difference in terms of students' attitude. The behaviour position of respondents was not statistically influenced by gender, similarly Njeri et al. (2014) found no significant gender differences in attitudes towards seeking help. The results are contrary to a study done on help-seeking attitudes which show that female students held more positive attitudes than male students (Yılmaz-Gözü, 2013). A study also carried out among Turkish high school students (Yılmaz-Gözü, 2013) revealed that male students were reluctant to seek help from school counsellors. Most male students believe that going for counselling would reflect a weakness in their character because they would be revealing themselves and this might be attributed by their cultural and religion affiliation which is different from Kenya contextual. As evidenced, literature on students' attitudes of risky sexual behaviour on effectiveness of counselling services is contradictory and therefore requires further study.

Hence, the null hypothesis was accepted that there are no statistically significant gender differences in students 'awareness and attitudes of risky sexual behaviour on effectiveness of guidance and counselling services and the alternative hypothesis was rejected and conclude that there is no statistically significant gender difference in students 'awareness and attitudes of risky sexual behaviour on effectiveness of guidance and counselling services.

Question 3– Student counsellors scheduled interview

Researcher: Do gender differences exists in students' awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services?

Counsellor 1: No. I find both male and female students are equal in awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services.

Counsellor 2: Yes. Female students' awareness and attitude of risky sexual behaviour is higher compared to their fellow male students.

Counsellor 3: No. To me student's awareness and attitude of risky sexual behaviour is same for both male and female students.

Counsellor 4: No. From my own opinion both male and female students are same in terms awareness and attitude of risky sexual behaviour.

Counsellor 5: Yes. Female students have slightly high risky sexual behaviour knowledge and positive attitude compared with the male students.

Counsellor 6: No. Both male and female students' risky sexual behaviour awareness and attitude of risky sexual behaviour are the same.

Counsellor 7: No. Awareness and attitude of risky sexual behaviour are the same in both male and females' students.

From the counsellors' responses it shows that out of seven counsellors five of them stressed that the students' awareness and attitude of risky sexual behaviour has no difference. This shows that both male and female students when they receive information they transfer that knowledge in terms of the relationship to their sexual behaviour and they develop positive attitude from the knowledge they acquire from university policies. These findings concur with Ajowi and Simatwa (2010), who noted that administration policies within the school environment have direct influence on the guidance and counselling services offered in the University and these policies may have assisted both male and females' students willing to receive knowledge and to have positive attitude. This finding concurs also with Ibrahim et al. (2014) who found out that students developed a more favourable attitude towards guidance and counselling as they went up the school years.

This implies that there is no gender difference in students' awareness and attitude of risky sexual behaviour on effectiveness of counselling services. This was similar to the response of the students.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter seeks to answer prepositions and aims of this research, discuss the overall conclusion and make recommendations for future research as well as stating the limitation and reasons for further research. It starts by summary and conclusion derived from this study. It then looks at the students 'awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services and answers the research hypotheses. Finally, reasons for further research to increase understanding of awareness and attitude of risky sexual behaviour on counselling practices were explored.

5.2. Summary of the Research Findings

Based on the study objectives and data analysis, the following major research findings are presented:

i) The findings of the study revealed that there existed a significant relationship between awareness of risky sexual behaviour and effectiveness of guidance and counselling services ($r = 0.276$, $p=.000$). The positive correlation between awareness of risky sexual behaviour and effectiveness of guidance and counselling services suggests that the higher the awareness of risky sexual behaviour the more the influence of effectiveness of guidance and counselling services in the university. Awareness of Risky sexual behaviour had unstandardized coefficient (B) of 0.473. This meant that increasing values of awareness of risky sexual behaviour by one unit increased the effectiveness of guidance and counselling services by 0.473 when other independent variables were held constant. In support of past studies, the current study established that there was significant positive relationship between awareness of risky sexual behaviours and effectiveness of guidance and counselling services.

ii) The finding of the study also demonstrated that there is significant relationship between students' attitude of risky sexual behaviour on effectiveness of guidance and counselling services. The correlation between student attitudes of risky sexual behaviour and effectiveness of guidance and counselling services was 0.263 indicating a positive correlation ($r = 0.263$, $p=000$).Students' attitude of risky sexual behaviour had unstandardized coefficient (B) of 0.547.This implies that an increase of student's attitude of risky sexual behaviour by one unit will lead to increase in effectiveness of

guidance and counselling services by 0.547.This may be attributed to students' evaluation and appreciation of the guidance and counselling services offered in the institution and the ability of the counsellors to discharge these services.

iii) There was no significant gender difference in awareness and attitude of risky sexual behaviour ($t = 0.040$, $p=.0.968$). Since p value was equal to 0.968 which was greater than the significance level of 0.05, it implies that there was no gender difference as far as awareness of risky sexual behavior is concern. The same case applies to students' attitude of risky sexual behaviour where there was no significant gender difference as far as students' attitude is concerned ($t = 0.484$, $p=0.628$). Since p value in this case was equal to 0.628 which was greater than the significance level of 0.05, it implies that there was no gender difference in terms of students' attitude. Hence, the finding revealed that there was no statistically significant gender difference in students' awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services.

5.3. Conclusion

Based on the summary findings of this study which have been presented the following conclusions has been drawn: -

i. Counsellors, psychologists and medical personnel work to address various issues related to sexuality through counselling and therapy sessions.

ii. Help-seeking attitudes are influenced by the awareness of the provision of guidance and counselling services

iii. There was no gender difference in awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services among students at Egerton University, Njoro Main Campus. This could be attributed that all students are subjected to same programmes for example orientation, empowerment skills and public talks.

5.4. Recommendations

As per the findings of the study the following recommendations were outlined: -

i) The Counsellors, psychologists and medical personnel in University need to continue to develop effective intervention programmes and sensitisation programmes to increase students 'risky sexual behaviour awareness and regularly offer effective guidance and counselling services in order to enhance fully utilization of these services in the prevention of unwanted pregnancy, unsafe abortions, drug abuse and sexual transmitted infections in our Kenyan universities.

ii) The University Counsellors and Psychologists need to continue to formulate sensitisation programs that promote students' positive attitudes in order to foster development of positive effective of guidance and counselling services to assist in eradicating risky sexual behaviours.

iii) University Counsellors and Psychologists and medical department need to continue to emphasis more on development of gender based empowerment and continue to train students on life skills such as assertiveness and negotiation to say no to sexual advances. They should also continue to teach students on dealing with peer pressure and other social pressures and to learn how to choose friends. It is critical to expand the availability of reproductive health services to youths with formation of a youth friendly community centres within the learning institution being an essential requirement.

5.5. Suggestions for Future Research

The subject of students 'awareness and attitude of risky sexual behaviour awareness on effectiveness of guidance and counselling services has attracted limited research attention in the country. As noted in chapter one and two there has been limited research attention known that has adequately addressed this aspect in the study area and the country. However, from the research findings it was established that awareness and attitude of risky sexual behaviour influence effectiveness of guidance and counselling services among university students.

The study therefore has several avenues for conducting further studies: -

This study can be extended to other public universities of other East African countries. Ideally multiple studies can help in identifying similarities and difference in the region.

A study can be carried out in the other public universities to analyze the students' awareness and attitude of risky sexual behaviors 'on effectiveness of guidance and counseling services. Comparison of results with the existing study can help in understanding their influence on guidance and counseling services of other sectors.

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APPENDICES

Appendix A: Students' Social Demographic Questionnaire

To: Respondent,

My name is Janet C. Soy and I am a Masters student at Egerton University, currently conducting a research on the influence of the University students' risky sexual behaviours awareness and attitude on effectiveness of guidance and counselling services. You have been identified as a respondent in this study. I kindly request you to respond to the information that you have been requested below as honestly as possible. Any information given will be used for this study only and will be treated with utmost confidentially.

Instructions: The following questions are about your personal details. For each item, please make a cross (X) in the appropriate space next to the right answer. Choose only one answer for each item. Do not skip any of the questions and please be as accurate and truthful as possible.

1. Age: 19☐ 20☐ 21☐ 22 ☐ 23 ☐ 24 ☐ 25 and above ☐
2. Gender: Male ☐ Female ☐
3. Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐
4. You belong to which Faculty……
5. Your religion: 1. Catholic☐ 2. Protestant☐ 3. Islamic ☐ 4.SDA☐ 5. Others ☐
6. Your residency status while at the University:
   1. University hostels☐ At home with guardian ☐ Rented accommodation ☐ 4. With no designated accommodation
7. If No how many occupants reside in the house/room? ----------
8. You were brought up by: 1. Mother☐ 2. Father ☐ 3. Both ☐ 4. Guardian ☐

Appendix B - Students' Awareness of Risky Sexual Behaviours

Risky sexual behaviour: It is defined as a behaviour that increases one's risk of contracting HIV/AIDS, STI, unwanted pregnancy and unsafe abortions. It includes sex at an early age, multiple sexual partners and engaging in unprotected and unsafe sex either under the influence of alcohol or illicit drug.

Instructions: For each item, please make a cross (X) in the appropriate space next to the right answer. Choose only one answer for each item. Do not skip any of the questions and please be as accurate and truthful as possible.

Awareness of Risky sexual behaviours	Answers		
	YES	**NO**	**I don't know**
1) Have you heard about risky sexual behaviour?			
2) Is risky sexual behaviours a growing problem among the students?			
3) It is possible for a student to engage in risky sexual behaviour and get sexual transmitted infections?			
4) Is it possible for a student to engage in risky sexual behaviour and contract sexual transmitted infection without having symptoms?			
5) There is risk of HIV/AIDs and Sexual transmitted Infections (STIs) by sexual contact with young male/female student.			
6) Can a person do anything to protect him/herself from getting HIV/AIDs and STIs?			
7) Engaging in risky sexual behaviour at early age increases risk of sexual transmitted diseases?			
8). Engaging in risky sexual behaviour at early age increases the risk of unwanted pregnancy?			
9) Engaging in risky sexual behaviour at early age increases the risk of unsafe abortion?			
10). Risky sexual behaviour include having more than one sex partner.			
11). Sex under the influence of alcohol is associated with high-risk sexual behaviour.			
12). Students who drink more heavily are more likely to have multiple partners and less likely to use protection.			
13) Risky sexual behaviour includes engaging in unprotected and unsafe sex under the influence of illicit drug			
14). Are you aware of HIV/AIDs policy guidelines in the University?			
15). Are you aware of Substance Abuse policy guidelines in the university?			

Appendix C: Students' Questionnaire for Attitude of Risky Sexual Behaviour on Effective of Guidance and Counselling Services

Instructions: For each item, please make a cross (X) in the appropriate space next to the right answer. Choose only one answer for each item. Do not skip any of the questions and please be as accurate and truthful as possible.

University students' attitude of risky sexual behaviour on effectiveness of guidance and counselling services	Answers		
	YES	NO	I don't know
1). Effective guidance and counselling helps a student to learn about risky sexual behaviours			
2). Effective guidance and counselling helps a student to stop indulging in risky sexual behaviours.			
3).Effective counselling helps student to seek for guidance when he/she has HIV/STIs or unwanted pregnancy			
4). Effective guidance and counselling will enable students who are HIV positive not to be excluded from others			
5).Effective guidance and counselling will enable student not to engage in unprotected and unsafe sex either under the influence of alcohol or illicit drugs.			
6). Effective guidance and counselling helps a student to protect him/herself towards HIV/AIDs, STIs and unwanted pregnancy by using a protection			
7). Effective guidance and counselling will enable a student not to involve in sex at an early age.			
8).Effective guidance and counselling will enable a student with unwanted pregnancy to avoid unsafe abortions.			
9) Effective guidance and counselling will enable a student not to have multiple sex partners.			
10). Effective counselling is a helpful way of discussing issues and solving problems			

11).Effective guidance and counselling would make a student feel okay about herself/himself to make the choice to seek VCT services			
12).Effective guidance and counselling would make a student to have self-confidence and remain the same when he/she sought help for a problem that he/she could not solve			
13).Effective counselling enable a student when infected with HIV/STIs to seek for treatment.			

Appendix D: Students Questionnaire for Effectiveness of Guidance and Counselling Service on Risky Sexual Behaviour

Kindly tick (√) in the box the response that best describes your response using the following key SA= Strongly Agree A= Agree U= Undecided D=Disagree SD= Strongly Disagree

Statements	**SA**	**A**	**U**	**D**	**SD**
1.There are effective guidance and counselling services offered to students to have a positive change in their relationship with others and especially in avoiding risky sexual behaviours					
2. Guidance and counselling department is very free and has friendly atmosphere					
3.There is effective guidance and counselling services/programs offered to students to reduce risky sexual behaviours					
4.There is effective guidance and counselling and testing services at the university sanatorium for students to check their status					
5. With effective guidance and counselling services, students have obtained insights about their own thoughts on risky sexual behaviours.					
6.Guidance and Counselling services has enabled students to suggest behavioural changes that help them overcome risky sexual behaviours					
7. Effective guidance and counselling services has help students develop a more positive attitude towards avoiding risky sexual behaviour					
8.In guidance and counselling department there is a good working relationship that allows students to talk about risky sexual behaviours					

9. Effective guidance and counselling has always provided emotional support, information and skills that are consistent with students expectation in dealing with risky sexual behaviours					
10. Effective guidance and counselling always assured students confidentiality on issues about risky sexual matters and any other counselling issues.					

Appendix E: Interview Schedule for Student Counsellors

1. Is there influence in students' awareness of risky sexual behaviours on effectiveness of guidance and counselling services?

2. Is there influence in students' attitudes of risky sexual behaviour on effectiveness of guidance and counselling services?

3. Do gender differences exist in students' awareness and attitude of risky sexual behaviour on effectiveness of guidance and counselling services?

Appendix F: Table for Determining Sample Size from a Given Population

N	S	N	S	N	S	N	S
10	10	120	92	440	295	2400	331
15	14	130	97	460	210	2600	335
20	19	140	101	480	214	2800	338
25	24	150	108	500	217	3000	341
30	28	160	113	550	226	3500	346
35	32	220	140	600	234	4000	351
40	36	230	144	650	241	4500	351
45	40	240	148	700	248	5000	357
50	44	250	152	750	254	6000	361
55	48	260	155	800	260	7000	364
60	52	270	159	1200	291	8000	367
65	56	280	162	1300	297	9000	368
70	59	290	165	1400	302	10000	370
75	63	300	169	1500	306	15000	375
80	66	320	175	1600	310	20000	377
85	70	340	181	1700	313	30000	379
90	73	360	186	1800	317	40000	380
95	76	380	191	1900	320	50000	381
100	80	400	196	2000	322	75000	382
110	86	420	201	2200	327	100000	384

Note: N is population size

S is sample size

Appendix G: Request for Research Permit

EGERTON UNIVERSITY
Tel: Pilot: 254-51-2217620
254-51-2217877
254-51-2217631
Dir.line/Fax: 254-51-2217847
Cell Phone

P.O. Box 536 - 20115
Egerton, Njoro, Kenya
Email: bpgs@egerton.ac.ke
www.egerton.ac.ke

OFFICE OF THE DIRECTOR GRADUATE SCHOOL

Ref: EM20/3596/13 Date: 6th February, 2019

The Director General
National Commission for Science Technology and Innovation,
P. O. Box 30623-00100
NAIROBI.

Dear Sir,

RE: REQUEST FOR RESEARCH PERMIT– MS. JANET CHEPCHIRCHIR SOY REG. NO. EM20/3596/13

This is to introduce and confirm to you that the above named student is in the Department of Psychology, Counselling and Educational Foundations, Faculty of Education, Egerton University.

She is a bona-fide registered M.A student in this University. Her research topic is **"Egerton University Students' Level of Awareness of Risky Sexual Behaviours and Attitude Towards Effectiveness of Counselling."**

She is at the stage of collecting field data. Please issue her with a research permit to enable her undertake the studies.

Your kind assistance to her will be highly appreciated.

Yours faithfully,

DIRECTOR, BOARD OF POST GRADUATE STUDIES
07 FEB 2019

Prof. Nzula Kitaka
DIRECTOR, BOARD OF POSTGRADUATE STUDIES

NK/en

Appendix H: Research Authorization (NACOSTI)

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/19/92696/28388** Date: **27th February, 2019**

Janet Chepchirchir Soy
Egerton University
P.O. Box 536-20115
NJORO

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Egerton University students' level of awareness of risky sexual behaviours and attitude towards effectiveness of counselling"*** I am pleased to inform you that you have been authorized to undertake research in **Nakuru County** for the period ending **27th February, 2020.**

You are advised to report to **the County Commissioner and the County Director of Education, Nakuru County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nakuru County .

The County Director of Education
Nakuru County .

Appendix I: Research Permit

THIS IS TO CERTIFY THAT:
MS. JANET CHEPCHIRCHIR SOY
of EGERTON UNIVERSITY, 0-20115
Nakuru,has been permitted to conduct
research in *Nakuru County*

on the topic: *EGERTON UNIVERSITY STUDENTS' LEVEL OF AWARENESS OF RISKY SEXUALBEHAVIOURS AND ATTITUDE TOWARDS EFFECTIVENESS OF COUNSELLING*

for the period ending:
27th February,2020

Permit No : NACOSTI/P/19/92696/28388
Date Of Issue : 27th February,2019
Fee Recieved :Ksh 1000

Applicant's Signature

Director General
National Commission for Science, Technology & Innovation

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014.

CONDITIONS

1. The License is valid for the proposed research, location and specified period.
2. The License and any rights thereunder are non-transferable.
3. The Licensee shall inform the County Governor before commencement of the research.
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
5. The License does not give authority to transfer research materials.
6. NACOSTI may monitor and evaluate the licensed research project.
7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research.
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CONDITIONS: see back pa

Appendix J: Journal Publication

Journal of Education and Practice
ISSN 2222-1735 (Paper) ISSN 2222-288X (Online)
Vol.11, No.9, 2020

Egerton University Students' Level of Awareness of the Risks of Engaging in Sexual Behaviours and Attitude Towards Effectiveness of Counselling Services

Janet C. Soy* Teresia Njonge B.E.E. Omulema
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Abstract
Young people form a large number of the population worldwide. A large part of this population group lives in developing countries. They are at higher risk of involving in risky sexual behaviours. These risky sexual behaviour sway youths to numerous sexual and reproductive health repercussions such as unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV and AIDS. Globally, awareness about the spread of HIV and a positive attitude on safe sexual practices has a serious control over the prevention of HIV and AIDS. The purpose of this study was to determine students' level of awareness of risky sexual behaviours and attitudes towards the effectiveness of counselling services. To achieve this purpose, descriptive design was used. The target population was 14,578 undergraduate students from Egerton University. The accessible population was 12,462 students from nine sampled faculties at Egerton University, Njoro Campus. The sample was 375 respondents, however, 351 respondents were included in data analysis as some were rejected due to incomplete responses and missing data. Probability Proportionate to size, stratified sampling, simple random sampling, and purposive sampling methods were used to select the participating faculties and respondents. Seven student counsellors were purposively sampled too as key informants since they directly counselled students daily. A questionnaire and interview schedule were used to collect data. A pilot study was carried out at Laikipia University-Main Campus and 37 students participated to establish the reliability of the questionnaire. In the study, the reliability coefficient of 0.78 was established using Cronbach alpha. The collected data were analysed using both descriptive and inferential statistics (Pearson Correlations coefficients, Multivariate Regression, and t-test). Statistical Package for Social Sciences (SPSS) version 22.0 aided in data analysis. The study established that both levels of awareness of risky sexual behaviours and students' attitudes have a significant association with the effectiveness of counselling at 0.05 significant levels. Following these findings, the study recommends the development of effective intervention programmes and sensitisation programmes that inform students about the effectiveness of counselling services to enhance the utilization of these services in the prevention of unwanted pregnancies, unsafe abortions, sexually transmitted infections and drug abuse.

Keywords: Level of awareness, Students' attitude, Risky sexual behaviours, effectiveness of counselling services
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