THE ROLE OF PEER COUNSELLING TRAINING ON THE STUDENTS' PERCEPTION TOWARDS YOUTH DEVELOPMENTAL CHALLENGES IN TECHNICAL INSTITUTIONS IN UASIN GISHU COUNTY, KENYA

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Egerton University

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DECLARATION AND RECOMMENDATION

Declaration

This research is my original work and has not been previously presented for the award of diploma or degree in any other university.

Signature …… **……**

Janet Wairimu Otieno **Date**

EM16/0516/02

Recommendation

This research has been submitted for examination with our approval as university Supervisors.

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DEDICATION

This work is dedicated to my husband, John Onyango and my children, Wawa, Jeff, Martine and Wanja for their love and support throughout the long journey.

ACKNOWLEDGEMENT

I wish to acknowledge God for sustaining me throughout this study in good health especially when I had to deal with breast cancer. My sincere appreciation to my supervisors, Prof. Sindabai and Dr. Udoto for being patient and for giving me the encouragement to keep going even when it was so difficult. Thank you so much and may God bless you.

ABSTRACT

In the modern society and fast changing environment in which the young people grow, there is a lack of proper structures to help them cope with their developmental challenges .Peer counseling therefore is becoming an important and integral part of technical institutions educational programme in Kenya. The institutions use peer counseling training as an intervention in changing the perceptions of the students towards the youth developmental challenges. Research has established that people tend to be more open and identify more easily with their peers when dealing with issues affecting them. The significance of the study was to establish the role of peer counseling Training on the students' perception towards youth developmental challenges. The study was guided by the social learning theory. The study adopted an ex-post facto research design and targeted students in technical institutions in Uasin Gishu County. The target population constituted of 3400 students while the accessible population was 200 students who had undertaken peer counseling training. A sample size of 60 peer counselors was selected. Questionnaires were used to collect the data. Descriptive statistics such as frequencies, percentages, means and standard variations were used to analyze the data. The findings showed that the peer training played an effective role in influencing the perceptions of the peer counselors towards youth developmental challenges. The peer counselors perceived identity crisis and HIV/AIDS as the major challenges to the youth. The conclusion from the study was That more students should be involved in the peer counseling training to provide more peer counselors to the large student community. It was also recommended that a syllabus on life coping skills be introduced for all the students in the institutions.

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LIST OF ABBREVIATIONS AND ACRONYMS

HIV/AIDS:	Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome
NACADA:	National Agency for the Campaign Against Drug Abuse
RVTTI:	Rift Valley Technical Training Institute
STDs:	Sexually Transmitted Diseases
TEMAK:	The Kenya Society for people with AIDS
UNESCO:	United Nations Educational and Cultural Organization
UNAIDSK:	United Nations Programme on HIV/AIDS
UNFPA:	United Nations Family Planning Association
YWCA:	Young Women Catholic Association

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

Peer counseling Training is the process in which students are equipped with knowledge and skills on to help fellow students seeking counseling. It is a relatively new concept in Kenya but quite popular in western countries like the united states positive peer culture ,which is practiced in the united states, is appropriate because it emphasizes on responsible behaviour consistent with the goals of institution. A "peer" in the common sense of the word a person who one meets in terms of approximate equality, a companion or fellow (Bossard, 1992)

The social and economic changes that have taken place in Kenya since the turn of the Century have shown an increasing dependence on the formal school system for custodial care , as well as formal education (Anyango, 1994).The schools however, are cognitive oriented and this has created a gap in helping the youth cope with the developmental challenges out of the classroom. Even with the 8-4-4 system of education, there is still a huge gap that begs to be filled to equip the youths in order to face life challenges out of class. This vacuum has continued to grow as the African societies modernize frontiers of knowledge break down, and the priorities of the community change, UNESCO (2002). African adults have become more concerned with earning money and are less occupied with many of traditional practices that formally contribute to the upbringing of the young people. It continues to state that there no longer a natural understandable order from birth to adulthood for the African child. According to Brewer (1997), more than ever, the youths need a caring and understanding experience to steady their minds. They need some top teach them draw a map that will guide them safely through dangerous terrains in life. In this respect how they perceive the challenges helps them avoid deviant behaviors and help them cope with academic and social issues better.

At Egerton University, peer counseling training was conceived and established as a result of students' preference for counseling from their peers as opposed to the universities 'health center staff, because they felt that fellow students had more in common with them than the staff, (Wakube 1995). The students in technical institutions generally fall under the ages of 14 to25 years and are hence reffered to us

youth in this study .According to the Draft National youth policy paper of the Ministry of home Affairs of 2002, the youth described as anyone aged between 15 and 30 years. This age group constitutes 32% of the total Kenyan population and makes up 60% of the labour force. Youths encounter various developmental challenges and need help to develop positive attitudes to bring forth responsible behaviour .Their perceptions towards these challenges influences their behaviour.

There is a gap that needs to be addressed to provide a way to help the youth in and out of class to deal with developmental challenges in life. These challenges include social, emotional and physiological issues, drugs and substances abuse, teenage pregnancies, abortions, unemployment, family life education, health and reproductive issues, HIV/AIDS, interpersonal relationships, peer pressure and identity problems. Te HIV/AIDS pandemic is pandemic is presently a threat to the youth because of having unprotected sex. There is need for education system and institutions of learning to intervene and help the youth protect themselves and equip them to play a better role in creating awareness and imparting knowledge and skills amongst themselves. Peer counseling training is perceived to be one way of effectively addressing this gap. This study was geared towards establishing the role of such training towards the youth developmental challenges. Well informed students can be used as a means of reaching out to others on a one-to-one basis of effectively educate and encourage change of behavior. It is hypothesized that the youth give a lot of weight to what their peers say and think, unlike what their parents or other adults say. Per training and dissemination of information would then give them the proper tools to educate and influence the perception of their peers.

1.2 Statement of the Problem

Many students fall into deviant behaviours like drunkedness, rampant sex, drug and substance abuse seemingly unaware of the consequences. Technical institutions have provided an opportunity for various interventions to be put in place to help the youth cope with the challenges as these challenges. One of the main interventions has been peer-counselling training programmes which equip students with knowledge and skills to deal with the developmental challenges. Peer counselors tend to be mature in behavoiur than fellow students and are role models in the institutions. Whereas technical training institutions have continued to invest in peer-counselling

programmes, the role they play in shaping student perceptions towards their developmental challenges is not clear. This study therefore, sought to establish the role peer counseling Training has on the perceptions of the students towards youth developmental challenges.

1.3 Purpose of the Study

The purpose of this study was to investigate the role of Peer Counselling Training on the perceptions of students' perceptions towards developmental challenges that face the youth.

1.4 Objectives of the Study

The study was based on the following objectives:

i. To establish the role of the Peer Counselling Training on the students' perception towards the youth developmental challenges.
ii. To investigate the Peer Counsellors' perceptions towards youth developmental challenges in technical training institutions
iii. To establish the level of knowledge and skill of the Peer Counsellors regarding developmental challenges facing the youth

1.5 Research Questions

The study sought to answer the following questions:

i. What is the role of peer Counselling Training on the students' perception towards youth developmental challenges in technical training institutions?
ii. What are the peer Counsellors' perceptions towards youth developmental challenges in technical training institutes?
iii. What is the level of knowledge and skill of Peer Counsellors regarding developmental challenges facing the youth?

1.6 Significance of the Study

This study, would establish that Peer Counselling Training plays a role in influencing the perceptions of the students towards youth developmental challenges. That the findings would create an awareness of the importance of having peer training programmes in the learning institutions. That the study would benefit the students and the society.

1.7 Assumptions of the Study

That the Peer Counsellors had undertaken a peer counselling training programmes in college.

1.8 The Scope of the Study

The scope of the study included areas covered in the peer training programmes like HIV/AIDS, sexuality, teenage pregnancy, drug and substance abuse and gender disparity. It also looked at the role of the training on the students' perception towards youth developmental challenges.

1.9 Limitations of the Study

That the Peer Counselling Training programme would not be availed to the researcher. That the Peer Counsellors would not be readily available to answer the questionnaires and give honest answers. The dean of students were however very helpful and assisted in getting the counselors and supervision of filling the questionnaires.

1.10 Definition of Terms

The following terms were used

Chiefs' Baraza: This is a meeting in the villages called by the chief who is the administrator at and a government representative at the grassroots level.

Developmental Challenges: This refers to challenges experienced by the youth as, they grow into adulthood away from academic experiences. This includes the emotional, socialization, physiological changes, identity, sexuality etc.

Identify Crisis: This is a stage where the youth are trying to know themselves in terms of whom they are.

Peer Counsellor: Is a student who has undergone the peer counselling training

Peer Counselling: Training/Programme: It is the process of learning through hearing, seeing (observation), and thinking by which the individual acquires knowledge, skills and information that enable them change their behaviour.

Risky Behaviour: Behaviour which puts the youth in danger but they wont ponder much before indulging in it, for example, unprotected sex.

Youth Oriented Challenges: Challenges that are easily associated with the young people, like Drug and Substance Abuse, peer pressure, STDs etc.

Tertiary Institutions: These are middle level institutions that admit students from primary schools for artisan courses and from secondary schools for certificate and diploma courses.

Youth: Young people aged between 15 and 24 years.

Perception: The way students see, think and interpret and form their opinions.

8-4-4: Kenyan school system of 8 years in primary, 4 years in secondary and 4 years at the University

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

Literature in this study covered perception, youth at a developmental stage, youth and sexuality, youth and teenage pregnancy, youth and gender disparities, youth, drugs and substance abuse and youth and HIV / AIDS. The review also dwelt on a number of issues related to peer counselling and peer counselling programmes.

2.2 Understanding Perceptions

According to Kananu (2002) perception is the process by which individuals organize and interpret their sensory impressions to give meaning to the environment. It means that peoples actions are influenced by what they sense and how they relate to their surroundings. The expectation therefore is that Peer Counselling Training helps the students to perceive the developmental youth challenges and process then within their environment. They would then act differently and behave accordingly. The process of perception involves the elements of reception, processing, influence, output and reaction. Perceptual inputs are received through sensory mechanisms. So guidance and counseling services enter the perceptual field of the youth through senses of sight, smell and taste Kananu (2002). These inputs are processed through perceptual mechanisms. They are selected organized and interpreted in order to give meaning to the receiver (youth). Peer training gives the much needed input to the students, allowing them to see and think through the challenges and organize their behavior rationally. The students' perception is affected by both internal and external factors.

2.2.1 Internal Factors

These are the characteristics of the receiver (youth) needs and motives, past learning and past experience, self-concept and personality.

2.2.2 Learners Needs and Motives

According to Kananu (2002) peoples needs play an important role in perception. For example a youth with a pressing problem is more sensitive to guidance and Counseling than a learner who has no problem. This means when a youth is faced with an emergency she/he cannot wait to talk to the counselor, Wachira (2002). If peer counseling training enables a student to solve his problem then he perceives

training to be helpful. The role of the training will have been effective and will equip the student to deal with the challenges as they come.

2.2.3 Learning Acquired from Past Experience

According to Camille (1999) learning and past experience guide our expectations about the world. These expectations in turn influence our perceptions. Kananu (2002) contend that peoples' past experiences for example learning, influences perception by creating readiness to perceive an object or a person in a certain way. A student's past experience helps to shape his perception of the youth challenges where some may assume they are normal or they will outlive them with time. For example, according to UNESCO (2002) a person looking for help wants to be helped but still be respected, no matter how low or miserable he might see himself/ herself to be. If a student experiences confidence and learns how to handle to challenges their perception will change.

2.2.4 Self Concept

A student who has low self concept might not see the need of seeking guidance and counseling while a youth with positive self concept might perceive guidance and counseling as necessary whenever he has a problem.

2.2.5 Personality

According to Kananu (2002) optimistic individuals see things in favorable terms while the pessimistic individuals see things in negative terms. So optimistic students look out at Peer Counseling Training services positively e.g. as helpful and adequate while pessimistic youths' look at it negatively as unnecessary and inadequate etc.

2.3 The Peer Counsellor

According to Bossard (1992), a peer in the common sense of the word is a person whom one meets on terms of approximate equality, a companion or fellow. It is a person of the same age, same status or going through the same experience and this gives familiarity and gives identity to the individual or group. In this study peers were taken to be fellow students living studying in the tertiary colleges. A counselor is the one who undertakes the helpers' role in individual counselling and a leadership role in group counselling. A peer counsellor should have the following qualities

according to Lutomia and Sikolia (2002), be open, understanding, good communicator, creative, devoted and polite, should be humble, patient and Persevering, empathetic and able to maintain confidence, disciplined, a good listener, a role model, caring and concerned about others.

A peer counselor is well equipped with information on various issues and challenges that face them and their peers. This includes human sexuality, reproductive health, HIV *I* AIDS and other sensitive topics in the society. They are trained in listening skills, interpersonal skills and other general counselling skills (Awino 2002). They are also referred to as peer educators. According to Omulema (2002), the counselling process has three central roles: The preventive role, the remedial role and the educational and developmental role

Peer Counsellors through counselling skills arm to play these roles. The Peer Counselling Programmes help equip the students to prevent deviant and risky behaviours and provide remedy where damage has already occurred. Young people find it difficult to obtain clear and scientifically correct information and where available it may be given in an authoritarian, judgmental, or non adopted to the young peoples values, mentalities and lifestyle (UNAIDS, 2001). Peer education is a way of breaking this communication barrier and it facilitates dialogue between equals, as one of them becomes a facilitator. This helps them to see things in a new perspective. Newsome, Thome and Wyld (1973), assert that, peer counsellors or educators require training to help produce people with understanding skills and greater awareness of themselves as instruments of change in their counselling encounters.

2.4 Peer Counselling Training Programmes

Educating the youth through peer-counselors is one of the most effective ways the Young Women Catholic Association (YWCA) are using in tackling HIV/AIDS. It has been observed that youths as a group give a lot of weight to what their peers say and think. They may not hear the same message if it comes from their parents but they will when it comes from their friends. It can also be easier for the youth to open up to friends than parents, especially about intimate matters. Due to the magnitude of the developmental challenges facing the youths, some institutions like Kenyatta, Egerton and Moi Universities have instituted peer-counselling programmes to help

their student communities. In the First International Conference on Guidance, Counselling and Youth Development in Africa held in Nairobi, Kenya, it was expressed that there is a need for the education systems to pay greater attention to the holistic development of children. The assessment showed that education must go beyond cognition and as such, the classroom would need to provide a more caring and secure environment that will contribute to substantive improvements in education of children (UNESCO, 2002).

Peer-counselling programmes are combining peer-to-peer approach with clear answers and it is benefiting not only those receiving it, but also those giving it. It is also helping the youth to contribute to solving the problems around them. According to Williams et al (1998), the greatest success in the area of behaviour change is happening when young people themselves become involved in peer group counselling. The YWCA in Botswana has had a highly effective method/programme in controlling HIV/AIDS which operates in eleven (11) schools throughout the country.

A critical mass of young people, women and men, with the capacity to influence their broader peer group are trained on self-worth and identity and given skills to work with others in order to reduce the spread of HIV/AIDS. The same has been adopted in Madagascar, Namibia and in Kenya and its expanding (Majtenyi, 2001). In Kenya, the fight against HIV/AIDS has intensified, especially in those areas where it is prevalent and where young people have watched their friends dying. Four (4) successful programmes which have largely changed the attitudes and sexual behaviours of thousands of other young people deserve to be mentioned.

2.4.1 The Mathare Youth Sports Association, Kenya

It was established in 1987 in the sprawling slums of Mathare. It is the largest youth football club with 420 boys' teams and 170 girl's teams. The senior team of 25 was trained as peer educators and because of their influence they had reached 20,000 youths between 1994-1997. Their focus is mainly on AIDS but they also give short talks on sexual behaviour to small groups of young people, at school and before football matches. The main emphasis is on abstinence from sex until young people are physically and emotionally mature and for those already sexually active, the emphasis

is on staying with one partner and using condoms. Its impact has been recognized world wide and in 2004 the club was nominated for the prestigious Nobel Price award.

2.4.2 The Fish Group (A Catholic Youth Organization).

It was formed in 1985 "to promote Christian values and community service, and to organize social and educational activities for young people". The group uses a youth-led approach to HIV/AIDS education known as "education for life" or the "behaviour change process". This approach was developed originally in Uganda and has spread to other parts of Africa. It encourages individuals to know and accept the reality or risky behaviour, help them to commit and make choices or new behaviour. It uses role plays and songs and makes these presentations in schools, churches and the community.

2.4.3 The Kenya Society for People with AIDS (KESPAX)

It was founded in Nairobi by Edwin Odera in 1992. The group was instrumental in the formation of Anti-AIDS clubs in the schools in Western Kenya. The clubs which are run by the youth have spoken in churches and in the chief s barazas as they reach out to other youths and the community. Today they are supported by the district authorities.

2.4.4 The Teenage Mothers and Girls Association of Kenya

It set out to address the issue of teenage mothers who are mainly rejected by the society and mostly never get a chance to go back to school. Though originally it was for helping in training and income generating projects, HIV/AIDS has become an issue and they are addressing it and counselling on individual and group level is taking place. Though they have not carried out an evaluation on the project the TEMAK staff and volunteers, believe that several important changes in the attitudes and behaviour have taken place.

Because of the enormous threat of HIV/AIDS most programmes have been geared towards the change of risky sexual behaviour. The youth in learning institutions are well placed to get the information. But according to Kahuthia and Samson (1998), youths out of school in Kenya are equal to those in school and they too need to be

reached. The scouting movement has been used as a vehicle to do so. In a pioneer project in Kijabe primary (Central Province) and Machakos in 1995, scouts were trained in Family Life Skills (FLS) curriculum that would impact on sexual reproductive health decision making. The project aimed at decreasing unwanted pregnancies, the high prevalence of sexually transmitted infections including HIV; reaching out-of-school youth; and minimal or no dialogue between parents and children about reproductive health issues. The scouts incorporate games, exercises and teamwork to reinforce their messages and to make learning fair. It was realized that working with a homogeneous group was more effective that a differentiated group. Therefore, peer counselling programmes in schools are very effective in changing the perception and perspective of the youth on the life challenges they face (Kahuthia and Samson, 1998).

Peer counselling programmes on Drugs and Substance Abuse have not been well documented in Kenya, but in North America Peer Assistance for prevention has been implemented (Kananu, 2001). A research carried out on tobacco use confirmed that early and prolonged use by pre-teens increase their use and becoming addicted to other harmful substances, including cocaine, heroine and other illegal drugs. Pre-teens and teens are significantly influenced by their peers and research has shown that peers can be a source of positive, helpful and beneficial decisions, behaviours and actions. The implication is that there is need to change the perception of the young ones on smoking tobacco. Peer counsellors can be used to "pass their wisdom and spirit, support of mentorship and soul couching."

According to Kaguthi (2003), pupils aged between 10-14 years who are in primary school are already smoking and there is a need to set up peer assistance programmes in primary schools. The intervention strategies must be directed towards the young people early enough in their lives to prevent their attraction to tobacco. This will delay, reduce or eliminate involvement with tobacco and consequently the "gateway" characteristic of tobacco. The effectiveness of the peer-counselling programme can only be attributed to the change in perception that occurs at the training of the peer counsellors.

Fifteen-year old Shifidi, a newly trained peer counselor, at an annual camp organized by YWCA of Namibia observes;

" ..When we joined this group it was just another activity. After a few lessons, it changed us permanently. It opened our eyes and brightened our minds. We now know the importance of feelings and how to help other teenagers. We now have confidence to turn our lives around in a positive way" Kinuthia et al (1998).

2.5 Youth at a Developmental Stage

Perception is influenced by specific learning experiences, memories, motives and emotions of an individual, Lahey (2002). The culture and the environment in which one lives also influence the perception. The young people handle the challenges they face according to how they perceive them and depend on their attitude. Social psychologists define attitudes as beliefs that predispose us to act and feel in certain ways Lahey (2002). Attitudes can be influenced through persuasion and can change the behaviour of a person. Peer counselling has been identified as one way of helping peers acquire knowledge and skills that contribute to healthy lives and responsible behaviour, Awino (2000). Knowledge gaps that exist in modem life cause the youths' risk-taking behaviours according to Maynard and Johnson (2001).

There is a need to promote healthier life choices and strategies to mitigate the adverse outcomes that the youth encounter. In recent years a new stage of development had conceptualized, that of youth, a stage that bridges the transition between adolescence and adulthood, Diane and Sally (2010). It is a where through a psychological commitment to their own sense of self, one may have been made, social commitments like career, marriage partner and raising children According to Erickson (1968), the youth culture is not so obviously transitional but more like a waiting period in which the youth is ostensibly preparing himself herself for adult responsibility. At this stage they can integrate their sense of who they are and can decide how they want to relate to society. This life stage has several themes as outlined by Keningston (1973): An emphasis on the present rather than tomorrow, a continued search for identity in careers and values and a redefinition of the relationship to one's parents, to childhood and to the childhood self, through new relationships the youth forms with a sweetheart, a counselor or a group of peers.

Makinde (1984) noted that a large proportion of every society is made of adolescents who are undergoing this transition. They tend to be confused and nothing is good in their perception of things. They feel they should be left alone. He summarized these developmental stages in three phases: Biological: this is the onset of puberty and the completion of bone growth, Sociological: this is the transition period from dependent childhood to self-sufficient adulthood, Psychological: this is the marginal' situation in which new adjustment have been made, those that distinguish child behaviour from adult behaviour.

Havighurst (1993) gave a more comprehensive definition of this transitional stage and he talks of physical maturation, cultural maturation and individual maturation as; Accepting emotional independence from parents and other adults, Achieving new and more mature relations with age-mates of both sexes (peer groups). Achieving a masculine or feminine social role. Accepting one's physique and using the body effectively. Accepting assurance of economic independence. Selecting and preparing for an occupation.

There is great and urgent need therefore, to give the youth guidance, information and support in order to prepare them effectively to deal with their challenges. Makinde (1984) opines that there is a need to provide for the needs of this age to avoid indecision, uncertainly, ambiguity, conflicts, instability, unpredictability, homosexuality, Drug and Substance Abuse. He continues to say that, schools should improve on their programmes and curricula to take care of them not only for the intellectual skills developed, but also the affective domain. In Kenya, the education system caters mainly for the cognitive development of the child and little has been done to develop the social skills or to equip them with coping skills especially at the adolescent or youth stage. This study looked at the role of Peer Counselling Training on the students' perception towards youth developmental challenges. The society provides vague and undefined techniques to help adolescents reconcile their roles as adult or child. For this study, the researcher dealt with five key developmental challenges 1. Youth and sexuality 2. Youth and teenage pregnancy 3. Youth and gender disparity 4. Youth and drug and substance abuse 5. Youth and HIV/AIDS

2.5.1 Youth and Sexuality

Sexual development is one of the more challenging stages of the identity of a young person (John &Anne 1991). They assert that, at this stage the youth experiences body changes that lead to stronger sexual feelings, which they do not know how to deal with. Sexuality is not necessarily the predominant focus of interest during adolescence but it remains a topic of interest to teenagers, (Kermus, Monge &Dusek 1975).According to Diane et al (2010), sex is distinguished from other motivational states mainly by the intensity of emotions it arouses. These intense feelings are one reason that sexuality is frightening for many people. Parents are unable to talk openly about sex and sexuality with their children and a lot of conflict between them has centered on this area. They find it embarrassing and feel it is the concern of "someone else". The children perceive this as a reason to experiment and discover for themselves while keeping it secret.

The kind of timing of sexual training that boys or girls receive during childhood and adolescence can be of major importance in determining whether they will show great or little interest in sexual behaviour, (John &Anne, 1991). It is worth to remember that in the modem African society; these structures that offered that kind of training have broken down (Mbiti, 1999). In America and other Western countries, the sexual attitudes and values of adolescents have been changing significantly because there is a greater openness and honesty about sex. The subject is discussed with ease and unlike in Kenya, the youths perceive it as a way of life where adults should provide the necessary information. There is now an increasing tendency for the youth to base decisions about appropriate sexual behavior more on personal value and judgment and less on conformity to institutionalized social codes. This has resulted in greater openness about sexuality and sexual relationships, greater tolerance of variations in the sexual values and behavior of others, to a desire for more and better sex education including access to birth control information, (John &Anne, 1991).

In Kenya, there is still a lot of inhibition about sex and thus the youth do not have the correct information pertaining to their sexuality and have continued to engage in risky sexual behaviour. Sex education has remained controversial and is yet to be implemented. This has left the youth exposed to ignorance, which in itself is a challenge. The challenges are much greater because it brings into account issues of

Sexuality Transmitted Diseases (STDs), HIV/AIDS, and even homosexuality amongst the youth. Coleman (1977) carried out a study in Washington revealed that adolescent sexual activity has been on the increase and sex was among more than one partner. He concluded that adolescents are exploding with sexuality and sexual curiosity. He therefore recommended that, interventions ought to be put in place to meet this need to positively influence youth perceptions. The peer pressure to engage in sex was also a factor where those aged between 19 and 20 felt their virginity was a burden.

2.5.2 Youth and Teenage Pregnancy

Due to lack of proper information on their own sexuality and engaging in sex at an early age, many young women have become pregnant and many have dropped out of school. According to John et al (1991), only 34% of the sexually active young women aged 15-19 years reported to always use contraceptives. Moss said they used condoms, the withdrawal method and pills in the USA. But due to widespread lack of proper contraceptive measures there is a continued increase in premarital intercourse, by 1975, one million pregnancies had been reported. Others had had abortions, miscarriages and had dropped out of school. Diane et al (2010), asserts that most of the young women were ignorant about reproduction, thought they could not conceive because they were too young, or because they thought that having sex frequently was safe or because it was the wrong time of the month. Numerous surveys have proven that sexual information's of adolescents is often non-existent or incorrect where pregnancy is considered. Considerable information is conveyed through the peers who are themselves not well informed.

It was also found out that, both boys and girls have an almost magical or egocentric belief in the personal fable that negative events happen to others but not them. In the sub Saharan Africa of which Kenya is part, the issue of high birth rates has been escalating and there is a need to address the issue of teenage pregnancy which comes along with far reaching effects than just a mouth to feed. The girls drop out of school, they do not get adequate medical attention, have a risk of dying due to not well developed bodies and most are stigmatized in the society. They need emotional support, and reassurance which in most cases is absent.

2.5.3 Youth and Gender Disparity

Stoller (1968) observed that the majority of the population could clearly be categorized as male or female according to the physical characteristics. Biological factors are widely believed to be responsible for the difference in both the behaviour of men and women and the social roles of men and women can be explained in terms of hormones and brain roles they play in the society. He further asserts that some scientists believe that variations in behaviour differences. But Oakley believed that gender roles are culturally rather than biological produces. Humans learn the behaviour that is expected of males and females within the society. He goes further to state that, gender is socially constructed and the disparities are achieved through; Manipulation (child-self concept), where the mother pays more attention to the girl's hair and clothes Canalization, where boys and girls are directed to different objects, a girl plays will dolls while a boy is given toy cars. Verbal appellations, a girl is told she is good while a boy is naughty Different activities are given to the girls (domestic), while the boy spends Most of his time playing

Gender disparities differ from one cultural context to another (Hall, 1981). It means that the interpretation of what is 'female' and 'male' is society as well as time-bound. The gender roles and expectations are transmitted to each new generation through the process of gender roles and expectations are transmitted to each new generation through the process of gender socialization, where one has to internalize specific social roles and develop a self-perception in order to fit into the society. Sex role stereotyping is probably the most significant factor in gender disparity between boys and girls. It is social pressure that bears upon the boys and girls to conform to masculine and feminine roles. It forms part of the hidden curriculum in that it is not spelt out in writing but is inferred from the way people act and react to each other. According to the Social-Role Theory, the gender differences in behaviour results from different opportunities, challenges, experiences and restrictions that social roles create for men and women (Michael and Martin, 1995). The biological realities of reproduction for women and advantages of men's greater physical strength lead most human societies to create social structures in which men have greater power and status. Men learnt to be dominant, assertive and aggressive and taught women to be submissive, cooperative and sociable. The division of labour encourages women to acquire domestic skills and encourage men to learn the skill of resource gathering.

In most African societies, including Kenya, the girl is socialized into her social role at a very early age in the home and this process continues into school. In 1995, the United Nations department of public information in Platform for Action and Beijing Declaration, notes that; The girl is discriminated against from childhood to adulthood, the girl is exposed to harmful practices and attitudes like female genital mutilation, son preference, early marriage, violence, sexual exploitation and abuse, gender biased educational process including curriculum educational materials and practices, teacher attitude and classroom interaction.

The education system in Kenya is one of the social organizations charged with the responsibility of socializing children and it cannot be exonerated from nurturing gender disparities. Girls have experienced gender disparity in the demarcation of school subjects and have been discouraged from taking science and technology. According to a research by Wachira (2002), in Rift Valley there are schools where girls were not allowed to do physics and chemistry but could do biology because it is 'simpler' to handle. In other schools, girls are allocated duties to sweep the classrooms, offices and to fetch water while the boys were left to play.

Education is expensive in Kenya and the majority of families are poor. According to Bingham (1992), poor families in undeveloped nations are paying total costs of education unlike the developed economies where basic education is offered free and subsidized at other levels. The results have been that only the male child is getting to go to school while the girl child stays at home. Most youths have experienced this kind of disparity and especially where the community has not been exposed to modem ways of living. Unfortunately, this disparity continues even to the working places where the male continues to hold the senior jobs and the women the junior ones Wachira (2002). There is a need therefore to address these gender disparities and promote gender equity and equality.

2.5.4 Youth, Drug and Substance Abuse

According to John et al (1991), drug use among adolescents and youth increased markedly in the last decade. The widespread drug use and abuse has however not been restricted to adolescents alone but to rather a broader society of which they make part of. It is a fact that drugs are now part of the social ills that make this an issue for the youth. In the USA, the television and radio have wooed the youth into use of drugs for almost anything from anxiety, depression to restlessness. However, the concern is not for the youth who occasionally has a few drinks or smokes a marijuana, but a youth who turns repeatedly to drugs in order to cope with insecurity, stress, psychological tension, low self-esteem, feelings of rejection or alienation, conflicts with parents or problems of daily living, John et al (1991). He outlines the following as the reasons why the youth turn to drugs: Peer pressure, to please the girlfriend or the boyfriends, rebellion against parents, escape from the pressures of life, alienation, emotional disturbances, societal rejection and the easy availability of the drug and curiosity.

According to Blum (1970), adolescents who abstain are more likely to be either, moderate or heavy drinkers, conservative, controlled, responsible, studious, cautious and religious. They are interested in solitary pursuits and less likely to be adventurous, outgoing, socially assertive, impulsive, socially and sexually active, subject to mood swings, critical of society on tolerance of socially deviant behaviour. On the other hand, youths who are heavy or problem drinkers are likely to place a high value on independence, to be impulsive and engage in deviant behaviour, date and party more. They also tend to get bored, unhappy, pessimistic, impulsive, and distrustful. In their research, Moos, Moos and Kulik (1976) found out the drinkers are likely to complain of psychosomatic symptoms and to use a variety of medications ranging from aspirin and vitamins to laxatives and tranquilizers. They have difficulties with their parents, don't value academic success and actually perform poorly.

According NACADA, drug and substance abuse in Kenya has risen to alarming rates Kaguthi (2003). It reports that 22.7% of primary school children and 68% of university students have taken alcohol. A large number has been exposed to tobacco, miraa, glue sniffing, bhang and even hard drugs such as heroine and cocaine. The

report goes on to say that, tertiary institutions form an excellent experimenting grounds for drug and other substances that even lead to dependency. Kenya has reported many cases of violence in our learning institutions, which have been attributed to drugs. A case in point is that of Sangalo Institute of Science and Technology where in November 1999, drugged and drunk students beat up their principal to death. In May 1993, a principle in the same institute narrowly escaped death when rioting students burned a car belonging to the school accountant. Many schools have been burnt ever since and more students have died as a result, with the Kyanguli incident taking eminence due to the high number of students who died. The students need help to overcome this challenge.

2.5.5 Youth and HIV/AIDS

The scale of the HIV I AIDS epidemic is enormous. It kills teachers faster than they can be trained, makes orphans of students, and threatens to derail efforts by countries to get the boys and girls to school by year 2015. It is now one of the biggest challenges to the nations of the world and especially the Sub-Saharan Africa. No country can afford to be complacent about stopping the disease and protecting future generations, World Bank Survey (2003). The report on AIDS goes on to say that, the most devastating and far-reaching fact is its impact on the education systems. Half of the world's 15,000 new infections every day occur among 15-24 years old. It has reduced the life span from 62 and 47 years. Young girls are being retained at home to take care of the sick or to assume domestic duties while young boys are getting married to take up the roles of parents. The Daily Nation (November 5th 2003), reports a case of a young teenager who is looking for a wife at the age of 18 years after juggling four roles of a parent, brother, guardian and breadwinner since he was 14 years old after the loss of his parents due to AIDS. According to UNFPA (2003), millions of adolescents and young people are faced with the prospects of early marriage and childbearing, incomplete education and the threat of HIV/AIDS. Most young people are watching their friends dying and though they desire to take action, most remain ignorant of measures they ought to take to stop this pandemic. There is need to provide interventions to help the young men and women deal with these challenges on a daily basis. The education system can effectively be used to bridge the gap that presently exists, to equip the youth by imparting skills and knowledge about these challenges and other social challenges they face.

2.6 Theoretical Framework

The social learning theories were perceived applicable for this study and in particular the social cognitive theory whose assumptions were be adopted. The belief that human beings learn by observing others goes back at least to such early Greeks as Plato and Aristotle. In redefining the social learning theory, Bandura (2006), defines human behaviour as triadic, dynamic, and reciprocal interaction of personal factors, behaviour, and the environment. He agrees with the behaviorists' notion that, responses mediate behaviour, but contends that behaviour is largely regulated through cognitive processes. It emphasizes that the mind is an active force that constructs one's reality; selectivity encodes information, performs behaviour on the basis of Values and expectations and imposes structure on its own actions, (Jones 1989). This assumption is important for this study because, the peer counsellor's perception of the challenge in their lives changes as they gain information and perform behaviour according to the value of the information through the cognition process. The person-behaviour interaction involves one's thoughts, emotions, and biological properties and one's actions (Bandura 2006). For example, a person expectations, beliefs, self-perception, goals and intentions, give shape and direction to behaviour. The theory further accounts for biological personal factors, such as sex, ethnicity, temperament, and genetic predisposition and the influences they have on behaviour. Therefore the issue of gender disparity and its adaptation through gender socialization and beliefs held by the different ethnic groups has contributed to the self-perception by girls and boys.

Bandura (2006) goes on to say that there is an interaction between the environment and the personal characteristics. In this process, human expectations, beliefs and cognitive competencies are developed and modified by the social influences and physical structures within the environment. These influences convey information and active emotional reactions through: Modeling- a model is anything that conveys information; it can be a person a film, or television, instruction and social persuasion

Thirdly, interaction occurs between behaviour and environment. Bandura (2006) contends that people are both products and producers of their environment. A person's behaviour is, in turn, modified by that environment; for example a person can use selective attention to experience their environment, whom to interact with,

and what activities to participate in. On the other hand an aggressive person can influence the environment by creating hostility. However, inherent within this reciprocal determination is the concept that people have the ability to influence their destiny. Humans function as contributors to their own motivation, behaviour and development within the reciprocating interacting influences. Within this social cognitive Theory perspective, humans are characterized in terms of five basic and unique capabilities.

Symbolizing Capability: Bandura (2006) says that most external influences affect behaviour through cognitive processes. But he suggests that it is symbols that serve as the mechanism for thought. The symbols are images or words, which give meaning and form to their experiences. Symbols also enable the human to store information in their memory and can be used to guide future behaviours. One is able to cognitively solve problems and engage in foresight action (think about the consequences of behaviour without actually performing the behaviour).

Vicarious Capability: According to Bandura (2006) observational learning allows one to develop an idea of how a new behavior is formed without actually performing the behavior oneself. This is referred to a vicarious learning; it allows one to learn new behaviour quickly as they avoid molding costly and fatal mistakes in their lives. It also allows one to explore situations and activities for the attainment of new knowledge that would otherwise be out of reach. Observational learning is governed by four processes

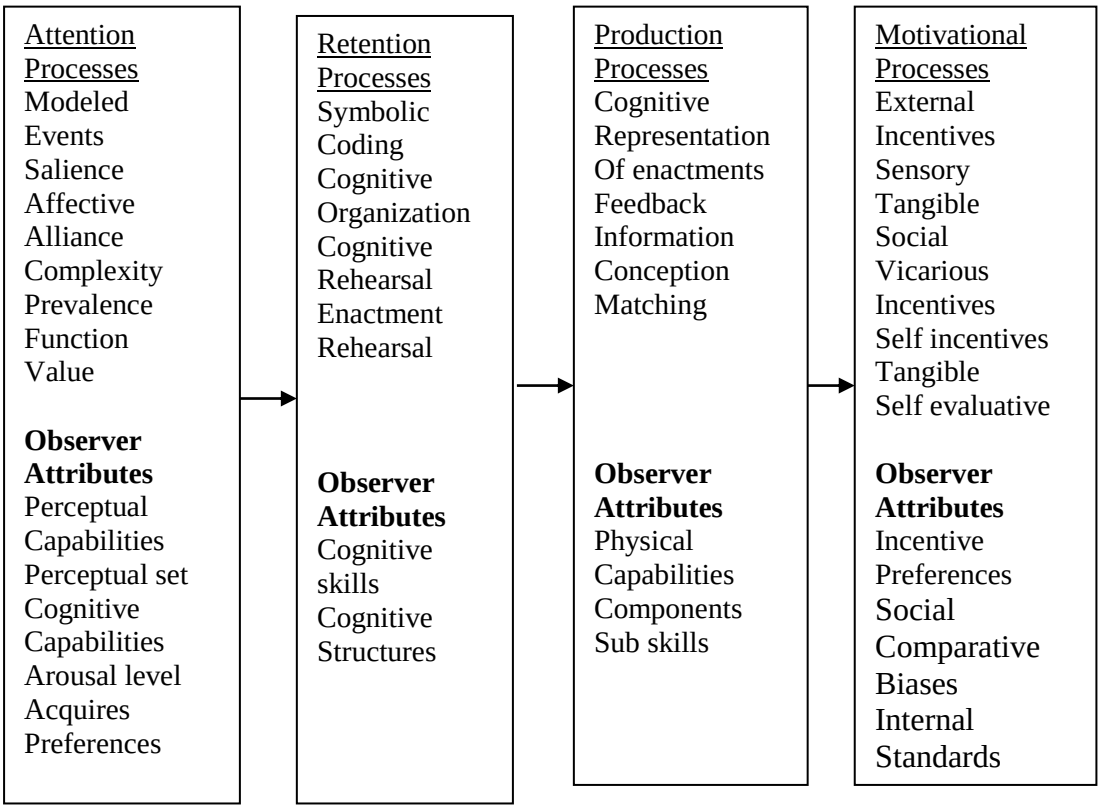

Figure. 1: Adopted from Social Foundations of Thought and Action by Bandura (2006)

Attention Process: the observer selectively attends to the action and behaviours in his environment. Research has shown that models will attend more if they are similar to the observer that is same sex, same age etc

Retention Process: retention of the observed information must be retained if it is to be useful. Once the information is stored cognitively, it can be retrieved converted, rehearsed and strengthened long after observation learning has taken place. **Behaviour Production Process:** this is when symbols formed and stored in one's memory are converted into appropriate action for modeling to occur.

Motivational Process: the value of the outcome (expectancy) will influence the adaptation of the modeled behaviour.

Through these processes, the role Peer Counselling Training of students should effectively influence their perceptions and bring about the following capabilities. Forethought Capability: This is a person's capability to motivate themselves and

guide their actions anticipatorily Bandura (2006), the previous experiences create expectations of the outcome that will occur as a result of performing a behavior, before the behaviour is performed. Behaviour is then influenced when forethought is translated into incentives and action through the self-regulatory mechanism.

Self-Regulatory Capability: Bandura (2006) proposes that self-regulatory systems mediate external influences and provides a basis for purposeful action allowing people to have personal control over their own thoughts, feelings motivations, and actions. Self-regulation occurs through the interplay of self produced and external sources of influence, including motivational standards and social and moral standards.

Self-Reflective Capability: self-reflection enables people to analyze their experiences, think about their own thought processes, and alter their thinking accordingly, self --efficacy is one of the most important types of self-reflection. According to the Social Learning Theory, people develop perceptions about their own abilities and characteristics that subsequently guide their behaviour by determining what a person tries to achieve and how much effort they will put into their performance, (Bandura 2006).The theory was deemed applicable to the research because Peer Counselling Training equips the students through cognitive processes which will intern influence their perceptions and behavior.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the research design, population, sampling procedure and sample seize, instrumentation, data collection and data analysis procedures.

3.2 Research Design

A research design refers to a plan, blue print or a guide for data collection and interpretation, set of rules that enable the investigator to conceptualize and observe the problem under study (Paton, 2002). The study adopted an ex-post facto research design. This design enabled the researcher to determine the role of Peer Counselling Training on the students' perceptions towards youth challenges without manipulating any variables. The students had already undergone the training. Neuman (2000), infers that ex-post factor research design has the capacity to describe the present status of a phenomenon, determining the nature of the prevailing conditions, practices and attitudes and seeking accurate descriptions of activities without manipulating the variables.

3.3 Location of the Study

The study was conducted in three technical training institutions In Uasin Gishu County. The area was easily accessible to the researcher. The three were Rift Valley Technical Training Institute, Kaiboi Technical Training Institute and Ole Lessos Technical Training Institute. These institutions are public and admit students straight from primary and secondary schools. Technical institutions operate very differently from secondary schools in that students don't were uniforms nor are they regulated or monitored in class. They were therefore appropriate to implement peer programs and develop peer counselors.

3.4 Population of the study

The three institutions had a student population of 3400. The target and accessible population was 200 Peer Counsellors. The total number of students in the three institutions and the distribution by gender is as shown in the Table below.

Table 1

Distribution of students and peer Counsellors by Gender

Institutions	Total no. students	Males students	Male counselors	Female students	Female counselors
RVTTI	2000	1100	60	900	45
Olessos	950	550	31	400	25
Kaiboi	450	320	26	130	13
Total	3500	1970	117	1430	83

3.5 Sampling Procedure and Sample Size

A sample is a subset of the population to which the researcher intends to generalize the results. Patton (2002) argues that, the main factor considered in determining the sample size is the need to keep it manageable enough. A sample of 60 Peer Counsellors was taken from the target population of 200 Peer Counsellors found in the three institutions. This constituted a sample of 30% which is acceptable, Mugenda & Mugenda (1999). In each institution, a table of random numbers was used to select the proportionate numbers in the sample from the available Peer Counsellors by gender. This ensured that total sample (60) was a representative of both male and female peer counselors.

Table 2

Peer Counselors Sampled from each Institution

Institutions	Male counselors	Males in the sample	Female counselors	Female in the sample	Total
RVTTI	60	17	45	13	30
Olessos	31	10	25	8	18
Kaiboi	26	8	13	4	12
Total	117	35	83	25	60

3.6 Instrumentation

The instruments used to collect data for this study were questionnaires, which the researcher administered. The questionnaire had two parts. Part A dealt with information on bio-data while Part B dealt with the perceptions towards the youth

developmental challenges. The items tested the perceptions through their knowledge and awareness about; sexuality, teenage pregnancy, drugs and substance abuse, gender disparity, HIV / AIDS, peer pressure, identity crisis, and relationship issues.

3.6.1 Validity

A pilot study was conducted before the actual data collection at the Eldoret Polytechnic in Uasin Gishu County. The researcher issued 15 questionnaires to students who had undertaken a Peer Counselling Training to help establish the reliability of the research instruments.

3.6.2 Reliability

The questionnaires were analyzed to test the accuracy of the data collected and its representation of the variables of the study. The Cronbach's coefficient alpha was used to determine the internal consistency of the questionnaire items. A coefficient of 0.8 was calculated and it implied that the instrument could yield consistent results. The questionnaire was validated through consultation with the supervisors.

3.7 Data Collection Procedures

The researcher obtained an introductory letter from Egerton University Graduate School and a research permit from the National Council of Science and Technology. Permission was sought from the Principles of the institutions before administering the tools to the students. Students were briefed on the aim of the study, its relevance and how to respond and fill the questions. The questionnaire was self-administered with the help of the dean of students from the institutions and collected from the respondents as soon as they completed. The respondents were given a week to complete but did so in two days, with the help of the dean of students in all the institutions.

3.8 Data Analysis

Data analysis was facilitated by use of SPSS 15.0 (Statistical Package for Social Sciences) Computer package. Descriptive statistics was employed to analyze data. The questionnaire used the likert scale to assess the perceptions of the Peer Counsellors on the developmental challenges. Frequencies and percentages were used to interpret the similarities and differences in the respondent's perception towards

issues raised. Means and standard deviations were calculated and data presented in form of tables to give deviations of the findings.

CHAPTER FOUR
RESULTS AND DISCUSSIONS

4.1 Introduction

This research set out to investigate the role of Peer Counselling Training on the Students' perception towards youth developmental challenges. The findings are presented in six sub topics, the characteristics of the respondents and the three objectives that guided the study.

4.2Demographic Characteristics of the Peer Counsellors

This section presents the distribution of the respondents by age and gender. A total of 60 Peer Counsellors were sampled.

Table 3

Distribution of Peer Counsellors according to Age

Age	Frequency	%
<18	13	31.67
18-24	47	78.33
Total	60	100.00

Table 3 indicates that there were a total of 60 respondents who are the peer counsellors. The majority of the respondents were between 18-24 years (78.33%) of age while only 21.67% were below 18years of age.

Table 4

Distribution of Peer Counsellors according to Gender

Gender	Frequency	%
Male	35	58.33
Female	25	41.67
Total	60	100.00

Table 4 shows that 35 of the respondents where male constituting 58.33 % and the majority were female at 25 or 41.67% of the study sample.

Table 5

Distribution of the Peer Counsellors according to the Year of Study

Peer counselors		
Year of study	Frequency	%
1	13	21.7
2	27	45.0
3	20	33.3
Total	60	100.00

Table 5 indicated that the 45% of the peer counselors were 2nd year students. This was influenced by the fact that most of the 3rd years were registering for examinations during the research while others were just reluctant to fill the questionnaire. The 1st years were in their second term and only one peer training workshop had been held at RVTTI and Kaiboi Technical, so few were sampled from the three institutions.

Table 6

Distribution of the Peer Counsellors according to Programme of Study

Peer counselors		
Programmes	Frequency	%
Information Technology	9	155.0
Business Studies	15	25.0
Food and Beverage	8	13.3
Medical and Applied Sciences	10	16.6
Automotive/Mechanical	9	15.0
Electrical Engineering	5	8.3
Plumbing	3	5.0
Total	60	100.00

Table 6 indicated that the researcher used the admitting departments in the technical institutions to sample the Peer Counsellors. It can be observed that the majority of the samples were from the Business Studies with 25% and Automotive/Mechanical departments because these departments are in all the institutions. Medical and Applied

Sciences with 16.6% was only in RVTTI and it's the largest department and had more students in the Peer Programmes.

4.3 Role of Peer Counselling Training

Objective one of the study was to investigate the role of the Peer Counselling Training on the Students' Perception towards developmental challenges. The peer counseling training focused on impacting on behavior and influencing the behavior of the students: It covered areas like sexuality, HIV/AIDS, Drugs and Substance Abuse, relationship issues among others.

Table 7

Role of Peer Counselling Training

Peer counselors		
Perception	Frequency	%
Very effective	20	33.3
Effective	22	36.7
Not effective	18	30.0
Total	60	100.00

An examination of Table 7 showed 33.3 % of the Peer Counsellors felt peer counseling training was very effective and 36.6 % said it was effective. This indicated that the training received had an impact on the students (peer counselors) and thus an influence on their perceptions towards the youth developmental challenges. Thirty (30) % however were of the opinion that it was not effective. This could have been contributed by the fact that 21 % of the respondents were first years who had taken little training and had not acquired much knowledge. These findings agree and support earlier findings by the YWCA that peer-counselling programmes change the perceptions of the youth, Kahuthia et al (1998). Further interrogation of the role of peer counselling training on other students is revealed the following.

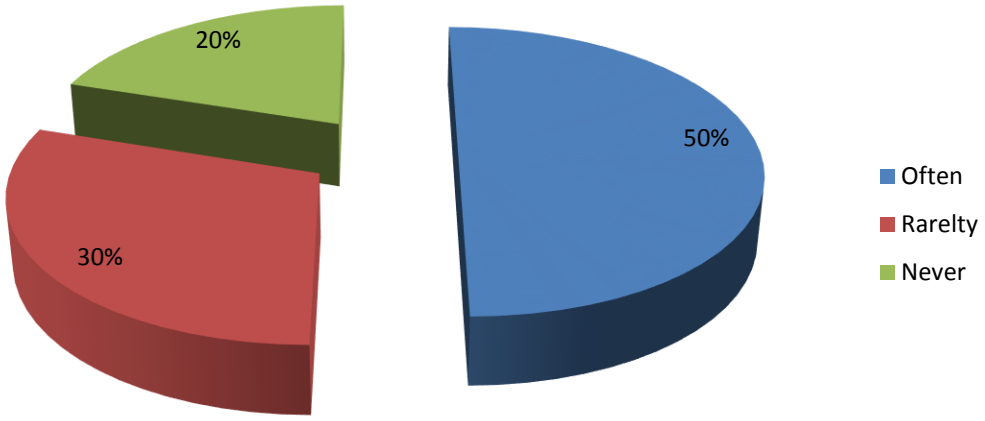

Figure 2 Provision of Peer Counselling Services

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The findings in Figure 3 indicated that 50% of peer counsellors rarely provided counseling services. This implied that other students either did not perceive peer counseling as necessary and therefore sought help rarely. Thirty (30) % have never done any counseling. Only 20% of the peer counsellors offered their services regular. There is a need for concern because it indicates that the peer counselling training is producing peer counsellors who are not used by the students.

Table 8

Perception of the Students towards Peer Counseling Programmes

Peer counselors		
Perception	Frequency	%
Very positive	0	0
Positive	6	11
Negative	30	55.5
Very negative	18	33.3
Total	60	100.00

An analysis of Table 8 shows that the perception of students towards peer counseling programmes is either negative or very negative according to 55.5% and 33.3% of the peer counsellors respectively. This upholds the earlier findings that students rarely or

never seek peer counseling services. There is a need to sensitize the students on the role of peer counseling training and its positive impact on perceptions and behavior. The role of peer counselling training was further emphasized by the responses given in all the institutions that the Administrations fully supported the programmes; RVTTI (100%), Kaiboi (86.9%) and Olessos (82.1%). This implied that the Administrations believed the programmes played a vital role in helping the students deal with their challenges and influence others positively.

4.4 Perceptions of Peer Counsellors Towards Developmental Challenges

The second objective of this study was to establish the perception of peer counselors towards the developmental challenges facing the youth in technical institutions. The study findings are in Table 9

Table 9

Perceptions of Peer Counsellors towards Developmental Challenges

	Peer counselors						
n=60	SD	D	UD	A	SA	Mean	SD
Perception	%	%	%	%	%		
Emotional changes	0	40	0	50	10	3.30	1.11
Relationship issues	0	33	0	70	30	4.30	0.46
Physiological changes	0	0	5	50	11.7	3.40	1.80
Identify crisis	0	0	0	100	0	4.00	0.00
Socialization	42	10	3.3	36.7	18.3	2.90	1.67
Career choice	40	0	3.3	46.7	0	2.57	1.4
Sexually issues	0	40	10	60.0	30	4.20	0.61

An examination of Table 9 indicates 50% of the peer counsellors perceive emotional changes as a youth developmental challenge in technical institutions. With 10% strongly agreeing, it indicates that students are still going through the adulthood transition in life. Some peer counsellors (40%), disagreed. The variation in perception was observed to be only 1.11 meaning the variation in perception is not significant. Physiological changes were also perceived to be a youth developmental challenge with a score of strongly agree of 11.7% and 50% agree. The standard deviation in their perception was indicated as 1,80 implying the peer counselors perception were

varied significantly. Identity crisis was perceived by all the peer counselors (100%) as a youth developmental challenge. Socialization and career choice were perceived not to be challenges with 42% and 40% strongly disagree score respectively. The differences in perception on these four challenges could be attributed to differences in exposure through the peer counselling training or duration in which the Peer had been a peer counsellor. On the relationships 70% of the peer counselors perceived it was as a challenge while 60% agreed sexuality was a youth developmental challenge in technical institutions. The standard deviations were below one (1) indication on insignificant difference within the group. The conclusion from the findings show that identity crisis, relationship and sexuality issues rank as major youth developmental challenges.

Table 10

Perceptions on Youth Oriented Challenge

	Peer counselors						
n=60	SD	D	UD	A	SA	Mean	SD
Perception	%	%	%	%	%		
Substance and drug abuse	10	0	1.7	50.0	38.3	4.07	1.15
Gender disparity	0	40	10.0	50.0	0	3.10	0.95
Teenage pregnancy	0	0	1.7	36.7	61.7	4.60	0.53
Peer pressure	0	0	0	70.0	30.0	4.30	0.46
Other STD Infection	0	41.4	8.6	13.8	36.2	3.45	1.35
HIV/AIDS	0	0	0	60.0	40.0	4.40	0.49

The analysis of Table 8 showed that 70% of the peer counsellors agreed that peer pressure was a youth challenge and 30% strongly agreed. This was a high score indicating that this is a strong challenge that needs to be addressed by the peer training. The standard deviation was 0.46 indicating that the perceptions were similar. On HIV/AIDS, was perceived to be a- challenge, 60% agreed and 40% strongly agreed. The researcher found out that the students had actually buried a number of their collegues who had died due to this pandemic. This would put weight on the World Bank Survey (May,2003), that new HIV infections occur among 15-24 year olds. Further observation of Table 8 showed 61.7% of the peer counsellors strongly agreed that teenage pregnancy was a challenge to the youth, while 36.7 % agreed. It

could be explained by the number of pregnancies observed through out the year in the institutions. A standard deviation of 0.53 was an indicator that the findings were within the mean of 4.60. Drug and Substance Abuse was perceived to be developmental challenges. Fifty percent (50%) of the peer counsellors agreed, 38.3 % strongly agreed, 10% strongly disagreed and one (1) was undecided. Gender disparity though recognized by 50% as a challenge, 40% disagreed while 10% were undecided. On STD infections, the Peer Counsellors perception was very varied giving a standard deviation of 1.35. Peer counsellors generally perceived this category of youth challenges as youth developmental challenges in technical institutions

Table 11

Perception of Peer Counsellors towards Myths on Developmental Challenges

	Peer counselors						
n=60	SD	D	UD	A	SA	Mean	SD
Suggested solutions	%	%	%	%	%		
Abortion is a solution to teenage pregnancy	10	51.7	0	38.3	0	2.67	1.10
Teenage pregnancy poses danger to both mother and child	0	0	0	90	10	4.10	0.03
Premarital sex equips youth for marriage	100	0	0	0	0	1.00	.00
Peer pressure is the cause of rampant sex in the institution	10.2	40.7	0	39	10.2	2.98	1.28
Youth are ignorant of the dangers of unprotect sex	0	10	0	38.3	51.7	4.32	.91
STDs put the youth at a risk of being	20	40	30	10	0	2.30	.91
Females are more predisposed to infections than the females	40	10	31.7	18.3	0	2.28	1.18
Condoms are the solution to unwanted pregnancies and STDs	70	0	0	30	0	1.90	1.39
Alcoholism does not lead to risky behaviour	60	0	0	40	0	2.20	1.48
Drug/Substance Abuse is on rise	0	48.3	0	41.7	10	3.13	1.14

The findings in Table 9 indicated that 90% of the peer counsellors agreed that teenage pregnancy poses danger to both the child and the mother while 10% strongly agreed. This was an indication that they were informed on reproductive health The standard deviation was 0.30 showing the difference in perception is insignificant. On whether the youth were ignorant about dangers of unprotected sex, 51.7% strongly agreed,38.3% agreed and only 10% disagreed. This is a worrying indicator because it means that the youth are in danger of STDs, HIV/AIDS and teenage pregnancy. Further observation of Table 9 showed that 70% of the peer counsellors were of the opinion that condoms were not a solution to unwanted pregnancies but 30% opined they were. The result was a standard deviation of 1.39 showing that difference in perception was significant. Table 9 also indicated that 51.7% of the Peer Counsellors disagreed that abortion is a solution to teenage pregnancy, but 38.3% agreed. The standard deviation was 1.10. The peer counsellors are however divided on whether peer pressure, which they identified as a major developmental challenge, is the cause of rampant sex in the technical institutions. The researcher agrees with Kahuthia (1998) that peer programmes should cover a large areas (skills and knowledge), to help educate and demystify some beliefs of the youth.

4.5 Peer Counsellors Level of Knowledge on Developmental Challenges

The third objective of the study, was to establish the level of knowledge of the peer counsellors regarding developmental challenges facing the youth

Table 12

Peer Counsellors Level of Knowledge

	NK	K	FK	VK	NK	Mean	SD
n=60	%	%	%	%	%		
Drug abuse	13.3	50	6.7	30	6.7	2.53	1.07
Teenage pregnancy	0	53.3	11.7	33.3	11.7	2.75	.99
HIV/AIDS	0	55	45	0	45	2.45	.50
Gender equity	0	83.3	14.8	1.9	14.8	2.19	.44
Sexuality	10	51.7	28.3	10	28.3	2.38	.80
Stress management	1.7	20	40	38.3	40	3.15	.80
Time management	0	96.6	3.4	0	3.4	2.03	.18
Leisure management	0	46.7	30	23.3	30	2.77	.81
Reproductive health	0	11.9	67.8	20.3	67.8	3.08	.57

An examination of Table 12 indicated that peer counsellors are generally knowledgeable on the issues indicated. On Drugs and Substance Abuse, 50% were knowledgeable, 6.7% fairly knowledgeable, 30% very knowlegeable and 13.3% not knowledgeable. The 13.3% could have been the new peer counsellors. The standard deviation was 1.07, the highest in this category indicating the diversity of perception. On teenage pregnancy, 53.3% were knowledgeable, 11.7% fairly knowledgeable and 33.3% very knowledgeable. This could be attributed to the fact that earlier findings identified teenage pregnancy as a youth challenge and could have been tackled the peer training. The standard deviation was 0.99. On leisure management 46.7% were knowledgeable, 30% fairly knowledgeable and 23.3% were very knowledgeable. This was a good finding because its an indicator that peer counsellors are responsible in managing their leisure and depicting of responsible behaviour.

Knowledge on time management scored the lowest standard deviation of 0.18, with a mean of 2.03. Table 31 shows that 96.6% of the peer counsellors were knowledgeable and 3.4% were fairly knowledgeable on time management. The researcher observed that this could be because the peer training given was a good intervention to help the peer counsellors balance their academics and peer counselling. On gender equity, 83.3% were knowledgeable, 14.8% were fairly knowledgeable and 1.9% very knowledgeable. The mean was 2.19 with a standard deviation of 0.44. The data in Table 31 indicates that 55% and 45% of the peer counsellors were knowledgeable and fairly knowledgeable respectively. The standard deviation was 0.5. On reproductive health all the peer counsellors admitted they were at least knowledgeable. On sexuality10% were not knowledgeable while on counselling skills, 3.3% were not knowledgeable. The researcher speculated that this could be new comers into the peer counselling programmes.

4.5.1 Counselling Skills

The peer counselling training aims at developing peer counsellors who are properly equipped in counselling skills. The response indicated that 60% were confident in their skills, 30% felt they needed more training while 10% were not confident. This finding could be attributed to the fact that some students were in first years and were still not confident enough to counsel other students.

CHAPTER FIVE

SUMMARY, CONCLUSIONSAND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the major findings from the study based on the research objectives, conclusions from the findings and recommendations derived from the conclusions. It also presents suggestions for further research on peer counsellors and peer counselling programmes as an intervention for developmental challenges in tertiary institutions.

5.2 Summary of the Findings

Based on the objectives, the findings indicated that peer counselling training played the role of educating, informing and equipping the peer counsellors with life skills to deal and cope with the youth developmental challenges. In so doing it influenced the perceptions of the peer counsellors who can confidently offer counselling services to fellow peers. The importance of the role of the peer counselling training was further enhance by the overwhelming support given to the programmes by theadministrations of the three institutions. The findings showed that the training was effective in influencing the perception of the students towards youth developmental challenges. The peer counsellors perceived identity crisis and HIV I AIDS as the main challenges to the youth in technical institutions. On the level of knowledge, the findings indicated that the peer training covered a wide range of topics relevant to the students. The peer counsellors were knowledgeable especially on HIV/AIDS, reproductive health and sexuality.

5.3 Conclusions

i. That peer counselling training IS an empowering tool that has a positive influence on the perceptions of the students and more students showed be enrolled. In the three institutions out of 3400 students only 200 were in the Programme.

ii. There is a need to put measures to create general awareness about HIV I AIDS to the student community and to encourage testing in order to minimize infections.

iii. That the peer counselling trainings equipped the peer counsellors on various areas which holistically equip the students to cope with the youth challenges.

5.4 Recommendations

i. The Ministry of Education should prepare syllabi on life coping skills to be taught to all students as part of their curriculum to empower the many students who are not in the peer counselling training.

ii. Peer counselling programmes should be enhanced to give room to more students to be trained as peer counsellors to help other students.

iii. Teacher counselors should sensitize students about peer counselling services so that more may seek the services of the peer counsellors and not suffer in silence.

5.5 Recommendations for Further Research

This study makes the following suggestions for further research:

i. Effectiveness of peer counselling programmes in technical institution.

ii. Evaluate the content of the peer programme syllabus and its appropriateness in addressing the student's challenges.

iii. The role of the peer counselling in the fight against Drug and Substance Abuse in technical institutions because it is becoming a menace

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APPENDIX A: INTRODUCTION LETTER

Dear Peer Counsellors,

I am a post graduate student at the Egerton University pursuing a masters degree in guidance and counseling. I am carrying out a study on the "The role of peer counseling training on the student perception towards youth developmental challenges in technical institution in Uasin Gishu County, Kenya. I am kindly requesting you to assist me to fill the questionnaire attached to the best of your knowledge. The information provided will be treated with the strict confidentiality and it will only be used for the intended purpose of this study only. You are therefore requested not to write your name or the name of your institution

Yours sincerely

Janet Otieno

APPENDIX B

QUESTIONNAIRE FOR PEER COUNSELLORS

Answer all questions as indicated by either filling in the blank or ticking the option that applies.

PART A: General

(Please indicate response by ticking (√) in the appropriate box

1. Gender

Male ☐ Female ☐

2. Are you a counsellor?

Yes ☐ No ☐

3. Are you a peer counselor and have you been trained Yes ☐ No ☐

4. What is your age bracket?

Below 18 years ☐ 18-24years ☐ 25-30 years ☐

Over 30 years ☐

5. Specify your program of study……..

6. Specify your year of study……

Section B: perception of peer and non-peer counsellors on developmental challenges

7. The student in tertiary institutions experience the following developmental challenges that affect their lives

STATEMENT	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Emotional changes					
Relationship issues					
Physiological changes					
Identify crisis					
Socialization					
Career choice					
Sexually issues					

8. Students seek services from peer cousellors to help cope with these challenges

Very often☐ Often ☐ Rarely ☐ Never ☐

9. Do you agree that the following challenges also affect the youth in the tertiary institutions. Please circle where necessary/

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Substance and drug abuse					
Gender disparity					
Teenage pregnancy					
Peer pressure					
Other STD Infection					
HIV/AIDS					

10. Developmental challenges are normal to all the youth and they don't need any training to deal with them.

Yes ☐ No ☐

Justify your choice……

……

The following statements relate to perception of peer and non peer counselors on developmental challenges facing the youth in tertiary institutions in Kenya. Please circle where necessary.

	STATEMENT	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a)	Abortion is a solution to teenage pregnancy					
b)	Teenage pregnancy poses danger to both mother and child					
c)	Premarital sex equips youth fro marriage					
d)	Peer pressure is the cause of rampant sex in the institution					
e)	Youth are ignorant of the dangers of unprotect sex					
f)	STDs put the youth at a					

	risk of being barren					
g)	Females are more predisposed to infections than the males					
h)	Condoms are the solution to unwanted pregnancies and STDs					
i)	Alcoholism does not lead to risky behaviour					
j)	Drug/Substance Abuse is on rise					

Section C: Level of Knowledge of peer counselors

12.How would you rate the peer counselors knowledge and skills in the following areas?

Statement	Not Knowledgeable	Knowledgeable	Fairly knowledgeable	Very knowledgeable
HIV/AIDS				
Drugs and substance abuse				
Teenage pregnancy				
Gender equity				
Sex and sexuality				
Stress management				
Time management				
Leisure management				
Reproductive health				
Couselling skills				

Section D.Perception of the youth towards peer counseling

13.How effective are peer counselors in your institutions when dealing with developmental challenges affecting the youth?

Very effective ☐ Effective ☐ Not effective ☐

Other……..

14.Indicate the perception of the students towards the peer counseling programme in your institution

Very Positive ☐ Positive ☐ Negative ☐ Very Negative ☐

15. Indicate extent to which the school administration supports the peer-counselling

☐ ☐

programme.

100%Support ☐ 50%Support 25%Support ☐ Below 25%

16. What is the contribution of peer counseling to students welfare regarding the development challenges they face in your institution? Please tick.

Nil☐ Very minimal☐ Minimal☐ High ☐ Very high☐

END OF QUESTIONNAIRE

Thank you very much for taking your time