

# An Investigation of Psychosocial Support and Participation of Learners Affected by HIV/AIDS in Baringo Central Sub-County

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**Abstract** HIV/AIDS was declared a national disaster and health emergency in Kenya in the year 1999 and it has caused a lot of effects on education for children in the country. The existing literature indicates that children affected by Acquired Immune Deficiency Syndrome, require support activities in their institutions. The study was guided by the following objective: To identify effects of schools' psychosocial support on participation of learners affected by HIV/AIDS in Baringo central sub-county. The study adopted mixed methodology, and Descriptive Survey research design as an overall plan for collecting data in order to answer the research questions. The study was guided by General Systems Theory. A theory which states that each and every concept is a system. The study employed stratified random sampling to select teachers from both private and public pre-schools. In this case, eight teachers from private schools and 94 teachers from public schools were selected. The target population was 507 pre-school teachers and head teachers. The researcher took a sample of 102 pre-school teachers and head teachers. A total of 34 head teachers and 68 pre-school teachers participated in the study. Data was collected, coded and analyzed through Statistical Package for the Social Science (SPSS) version. The study yielded both quantitative and qualitative data. The qualitative data were presented through tables. The study yielded both primary and secondary data where primary data were obtained through questionnaires while secondary data were collected from books and internet sources. The instruments were piloted in three pre-schools. The collected data was analyzed using descriptive statistical technique which includes mean, mode percentages and frequencies. Data was presented using tables and pie charts. The findings of this study revealed that it would be useful to the policy makers to develop policy intervention measures that will ensure that there are redress mechanisms to enhance access to education among children affected by HIV/AIDS. The study is beneficial to the communities, headteachers, teachers and learners in their efforts towards sustainable education in accordance with the Sustainable Development Goals.

**Keywords:** *psychosocial support, learner participation, Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome, Access to Education*

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## 1. Introduction

In spite of the efforts by various organizations to prevent the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS), the HIV/AIDS pandemic continues to pose the biggest challenge to countries worldwide. Parental deaths due to AIDS continue to have long lasting negative impact on all aspects of children's lives. By 2005, 15.2 million children had been orphaned by AIDS worldwide as stated by Goodwin [6]. In Africa, HIV/AIDS is a major public health concern and cause of death in many parts. Although the Africa continent is home to about 15.2 percent of the world's population, Sub-Saharan Africa alone accounted for an estimated 70 percent of all people living with HIV

and 70 percent of all AIDS deaths in 2011 [23]. According to The Joint United Nations Programme on HIV/AIDS (UNAIDS) when considering the basic needs of a child affected by HIV/AIDS, one is inclined to think in terms of food, shelter, clothing, love and security. But it is worth noting that the psychosocial need is of paramount importance. According to the United Nations Convention on rights of the child, meeting the psychosocial needs of children is not only a privilege but also a right [20].

UNAIDS [20], further indicated that where a parent has HIV/AIDS and is ill for a long time, a number of changes occur in the family that affect the child both physically and emotionally. Out of necessity children often assume adult roles such as that of care provider for an ill or dying parent and this can restrict their access to education [21]. Frequently, the disease process is not explained to children and they are left to draw their own conclusions.

Group counseling and the empowerment of parents to discuss their status and situation with their children should commence early in order to prepare children psychologically for the eventual passing away of their parents [10].

The term AIDS orphan is used to refer to children who have lost at least one or both parents to HIV/AIDS. Children whose parents have died of AIDS, whether they are infected themselves or not, are often referred to as "Aids orphans". The use of this terminology tends to label and stigmatize the child. Although a family member's death from AIDS may be a catalyst that propels children into escalating trouble, the psychosocial needs of children are too often perceived as somehow less important than their economic necessities. If children are to develop the resilience to deal with the challenges in their lives, their psychosocial needs must receive proper and prompt attention [21]. By gender, women are more vulnerable than men. Globally, young women (15-24) years are 1.6 times as likely as young men to be HIV positive. Many of them are reported to have experienced coerced and unprotected sex from an early age. It is thought that forced sex and consequent abrasions facilitate entry of the HIV/AIDS virus [20]. In Trinidad and Tobago women between 15 and 19 years old are 2.5 times more likely as men of similar age bracket to be HIV positive. In the Caribbean and sub-Saharan Africa women are 2.4 times and 3 times respectively more likely than men to be HIV positive [21].

On the Kenyan platform, the situation is not any better. On July 5, 2007 while opening a women delegate's conference on HIV/AIDS in Nairobi WHO Director noted that the social and economic impact of HIV and AIDS, threaten the being and security of children. As parents fall ill, children are forced to take greater responsibilities for income generation, food production and care of family members. Children orphaned or otherwise affected by HIV and AIDS in Kenya especially those living in poverty; face high risk of engaging in hazardous work and child labor, ending up in streets and dropping out of school. Such orphans participation in school becomes irregular and ineffective and in the final analysis, they drop out of school [13].

According to Mkhize [10], the successful interventions being undertaken by some organizations shares experiences of essential psychosocial support to children who are infected and affected by HIV/AIDS in order to stimulate new doors for action. It identifies lessons to be learned by stakeholders in triggering and strengthening comprehensive programmes to address the adverse effects of HIV/AIDS. Organizations, parents, care givers, teachers and other people working with children's rights, should therefore make decisions based on the best interests of the child. It notable that the lack of parental bond, especially infants can severely affect a child's physical and emotional development [12]. When one or both parents die, siblings may be separated. Life with new people may fail to provide adequate emotional support and security. In communities severely affected, children suffer the serial loss of adult figures and care givers such as teachers, mentors, aunts and uncles leaving them with a crippling sense of abandonment and insecurity that can affect their decisions later in life [12]. Therefore, psychosocial support can help ensure reliable, nurturing relationships with adults, and positive life-long outcomes in emotions and health.

Psychosocial support (PSS) is an essential component of ongoing care for all people living with HIV. PSS is especially critical for children as it creates the foundation from which they can establish their identity and place in society [16]. PSS is the process of meeting a child's emotional, mental, spiritual, and social needs through a variety of approaches, such as one-on-one counseling, support groups, and play therapy. PSS helps to build critical resiliency in children and provides support to families and caregivers in addressing the multiple needs of children. While some children may have acute emotional and mental health needs that require more sophisticated care, basic and ongoing support from those within the child's sphere (e.g., family, relatives, friends, teachers, etc.) play an essential role in ensuring emotional development as the child matures.

While all children can benefit from PSS, research has shown that it is particularly critical for the health and development of children living with HIV [7]. Children living with HIV experience more subjective distress than their HIV-negative peers [2] and face multiple stressors related to HIV, including the illness and death of a parent, disclosure, stigma, discrimination, isolation, loneliness, and family conflict or uncertainty [7]. Several studies also suggest that the psychosocial well-being of children and their caregivers can improve adherence to Anti retroviral (ARV) drugs and clinical outcomes.

Programs working in South Africa and Uganda are implementing several promising interventions that address the psychological and social needs of children living with HIV and their families. In such high HIV-prevalence, resource-constrained settings, limitations in human capacity, time, and funds compound the challenge of providing PSS at all levels. In addition, many caregivers and families have a limited understanding of comprehensive PSS and may not be able to fully appreciate why it is essential to the overall well-being of the child. Providers and caregivers alike are often overworked, dealing with competing priorities and limited in key skills to provide quality PSS for children [4].

In 1989, governments worldwide promised all children the same rights by adopting the UN Convention on the Rights of the Child (UNCRC) [16]. The Convention changed the way children are viewed and treated – in other words, as human beings with a distinct set of rights instead of as passive objects of care and charity. The UNCRC describes what a child needs in order survive, grow, and live up to their potential in the world. These rights apply equally to every child, no matter who they are or where they come from. Governments are required to ensure children within their jurisdiction realize these rights without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. Through the UNCRC, efforts have been put in place to ensure that the children realize their rights and at the core of this they believe that: every child has the right to an education, including pre- schools that are free and accessible for all and the development of different forms of primary education, both general and vocational. Each child should also enjoy the highest attainable standard of health and to access facilities for the treatment

of illness and rehabilitation of health [4]. In Kenya, the UNCRC has been domesticated through the enactment of the Children's Act of 2001 [11]. It is therefore expected that all children in the country should be supported so that they can access quality education at all levels. Such gains made in education provision as a result of interventions through policies such as EFA initiatives, FPE and provision of bursaries by government agencies like constituency Development Funds (CDF) have been reversed because of the effects of HIV/AIDS.

In Baringo Central sub-county, most AIDS deaths are between the ages of 25-35 for men and 20-30 for women which are the most productive age. HIV prevalence varies markedly between regions within the county but all regions are affected and over 40% of hospital beds are occupied by HIV/AIDS patients, [8]. Poverty and cultural practices such as Female Genital Mutilation (FGM) also contribute to HIV spread [9]. HIV/AIDS pandemic is not only a health problem in Baringo Central sub-county, but also a development issue. It is also notable that there is a limitation in schools psychosocial support activities by the schools to enable children affected by AIDS participate fully in learning activities. In addition, most of the existing studies have been carried out in communities in Sub-Saharan countries. Accordingly, this study is designed to examine school psycho-social support activities and participation of learners affected by HIV/AIDS-related parental illness. This study, will examine whether orphans and vulnerable children equally participate in activities in comparison with their peers who have not experienced HIV/AIDS in their families.

## 2. Statement of the Problem

The problem in this study is that HIV/AIDS affected and infected pre-school learners in Baringo central sub-county have not been getting enough support from the school, families and the communities. As a result, they do not participate nor go through education to completion as their counterparts. Specific educational effects on families affected by HIV include disadvantage in school enrollment and attendance, poor interaction, low performance, low completion rates and psychological distress. Severe AIDS-induced household poverty is a major problem affecting education, particularly when there are hidden costs such as fees, transport and uniforms associated with its provision. In Kenya a lot of emphasis has been given to enrolment and participation of children in primary and Secondary schools, through the Free Primary Education and the Free Day Secondary Education respectively. Little empirical evidence, however, exists in the area of pre-school participation of learners affected by HIV/AIDS especially in classroom and outdoor activities. This study therefore seeks to determine the effects of schools' psycho-social support activities on participation of learners affected by HIV/AIDS.

## 3. Methodology

This study adopted a pragmatic approach in order to gain entry into the schools' psychosocial support and its effects on participation of children affected by HIV/AIDS.

PSS as a concept is solely aimed at enabling children to have meaningful learning experiences in schools and better the outcomes of school attendance. To a pragmatist, the mandate of science is not to find truth or reality, the existence of which are perpetually in dispute, but to facilitate human problem-solving.

The study therefore utilized the mixed-methods approach and a descriptive survey research design which involved a concurrent collection and analysis of both quantitative and qualitative data. Mixed methods approach was especially used at data collection stage to enable enriched findings. Headteachers were interviewed while the teachers' questionnaires were used to collect data from pre school teachers. Thus the study triangulated questionnaires, interviews in order to best describe the schools psycho-social support its influence on participation of children affected by HIV/AIDS.

A stratified random sample is a useful blend of randomization and categorization, which enables both quantitative and qualitative process of research to be undertaken [3]. In this study the 169 primary schools were stratified into public and private preschools. A sample of 34 preschools participated in the study. This represented 30% of the preschools in the sub county.

## 4. Results and Discussion

The study sought to establish the Schools' psychosocial support and participation of children affected by HIV/AIDS which is deemed to be an important component in boosting the implementation of EFA initiatives. The psychosocial support was looked at by measuring the following variables: guidance and counselling support, teacher skills on support, emotional support.. The respondents were asked to indicate their rating of these variables on a 5 point likert scale as follows: 5=excellent, 4=good, 3=satisfactory, 2=unsatisfactory, 1=poor.

### 4.1. Guidance and Counseling

The study found out that guidance and counseling helps children affected by HIV and AIDS to participate in learning activities. The study established that 77% of the respondents opined that guidance and counseling children affected by AIDS is very necessary as shown in Figure 1 below.

As it relates to the Figure 1 below, 53% and 24% of the respondents agreed and strongly agreed respectively, that guidance and counseling helps orphaned learners accept their situation and participate in learning with the rest of the learners. However, 3% in each case disagreed and strongly disagreed. On the other hand 17% of the respondents took a neutral stand. The study established that if children affected or orphaned by AIDS are involved in guidance and counseling then majority of them will not have a positive attitude towards education. This agrees with Canadian International Development Agency [1] which gave few suggestions on areas of general counseling for children affected by HIV and AIDS in relation to correcting of myths and misconceptions about HIV and AIDS.

### 4.2. Teachers Training on How to Handle HIV/AIDS

The study found out that teachers need to be trained on HIV and AIDS issues. The respondents strongly agreed to this statement. From the responses in the Figure 2 below, more information is given.

From the information given in the Figure 2 below, it is clear that 93% and 5% of the respondents agreed and strongly agreed that learners should be handled by teachers who are trained on HIV/AIDS related issues

Majority of the respondents were for the idea that teachers be trained so as to acquire knowledge and skills on how to handle psycho social stressors amongst the children. They need the counseling skills and knowledge of how to handle discrimination, isolation and loneliness amongst the children. They also need more information

on nutrition so that whenever they receive children affected by the pandemic, they are able to plan for their dietary needs with ease as well as advise other caregivers. It is therefore notable that training of teachers helps to improve participation of all children in education. This agrees with Tolfree [17] who argued that the segregation, discrimination and isolation that affect this category of children should be handled for equitable participation in education.

### 4.3. Emotional Support

Teachers expressed that from their past experience, children orphaned by AIDS are always mistreated by the foster parents or the caregivers hence the need for schools to provide emotional support. The Figure 3 below has the details.

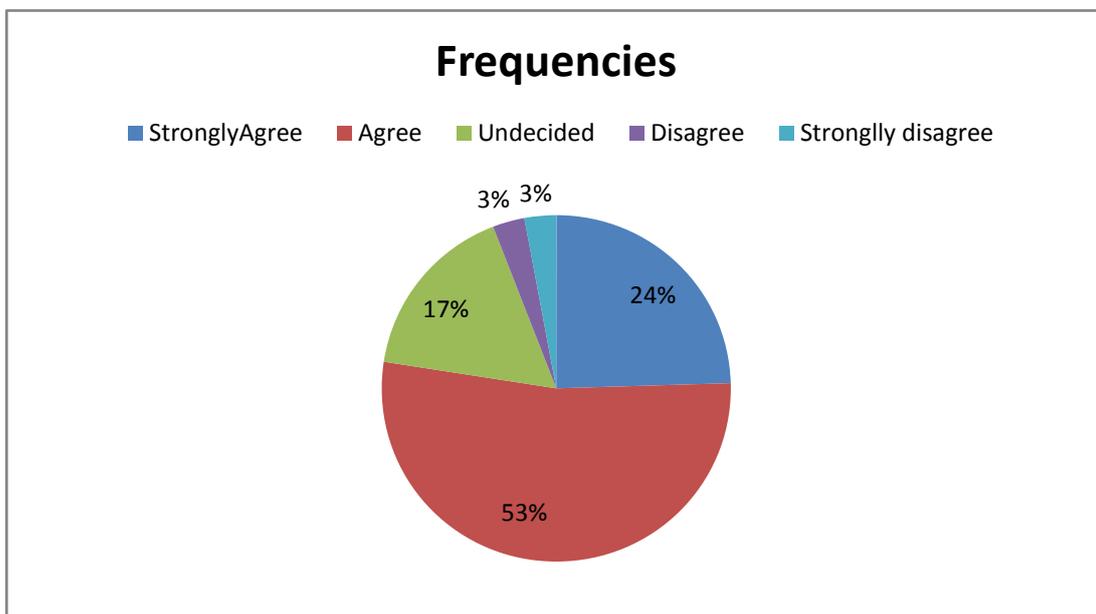


Figure 1. Pie Chart Showing responses on Guidance and Counseling (Source: Field data (2015))

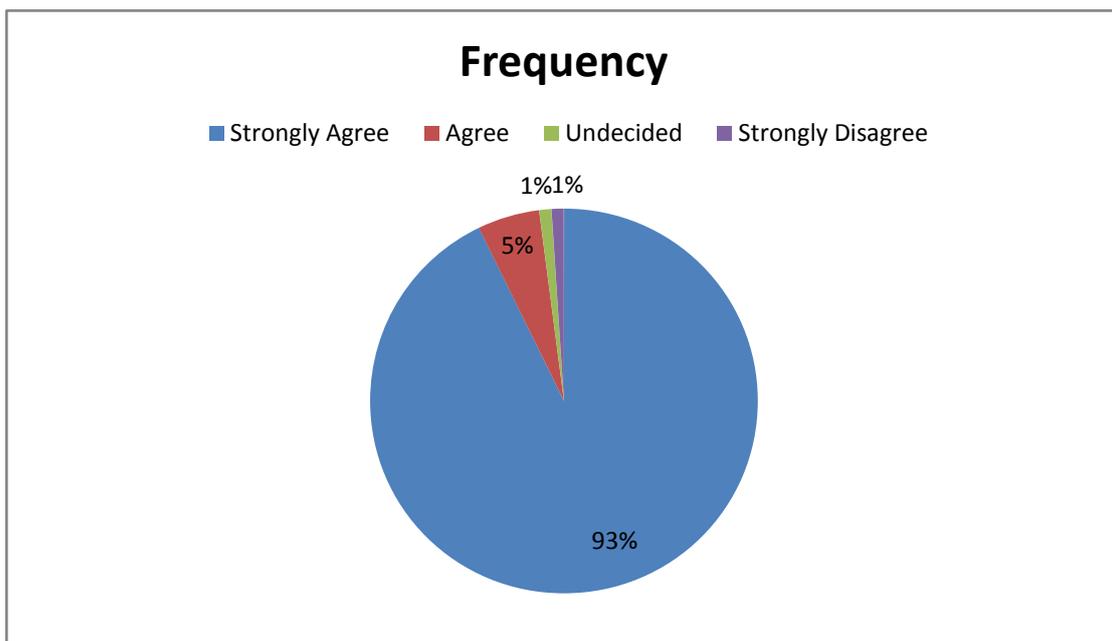


Figure 2. Pie Chart Showing Whether Teachers should be Trained on HIV/AIDS (Source: Field data (2015))

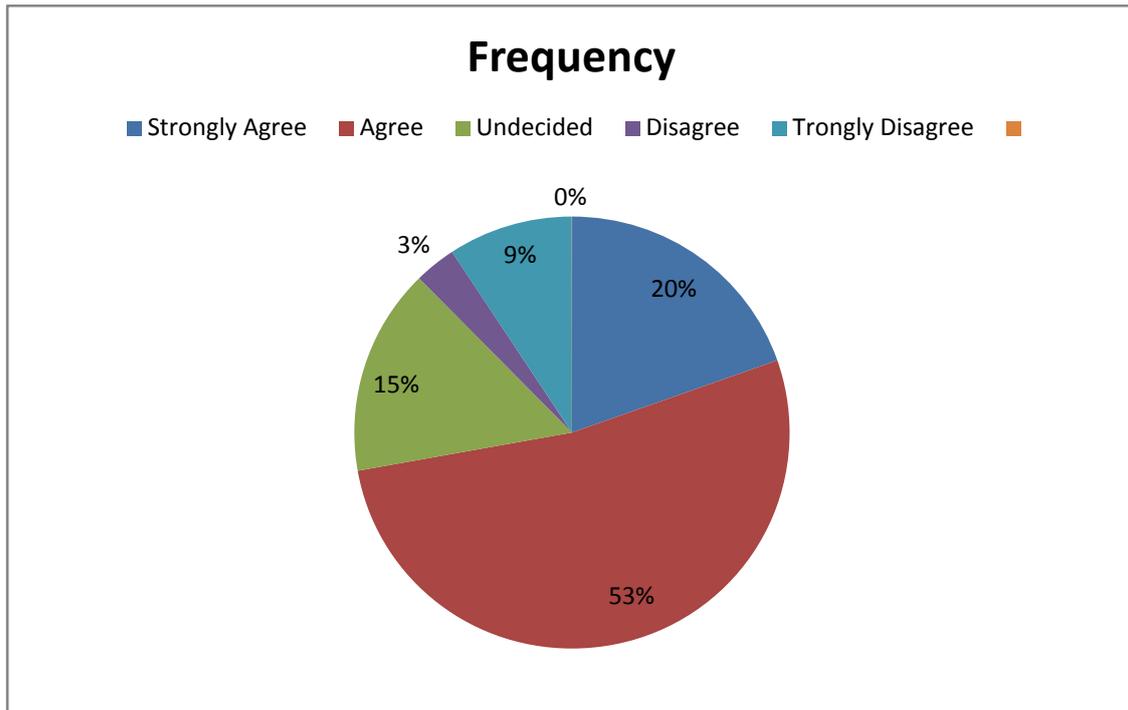


Figure 3. Pie Chart showing Orphans Exploitation and Mistreatment (Source: Field data (2015))

Figure 3 above indicated that 53% and 20% a total of 73% said that most of the orphans are exploited and mistreated by the foster parents or caregivers. However, 3% and 9% disagreed and strongly disagreed while 15% took a neutral stand.

It became evident from headteachers interviews that many orphaned children lack emotional support and are exploited and mistreated by those who are expected to be responsible over them. Children especially girl child is exploited sexually in the society in exchange of basic necessities. This gives reason why Mkhize [10]

said, successful interventions need to be undertaken by organizations to share experiences of essential psychosocial support to children who are orphaned by AIDS to stimulate new doors for action. This means that caregivers must always give an account of AIDS orphans under them to the governing authorities. The study also sought to find out how schools address any tendencies towards stigmatization of this category of learners. It was established that stigmatization of learners affected by AIDS is evident. The respondents gave their responses as indicated on the Figure 4 below.

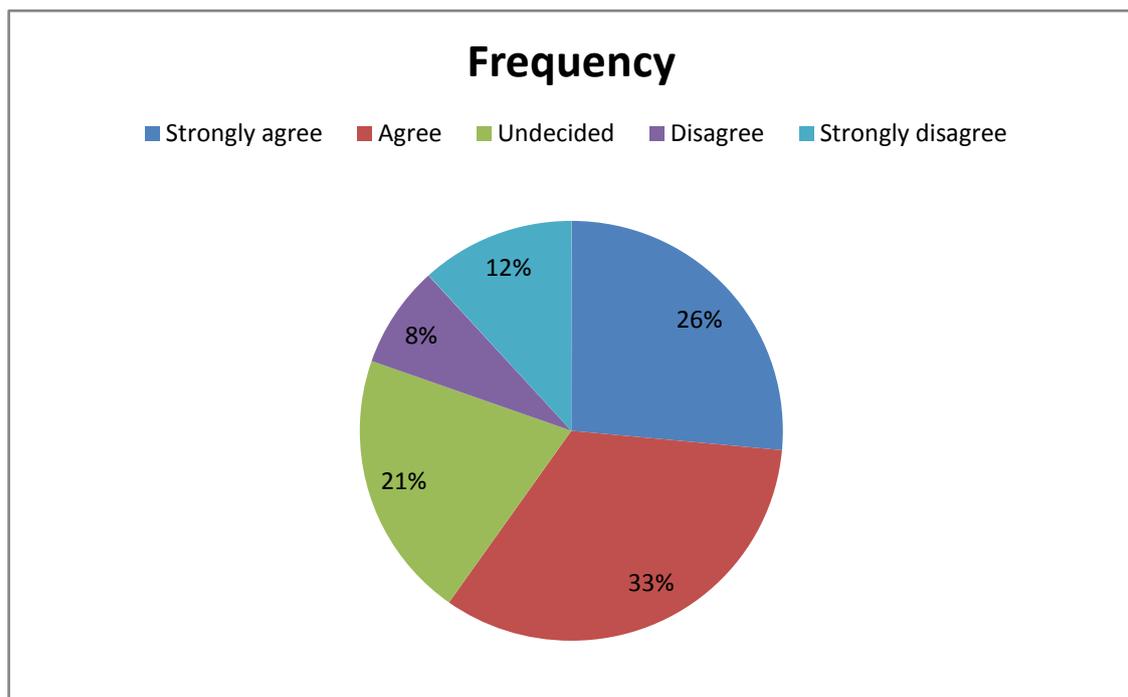


Figure 4. Pie Chart Showing Stigmatization of learners affected by HIV/AIDS

As to whether stigmatization affects participation of learners negatively, a total of 56% of the respondents agreed and strongly agreed as shown on Figure 3 above. Those who disagreed and those who strongly disagreed constituted 8% and 12%. However, 21% of the respondents took a neutral stand. Based on the findings on the Figure 3 above, the study concluded that indeed stigmatization affects participation of learners affected by HIV and AIDS. Whenever they are ridiculed and sidelined by peers they are stigmatized. Also when the peers are not willing to stay close to them, they also suffer psychologically. Such stigmatization affects their participation in school negatively. All children in school should be taught by teachers to accept and show love to children affected by AIDS so that they feel accepted. This agrees with Ugunja [18] who argued that children affected or orphaned by HIV and AIDS, need to be listened to, appreciated, motivated and loved.

## 5. Conclusions

In the study, the researcher found out that children who are affected by HIV/AIDS require counseling, preparation for eventualities and love. It was also found out that such children require counseling especially those whose parents have passed on. Counseling helps them accept their situation and participate in fully in learning. It also revealed that stigmatization affects children negatively in the sense that they feel less human. Most of them who are already orphaned face mistreatment and exploitation in the community. There is also a need to equip teachers and care givers with psychosocial skills so that they can offer the support to the children affected by AIDS in their schools.

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