THE PROVISION OF PSYCHOSOCIAL SUPPORT FOR THE HIV/AIDS POSITIVE STUDENTS IN TERTIARY INSTITUTIONS IN KENYA: A CASE OF RIFT-VALLEY PROVINCE

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Abstract

Substantial progress has been achieved in our understanding of the human immune deficiency virus (HIV) since the Acquired immune deficiency syndrome (AIDS) was first reported in 1981 in the United States of America. In its second decade, the scourge is spreading quietly and fast and no cure has been found. There are about 200,000 new infections everyday. HIV/AIDS would kill 30% of the learners in African countries before they can offer beneficial services to their communities. The only way to stop the spread of HIV/AIDS is through attitudinal and behavioral changes as well as management that can be secured effectively through education. Despite the fact that more than 90% awareness has been created among the youth, a comprehensive behavior change strategy is yet to be realized.

This study was carried out in five primary teacher-training institutions in the Rift-valley province of Kenya. The study adopted a survey design.

The purpose of the study was to; examine the psychological, economic and social effects of HIV/AIDS that have necessitated the establishment of psychosocial support services to the HIV/AIDS positive learners in Tertiary institutions, To establish the psychosocial support systems that are in place, To determine the challenges faced by the institutions in the provision of these psychosocial support services to the HIV/AIDS positive learners. The study findings revealed that the psychological, economic and social effects of HIV/AIDS are vast and that varied institutions have several psychosocial support systems in place though they face challenges in their endeavor to provide these services.

The study concluded that the psychosocial support systems are essential in every tertiary institution of learning and recommended that the youth should be fully involved in the provision of these psychosocial support systems. The tertiary institutions can lead the way as the other institutions follow.

Key words: psychosocial support, HIV/AIDS, tertiary institutions.

Introduction

In Kenya the HIV/AIDS pandemic is a major challenge and in 1999 it was declared a national disaster. The HIV/AIDS pandemic impacts greatly on the education sector as a whole. As such it affects the quality, access, and equity in the provision of educational services. The only way to stop the spread of HIV/AIDS is through attitudinal and behavioral changes as well as effective management that can only be achieved through HIV/AIDS education. Though the education sector policy
formalizes the rights and responsibilities of every person involved directly or indirectly in the education sector with regard to HIV/AIDS. It is necessary to provide psychosocial support to those who have already been affected or infected as a management strategy.

More than ninety percent awareness has been created among the youth, yet a comprehensive behavior change is yet to be realized. The effects of HIV/AIDS on both the individual and the society are vast. The pandemic does not only affect the infected person but it has social, economic and psychological effects on the loved ones and the members of the communities in which they live (Tuju, 1996). Thus, it is necessary to manage the present situation through the provision of the psychosocial support to the affected and the infected in our educational institutions.

**Statement of the problem**

There is no comprehensive and accurate information on HIV/AIDS prevalence among the Tertiary college students in Kenya. However the prevalence of high rate of attrition reported student deaths, absenteeism are all pointers that HIV/AIDS is a reality in these institutions too.

The key impact indicators of HIV prevention programs are: student knowledge about HIV/AIDS, willingness to dispel myths, cultural practices, and societal pressures that fuel the spread of HIV/AIDS, change in sexual behavior, and changes in HIV prevalence and mortality rates.

Chukwu (2003) observes that HIV/AIDS damages society just as it does the human body. It begins by killing those parts responsible for building society, the women, the breadwinners who sustain and safeguard the community as a whole. Ultimately AIDS undercuts economic growth, and harms development, but its impact is felt first at the cellular level, among African households. South Africa and Botswana have the highest infection rates of HIV/AIDS (Wayne, 1999). Kenya is ranked the fourth with the highest infected cases in the world and seventh highest in terms of proportion of population infected. Education has a key role to play in preventing HIV/AIDS and in mitigating its effects on individuals, families, communities and society.

The knowledge, attitude and behavior study of university of Botswana students that was conducted in 1999 revealed the extent to which students engage in the following high risk sexual behavior; unprotected sex, frequent change and exchange of partners, sex for financial gain, prestige of multiple partners, sex and peer pressure, and sex to relieve stress as well as sex for good grades (Allan et.al, 2000). It is important to note however, that this kind of behavior is not unique to college students in Kenya as well. Limited behavior change has been realized among college students because of the following reasons; high levels of alcohol consumption, students sometimes relief of academic stress by engaging in irresponsible behavior, promiscuity around the colleges, and students engage in moonlighting activities that entail high risk, irresponsible sex.

At present there is no cure or vaccine for HIV/AIDS and the only way to stop it’s spread is through attitudinal and behavioral changes as well as management that can be secured effectively through education (Dale et.al, 1999). Experts agree that developing a vaccine is the only way to stop the spread of HIV/AIDS infection .In June 1998 a California company received permission to begin the first large scale test of an AIDS vaccine. Many others are in the same mission all over the world (Keith, 1999)

Those who have been infected have to be taken care of. In Kenya the education sector came up with the HIV/AIDS Education policy that provides guidelines on how the infected should be handled. Other institutions had however come up with in-house policies that have enabled their members to cope with the pandemic.

From the foregoing, it is evident that the spread of HIV/AIDS is real and it is the concern of everybody including learning institutions.

This research made an attempt to shed some light on the psychosocial support systems that Tertiary Institutions have put in place in combating HIV/AIDS. Specifically the study investigated how students, lecturers and deans of students perceive the psychosocial support systems that have been put in place and how to improve on them.
Purpose of the study

The purpose of the study was to investigate the effects of HIV/AIDS on the Tertiary institutions that have necessitated the establishment of the psychosocial support systems in these institutions. The specific objectives of the study were:

a. To establish the psychosocial support systems that is given to HIV/AIDS positive Trainees in the Tertiary Institutions.

b. To determine the challenges encountered in the provision of psychosocial support systems.

Significance of the study

Substantial progress has been achieved in our understanding of the Human Immune Deficiency Virus (HIV) since the Acquired Immune Deficiency Syndrome (AIDS) was reported in 1981 in the United States of America. In its second decade the scourge is spreading quietly, fast and yet no cure has been found. One of the ways to stop the spread of HIV/AIDS is through attitudinal and behavioral changes as well as management that can be secured effectively through education.

HIV/AIDS inhibits the ability of an individual to function both psychologically, economically and socially. Experts agree that developing a vaccine is the only way to stop the spread of HIV/AIDS infection. The psychosocial support system provision is a management strategy essential for human survival on the part of both the affected and the infected. Therefore the findings of the study can:

1. Help the education stakeholders in the management of HIV/AIDS.
2. Assist the education planners in forecasting on the issues related to the distribution of educational resources.
3. Used to improve the learning methods and learning conditions for the parties involved in education.
4. Diversify the education of the members of the society on HIV/AIDS.

Methodology of Research

This study adapted a survey study design, utilizing both qualitative and quantitative approaches. The target population was the Primary Teacher Training Institutions, while the sampling unit comprised of the dean of students, the students, and the teaching staff. The unit of analysis was selected through proportionate stratified and convenient sampling. The table below shows the distribution of the unit of analysis.

Table 1. The distribution of the unit of analysis.

<table>
<thead>
<tr>
<th>Unit of analysis</th>
<th>Male</th>
<th>Female</th>
<th>Distribution per college</th>
<th>Total number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deans</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>First years</td>
<td>125</td>
<td>125</td>
<td>25</td>
<td>250</td>
</tr>
<tr>
<td>Second years</td>
<td>62</td>
<td>62</td>
<td>12</td>
<td>124</td>
</tr>
<tr>
<td>Teachers</td>
<td>25</td>
<td>25</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>434</td>
</tr>
</tbody>
</table>

Therefore a total population of four hundred and thirty was chosen to represent the sample. Three different questionnaires were administered to the respondents including: the teachers, the dean of students, and the students. All the three questionnaires consisted of structured and unstructured...
items that allowed for the generation of demographic information and easy data categorization. While at the same time generated specific individual responses on the provision of the psychosocial support systems in the primary teacher education institutions. The unstructured questions permitted for a great depth of response and gave an insight to the respondents Knowledge, attitude and practice with regard to the study area.

Two types of interview schedules consisting of unstructured questions were administered to the Dean of students and the teachers. The unstructured questions provided a high degree of objectivity and uniformity yet allowed for probing and clarification at the same time. All respondents were encouraged to elaborate on their answers using their personal experiences in education management and administration. The interview provided in-depth data that was not possible to get by using questionnaires and also obtained data required to meet specific objectives of the study.

An observation schedule was used. Observation of activities and the available infrastructure for the psycho social support systems for HIV/AIDS positive victims was carried out to enable the researcher to establish the challenges in the provision of the psychosocial support systems and the nature of functional relationships within these Institutions.

Circulars from MOEST headquarters on HIV/AIDS and related reports were analyzed. Analysis of documents assisted in establishing the types of the psycho-social support systems and the nature of functional relationships in the institution.

Results of Research

The effects of HIV/AIDS that Necessitate for the establishment of the psychosocial support systems in primary teacher training colleges

All the respondents agreed 100% on these effects. These include social stigma, Economic hardships, lessen the labor force, and reducing the care at home.

HIV/AIDS affects the individual psychologically, physically, and economically. As the HIV/aids infection gradually becomes full blown, the infected person suffers from social stigma that is associated with the disease. His/her weakened position denies them the opportunity to work and earn a living. This leads to economic hardships due to loss in earnings. This is especially difficult since the individual might need money for medical expenses. This also cause strain on the available social amenities.

HIV/Aids affect those who interact with the infected persons from day to day. Many people who are dying of Aids are young adults who have been educated using the country’s meager resources, thus deaths due to HIV/Aids hamper the provision of effective labor force. In the rural areas this has destroyed the able bodied individuals who can contribute in food production and hence hinder economic development.

The adult women infected with Aids virus poses three fold losses, shortages in the labor supply, reduced agricultural production and reduced care provision at home. This can reduce foreign investment and interfere with the export/import -trade.

The psychosocial support systems found in Public Primary teacher training colleges in Kenya

Those who have already been infected have to be taken care of .In Kenya the Education sector came up with the HIV /AIDS Education policy that provides guidelines on how the infected should be treated some educational Institutions had however, come up with in-house policies that have enabled their members to cope up with the pandemic. The following psychosocial support systems were identified
Table 2. The psychosocial support systems.

<table>
<thead>
<tr>
<th>Psycho-social support systems in PTI</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caring for the sick</td>
<td>30</td>
</tr>
<tr>
<td>2. Accessibility of drugs</td>
<td>60</td>
</tr>
<tr>
<td>3. Availability of VCT facility</td>
<td>40</td>
</tr>
<tr>
<td>4. Communication about HIV/aids</td>
<td>100</td>
</tr>
<tr>
<td>5. Education on students rights</td>
<td>70</td>
</tr>
<tr>
<td>6. Provision of pastoral care</td>
<td>60</td>
</tr>
<tr>
<td>7. Infusion and integration of HIV/aids in the syllabus</td>
<td>100</td>
</tr>
<tr>
<td>8. Use of support groups e.g. clubs and societies</td>
<td>70</td>
</tr>
<tr>
<td>9. Easy access to condoms</td>
<td>90</td>
</tr>
</tbody>
</table>

1. Care of the sick college student that is generally poor at 30 percent. A sick student who is bedridden has no one to take care of him/her, bring food from the dining hall and generally offer help (with bathing, feeding, taking medication, and visits to the health clinic). Students admitted that it is stressful, agonizing, and desperate to see a fellow student suffer and eventually die. Deans of students and lecturers agreed that they lack the skills to deal with students who are HIV/Aids patients.

2. The study found that drugs are accessible at 60 percent. The colleges have tried to encourage the students to establish their HIV status through an intensive education campaign to encourage voluntary testing. Some colleges in the private sector have provided medical insurance cover so that the students can access good and quality medical support, including Antiretroviral (ARVs). Such services have been availed to all students. Pre- and Post-test counseling is continually offered for those who volunteer to be tested.

3. The study revealed that students have been encouraged to visit counseling centers and in some colleges an established guidance and counseling department is active and available. The declining number of students who visit the counseling centers is an indication that it is seriously under utilized at 40 percent. Counseling has been diversified to include peer, spiritual, and personal counseling. The students who visit the counseling centers stop attending before they should do so.

4. Openness about AIDS/HIV has been greatly encouraged in all these institutions at 100 percent. The study showed that more imaginative ways of delivering information on AIDS/HIV and sexual reproductive health among the students has been encouraged. The current approach has also been diversified to include lectures and talk shows, drama and plays, Student radio and television talk shows, and age and culture and gender relevant and sensitive posters.

5. Students have constantly been reminded about their rights and encouraged to report cases of sexual harassment at 70 percent. Strong action is to be taken against staff and students found guilty of sexual harassment including rape, verbal abuse, grabbing and touching just to mention a few.

6. The institutions have established pastoral care for the students based on their varied religions. Personal tutor system has been seen active in some colleges but this call for individual responsibility on the part of both the tutors and the students at 60 percent. Some Tutors have received intensive, on-going training so that they have the commitment and skills to be able to respond to the diverse needs of the students that they have to assist without falling prey to them.

7. HIV/AIDS issues have been infused in the subjects taught in every department at college level. HIV/AIDS interfaces with all social issues such as gender and sexuality, human
rights, culture, the media, economy, morality, spirituality, protection, security and all aspects of the individual’s life at 100 percent.

8. The students have also established support groups through clubs and societies. They visit and give each other material and emotional support at 80 percent. They appreciate each other and share their problems. Other clubs that encourage abstinence from sex until marriage have also been formed. Their main emphasis is on good morals and healthy practices. They visit churches and schools and preach against the epidemic. They also carry out door to door campaigns Educational campaigns also address risky cultural practices.

9. The study revealed that Condoms have been made available to the college students too at 90 percent. The problem is their acceptability. Until recently the female condom has not been easily available compared to the male condom. The uses of the male condom require the consent of the male partner and most men prefer not to use the condoms sometimes.

Challenges in the provision of the psychosocial support systems to the HIV/AIDS positive victims in Tertiary Institutions

The psychosocial care and support to the HIV/AIDS positive victims has met with a lot of challenges. Some of these challenges have been summarized in the table below

<table>
<thead>
<tr>
<th>Table 3. Challenges in the provision of the psychosocial support.</th>
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<tbody>
<tr>
<td>Challenges</td>
</tr>
<tr>
<td>1. Inappropriate pastoral care</td>
</tr>
<tr>
<td>2. Physiological nature of women</td>
</tr>
<tr>
<td>3. Poverty in homes</td>
</tr>
<tr>
<td>4. Stigmatization</td>
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<tr>
<td>5. Inappropriate resources</td>
</tr>
<tr>
<td>6. Inadequate care and treatment</td>
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<tr>
<td>7. Inconsistency in counseling</td>
</tr>
</tbody>
</table>

- Pastoral care has not been availed for all the religions hence some of the youth have not been exposed to the same.
- Research indicated that girls are six times more likely to be infected by HIV than boys of the same age. This can be attributed to the sugar daddy syndrome and the fact that this group of people rarely utilises condoms despite the fact that they have been availed in these institutions.
- Poverty drains the family income, household savings fall, consumption on items other than health and funerals declines, and expenditure patterns are distorted as families struggle to cope with the demands of the sick and the dying. The challenge is thus the fact that drugs are expensive and they are not readily available for the youth.
- Despite the fact that more than 90% awareness has been created among the students, a comprehensive behavior change strategy is yet to be realized Stigmatization is evident among them, an indication that they have not fully understood the concepts related to HIV/AIDS.
- Every person has the right to relevant and factual HIV/AIDS information, knowledge and skills that are appropriate to their age, gender, culture, language and context. In most training institutions guest speakers and pastoral care provides them with the relevant
information in varied forms e.g. books, journals, films among others. Having access to these resources is costly and has not been easy to come by.

- All infected and affected learners have a right to access holistic care, treatment, and support in line with available resources. The education sector works in partnership with agencies offering support and care including institution, communities, private, and public health care system. All the learning institutions have a responsibility to minimize the risk of HIV and universal infection control precautions. But it is not possible to provide these effectively to individual students especially when Aids is full blown.

- Every person whether infected or affected has the right to fair labor practices in terms of recruitment, appointment, and continued enjoyment of employment promotions, training, and benefits. HIV testing as a requirement of any of the above is prohibited. Most people do not persist with counseling programs

**Recommendations**

Based on the study findings the following recommendations were made:

1. The administrators should be sensitized, in serviced and trained on the management of HIV/AIDS and on how to handle and deal with those students living with HIV/AIDS
2. The government should establish health units in the entire Primary Teacher Training colleges so as to avail medical care to the Trainees at all times. These centers should have trained personnel to offer the medical services needed.
3. Drugs for the HIV/AIDS patients should be availed at a subsidized rate so that everyone who needs them can easily access them irrespective of their economic or social status in the society.
4. Since this particular group is a sexually active group, the use of condoms should be stressed for those who cannot abstain from sexual relations to avoid infection and re-infection. There is an urgent need to improve the female condom and to look at the other prevention measures seriously.
5. HIV and AIDS affect and impact on women and men differently due to their biological, socio-cultural, and economic circumstances. The system has to be responsive to the needs of men/women, boys, and girls.
6. All learning institutions have the responsibility to address HIV and AIDS through education by developing skills and values, and changing attitude to promote positive behaviors that combat the scourge.
7. Curriculum that is sensitive to cultural and religious beliefs and is appropriate to age, gender, language, special needs and context on HIV/AIDS has formed part of the education for all learners at all levels. The context guidelines of this curriculum for the tertiary education are set out in the AIDS education syllabus for colleges. Higher education institutions are encouraged to work towards a common framework.

**Conclusion**

The tertiary institutions should lead in the fight against HIV/AIDS. This is because the society considers them to be the backbone, the future of the nations. They are the elite institutions that provide the society with the personnel in varied areas for development and therefore their contribution would go along way to the society. HIV/AIDS in Kenya has been propelled by some of the African culture. The tertiary institutions can help to change the attitude and behavior of the society members and also through the provision of the psycho-social support services both the infected and the affected can get help.

The study concludes that the psychosocial support systems are essential in every tertiary institution of learning and recommends that the government should be fully involved in the provision of these psychosocial support systems. The Tertiary institutions can lead the way as the other institutions follow.
References


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