

Full Length Research Paper

Effects of HIV/AIDS on academic and social lives of secondary school students in Samburu County, Kenya

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In the world today, the Human Immune Deficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) has become a global pandemic. Out of the 65 million people infected globally 29.4 million live in sub-Saharan Africa (WHO, 2009). Initially, HIV and AIDS were believed to be a problems confined to the adult domain. However, it has now become common knowledge that a person can be infected at any age. HIV and AIDS is a problem that the human race has had to contend with over the last decade until it has become a pandemic. The HIV and AIDS epidemic in Africa has impacted on the society in many ways. One of the most long-term impacts is the creation of an estimated 13 million orphans by 2000 and projected 24 million by 2010 (UNAIDS 2001). HIV and AIDS have been rated among the leading contemporary problems in Kenya especially among the youth. According to a study carried out by the population council (2003), 66% of adolescent HIV cases are in relationships with the opposite sex, while 61% are sexually active and have low contraceptive use and 43% think they have a “good “to “moderate “chance of getting the disease because they have multiple sex partners. In Samburu County, where the study was carried out, the cases of HIV and AIDS among the youth are reported to be rising constantly. This study was geared towards investigating the challenges of the infected and effected students in Samburu County with a view of identifying intervention measures by the schools to these challenges. The study focused on Samburu County due its high HIV prevalence of 7.2% in comparison to the national prevalence of 6.3%. By determining the number of students living with HIV/AIDS through the HIV/AIDS treatment, care and support centers, the study drew attention to the intensity of the problem and the need for the education sector to address these challenges. The target sample of the infected was purposively drawn from the existing records in the HIV/AIDS support centers while that of the affected was purposively selected with the assistance of their schools. The other component of the study sought to assess the school environment from which the samples are drawn, to determine the mechanisms put in place to support the affected and infected learners within the school environment. Self administered structured questionnaires and interviews were used to collect data from the infected and affected students as well as the Principals. A pilot study was conducted in a different school to enable the adjustment of data collecting instruments so as to ensure validity and reliability of the data .Data was qualitatively analyzed by using simple frequency distributions and percentages and presented on tables. From the findings, it was evident that social-cultural and economic factor greatly impacts on the social and economic performance of the infected and affected youths in secondary schools. On the basis of the findings, the researcher recommends training of more guidance and counseling teachers, a policy to make HIV and AIDS a compulsory subject and establishment of youth Friendly Centers to deal with the challenges of students infected and affected by HIV and AIDS thus helping to curb the spread of the virus among the students.

Keywords: Infected, affected, HIV and AIDS, students, impact

INTRODUCTION

Background to the study

HIV and AIDS have been rated among the leading contemporary problems in Kenya especially among the youth. According to a study carried out by the population council (2003), 66% of adolescent HIV cases are in relationships with the opposite sex, while 61% are sexually active and have low contraceptive use and 43% think they have a “good “to “moderate “chance of getting the disease because they have multiple sex partners. In Samburu County, where the study was carried out, the cases of HIV and AIDS among the youth are reported to be rising constantly.

A survey carried out by WHO (2009) reveals that 75% of AIDS cases in Kenya were among the young people in the most productive bracket of 20 – 45 years. Reproductive Health services especially for young people infected with HIV and AIDS represented additional sources of discrimination as health providers might not respect their right to intimacy and love (Obare, 2009).

Globally, the impact of HIV and AIDS has had its toll on the education sector. The process of education and learning is the key to social, cultural and political participation, personal and community economic empowerment and national development. Its output is the human capital which constitutes the national primary wealth and potential for growth (Desmond and Gow 2002). Anything that threatens or diminishes the role of education directly impacts and reduces personal, community and national development and in fact reverses previous gains. According to Desmond and Gow, (2002), HIV and AIDS represent the largest single threat to this education process, by increasing the scale of almost every existing problem of supply, quality and output. Young people still lack knowledge and, often lack the tools they need to practice HIV risk-reduction strategies. The UNAIDS Report (2010) points out that AIDS claims young adults just at the time in their lives when they are forming families and bringing up children. As a result, orphan prevalence is rising steadily in many countries and orphaned children face an increasingly uncertain future. Orphan hood is frequently accompanied by prejudice and increased poverty, factors that can further jeopardize children's chances of completing school education and may lead to the adoption of survival strategies that increase vulnerability to HIV.

In Kenya, 35% of HIV infections occur among young people aged 15 – 19 years who constitute 60% of the entire population. In Samburu County where the study was carried out, the prevalence rate is 7.2% (Beyond the epidemic, -Citizen TV 11th July 2010). This prevalence is quite high in comparison to 6.7% for rural areas in Kenya and the current national prevalence of 6.3%. (NASCOP, 2010). The continued rise in prevalence coupled with insecurity of banditry and their nomadic way of life makes

it a unique area that attracts the attention of research (UNAIDS Report 2010). Poverty levels are also very high, as the District is currently ranked as the second poorest with four out of five people living on less than a dollar per day (Samburu Aid in Africa, 2008.) Less than 5% of the population has access to electricity. Therefore the affected and infected students are likely to face many challenges. It should be noted that one-third of all HIV-infected persons were infected during their school years, while a further third were infected within two years of leaving school. This confirms that schools are a high – risk environment. However, it has been suggested that schools are the key strategic ground on which the battle to mitigate the impact will be won or lost (Global Report, 2010). This study therefore intended to investigate the learners who happened to bear the brunt of the scourge, as the first and giant step towards winning this battle.

Purpose of the study

The purpose of this study was to establish the impact of HIV and AIDS on the academic and social lives of the infected and affected secondary school students with a view of coming up with possible interventions by the government ,MOEST, schools, social workers and community to address these issues.

Objectives of the Study

The study sought to:

1. Identify the challenges faced by the students who are infected and affected by HIV and AIDS in Samburu County.
2. Find out the effects of HIV and AIDS on the academic and social lives of the affected and infected students.
3. Determine the intervention measures taken by schools in addressing the challenges faced by students who are infected and affected by HIV and AIDS.

Theoretical framework

The social cognitive theory

This study was based on the social cognitive theory which was developed by Albert Bandura (Bandura 1986). According to this theory, learning is a reciprocal interaction among an individual's environment, cognitive process and behavior. Bandura argues that it is the people's beliefs about the world around them that have the most influence on their actions. The Samburu culture in which the sample population is socialized practices female genital mutilation, traditional initiation of boys

(moranism), early marriages and a nomadic way of life which does not encourage permanent secure homes (DDP,2008). According to the District Development Plan, cultural practices such as window inheritance, traditional circumcision, early marriages, moranism and even low empowerment of women on sexual matters are deeply rooted among the Samburu. The learners that are affected and infected by HIV and AIDS cannot easily disentangle from these militating factors which according to Bandura are practices in the world around them that have a great influence on their behaviour.

The social environment that students find themselves in is an important determining factor in students' undesirable social behavior. Studies have shown that the environment in which a school is situated has an impact on the school (Kariuki, 1988, Kanja, 2001). This is especially true if the students are from the same environment or if the school allows frequent contacts between the students and the surrounding community. Standards of behavior and attitudes towards authority found in the community will, through the process of intervention, be observed in the students' 'role models' (Bandura 1971). This may affect the students' behaviour negatively and lead to spread of HIV and AIDS among the students. McKenzie (2008) argues that the two factors that need special attention when dealing with adolescents' health are social and cultural factors. Many health problems originate from the social and cultural environment in which people have been raised and live and the culture and social norms that have been with them for many years. Students in the Samburu region find themselves in a society where according to Bandura; they observe the actions of others who in turn influence their behavior-a process called 'modeling'. Of particular importance are beliefs about oneself- the self –concepts of self-efficacy and self- esteem. According to social learning theory, people with low self esteem are more likely to be persuaded by others to perform harmful behaviors. Naturally, the adolescents of whom this study was concerned about are at the stage of trying to define their identity. If not properly guided, most adolescents may not have self-efficacy and self esteem to enable them resist from behaviors that contribute to the spread of HIV and AIDS. Similarly, the particular learners who are infected or affected may have lost their self esteem due to the stigma associated with the disease. This makes it difficult to deal with the challenges brought about by their status. The school environment on the other hand is the place where the young people spend most of their adolescent years. The social relationships established in the school can be detrimental to the health of the learner if it is characterized by stigma and discrimination of the affected and infected learners. It is against this backdrop that the researcher purposed to find out the specific cultural and school-related challenges that affect the infected and affected learners with a view to coming up with appropriate interventions.

Conceptual framework

The concept of Health Education as a learning process that increases people's knowledge and awareness about their health together with the associated challenges, and fosters attitudes, motivations and commitments to make informed decisions and take responsible action has been used in development of this conceptual framework (UNESCO, Tbilisi Declaration, 1978).

Figure 1 below shows how the infected and affected students in secondary schools are under pressure from different quarters. They are expected to perform well academically yet the challenges they face in the school set-up, such as discrimination and stigma as a result of disclosure, those emanating from the community as well as economic challenges may have adversely impacted on their performance. (Figure 1)

Review of related literature

Impact of HIV and AIDS on learners academic and social lives

Globally, HIV AIDS is the second most common cause of death among the youth. It is estimated that in 2007, there were 2 million people under 15 years living with HIV and AIDS (UNAIDS, 2007). AIDS is a serious condition in which the body's defense against some illnesses is broken down. This means that people with AIDS can get many different kinds of diseases which a healthy person's body would normally fight quite easily (UNAIDS, 2009). As a result, more hours may be spent out of class due to illnesses thus leading to poor academic performance. The age group 15-19 years old constitutes 35 per cent of all AIDS cases and an estimated 41,000 youth had contracted AIDS by the year 2000 (UNAIDS,2000). This age bracket is found in secondary schools. According to the District Development Plan (DDP, 2002), the prevalence of HIV and AIDS scourge in Samburu stood at 21 per cent in 2001, having risen from 14.8 per cent in 1996. For a variety of reasons such as under recognition, under diagnosis and under reporting, the actual number probably exceed what is in the records.

According to the report by International Development Consultants and MOEST (2001), HIV and AIDS affect the sector supply through increased learner psychological stress, morbidity, sickness, absenteeism and mortality. "Because of the above over-arching impacts on the education sector, HIV and AIDS is, by far, the most compelling exogenous threat to attainment of Goal number two of the United Nations Millennium Development Goals; Education-for -All by 2015." (Daily Monitor August 2010). Recent studies have shown that HIV and AIDS have a direct negative impact on the learners in schools. The learning activities are continually interrupted by sickness, repeated occasions

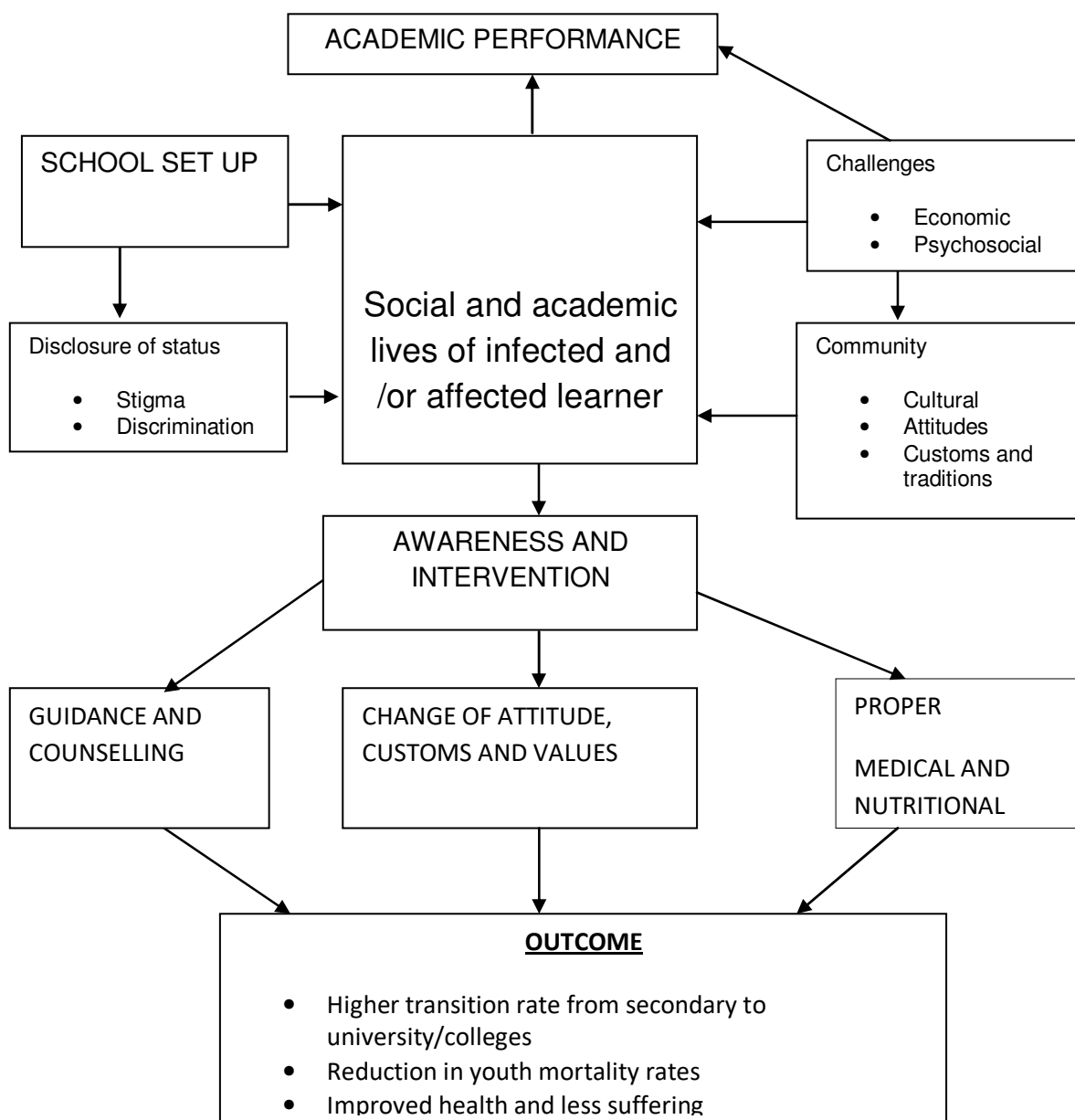


Figure 1. Conceptual Framework

of grief and mourning in the community, widespread sense of insecurity and anxiety among learners. This contributes to high drop – out rates of pupils thus leading to a greater difficulty in increasing school enrollment, completion rates and overall learning outcomes.

Cultural challenges on the infected and affected students

AIDS is the advanced stage of HIV infection (CDC, 1982). The latter destroys the immune system and when

the system becomes unable to protect the body against common and otherwise unthreatening diseases, AIDS may be diagnosed. The belief in witchcraft which is engraved in the Samburu culture militates against seeking medical attention. Learners in schools have their lives and subsequent behaviour coined around their cultural practices. Many cultural practices reveal various social dilemmas which need careful thought and serious attention in an attempt to resolve them as well as in the formulation of policies on the management and control of HIV and AIDS (UNAIDS 2001). The social cognitive theory, which was developed by Albert Bandura, describes learning as a reciprocal interaction among an

individual's environment, cognitive process and behavior (Bandura 1986). Bandura argues that it is people's beliefs about the world around them that have the most influence on their actions. The Samburu culture in which the sample population is socialized practices female genital mutilation, traditional initiation of boys (moranism), early marriages and nomadic way of life which does not encourage permanent secure home (DDP, 2008). The learners that are affected and infected by HIV and AIDS live within this community whose practices have a great influence on their behaviour..

Psychosocial challenges

The prevalence of HIV and AIDS remains high in Samburu County, with most people unaware of their status. Declaration of one's status is also almost a certain guarantee that one will be shunned by family and friends (Standard newspaper 11th April 2011). A study by AMREF (1994) revealed that peer pressure, curiosity and the urge for pleasure are the factors cited by the young for engaging in early sex. In Kenya, it is estimated that 750 people die every day due to AIDS condition (NASCOP, 2007). This revelation may increase anxiety, worry and emotional ill health among the youth infected with AIDS.

Arising from the identification with illness in the home, the issue of stigmatization in the community and marginalization in the school is a very real barrier to access and participation in education process (Global Report, 2010). The report states that while levels of awareness of HIV and AIDS are patently high, so too are levels of suspicion and fear. Thus a child coming from a home in which infection is perceived to be HIV linked, may be stigmatized or even physically deterred from entry to school by his/her peers, or simply too traumatized by the reactions that they themselves opt to stay away.

According to (Sabatier 1990), adolescence is a stage when one begins to perceive and analyze individual differences. It is at this stage that they are desperately seeking their self identity. This leads to psychosocial estrangement, including the sense that nobody understands them, least of all their parents. This condition may be worse in a situation where the adolescent is either infected or affected by HIV and AIDS. The worst hit group is those orphaned as a result of AIDS scourge. These children, who are growing up without parental guidance, will for most part be unloved, uncared for, unsocialised and uneducated (Desmond 2002).

It is further argued that at this stage, all the aspects of the adolescents' emotional life are now intensified, localized and directed heterosexually at another young person. Since these adolescents feel neglected, they may infect others in the process of trying to seek solace among peers. Given the fact that these patients have limited endurance, take multiple drugs, and have multiple

medical appointments and tests, their tolerance and cooperation for complicated exercise and therapy regimes is likely to be limited (Johnson 1990).

Economic challenges

Samburu County is ranked second poorest in Kenya. Its contribution to National poverty is 1.1 percent. The number of absolute poor in the district is 131,196 people, which makes 84 per cent of the entire district population (District Development Plan, 2002). Due to economic hardship, most parents are not able to provide requirements for their young daughters and sons demanded by them due to social and peer pressure as this is above their means. The inability of parents to provide such requirements has made young girls to opt for much older and financially secure men (Erulkar, 1999). With the advent of HIV and AIDS, the ultimate price such girls pay for this reward is their lives (Merger and Sunanda, 1993). A woman living in poverty is more vulnerable to HIV infection, less likely to be able to negotiate safe sex and does not have access to anti-retroviral drugs and other treatment. She will therefore become sick and die sooner than a woman who can afford treatment. The HIV positive child and his/her siblings in the impoverished family will then be orphaned and plunge into deeper poverty (Desmond and Gow, 2002). Most of the families in Samburu are poor and headed by mothers or children as a result of either banditry or HIV scourge; they are barely able to raise enough money for fees and other basic requirements leave alone providing for the special needs of the HIV positive students (Samburu District Development Plan 2002). According to Desmond (2002), the reliance on grandparents to provide care after the death of parents is dangerous and will become increasingly so as the epidemic progresses. When the grandparents die, these children end up being orphaned again. The question of who will care for them remains unanswered.

Samburu County continues to have a low enrolment rate compared to the rest of Kenya. According to the District Development Plan, in the year 2002, the secondary school enrolment stood at 17% for boys and 8.5% for girls, in only 9 secondary schools. One decade later, in the year 2012, the total number of schools in the whole county is only 14. Retention and completion rates also pose a challenge. A survey carried out by Samburu Aid in Africa revealed that boys tend livestock and pass through initiations into a fourteen-year period of warrior hood. On the other hand, a high premium is placed on girls who, as teenage brides, fetch sizeable dowries. Heightened insecurity also erodes performance. (Samburu Aid in Africa, 2008).

The studies that have been done for instance by NASCOP 2007 focused on the family, with no emphasis on liberating the infected and affected learners by

Table 1. Challenges Faced by the infected and Affected Learners in the school environment

Issues/Questions	Answers or responses									
	Learners								Principals	
	Boys				Girls					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	No.	%	No.	%	No.	%	No.	%	No.	%
Open Discussion On sexual issues	14	70	6	30	41	82	9	18	2	67
Risk of infection in schools	12	60	8	40	45	90	5	10	3	100
Setting-up counseling team	16	80	4	20	43	86	7	14	3	100
Existence of Premarital sex	15	75	5	25	30	60	20	40	3	100
Need for Chastity	8	40	12	60	25	50	25	50	-	-
Practice of Extramarital sex	18	90	2	10	40	89	10	11	3	100
Use ARVs Therapy	6	30	14	70	15	30	35	70	2	67
Access to proper Medication	6	30	14	70	25	50	25	50	1	33
Proper diet	3	15	17	85	15	30	25	50	0	00
Lack of support	18	90	2	10	40	80	10	20	3	100

empowering them through quality education which is a sure way of breaking the vicious circle of poverty and disease. This study seeks to focus on possible interventions by the government and education sector as well the schools to assist the affected learners to excel against the odds and save their community from the threat of being silently wiped out by the pandemic.

School set up and HIV and AIDS

School-based health care programs are ill-prepared to handle and cater for the needs of infected and affected students (Obare et.al 2009). The major problem stems from the little knowledge that these schools possess concerning the number of cases within the school as well as their individual needs. However, one study of 21 primary and nine secondary schools highlighted the difficulties in implementing AIDS education in public schools. The reasons included not enough time in the curriculum, a lack of teacher training and support, and reluctance by parents and the Ministry of Education to talk openly about sex and condoms. (UNAIDS Report 2011).

Having originated from poor family backgrounds, most of the students in this region lack basic necessities as well as support materials to enhance them to perform well enough to join good boarding secondary schools. Majority are of those who do well are unable to raise the fees required in boarding schools and may end up joining district schools and day secondary schools with poor physical facilities. This situation however, can be mitigated-to a greater extent –through recognition and understanding, enlightened planning, management reform and improved classroom practice and social discipline (UNAIDS Report 2010).By examining the school set up of the infected and affected learner, this

study hoped to clearly outline the challenges and come up with suggestions to enlighten education planners and school management.

RESEARCH METHODOLOGY

The study was a descriptive survey carried out in Samburu County aimed at establishing the effects of HIV and AIDS on the academic and social lives of the infected and affected secondary school students. The schools were selected through simple random sampling. The three schools were randomly selected from the six divisions of the district such that no two schools were from the same division. The target sample of the infected was purposively drawn from the existing records in the HIV/AIDS support centers while that of the affected was purposively selected with the assistance of their schools. Structured interviews were used to collect data from the infected and affected students as well as the Principals of the selected schools, while questionnaires were used to collect information from the infected and affected learners.

A total of 70 students and 3 principals constituted the respondents in the study. Questionnaires and in-depth interviews were used in the study. The findings of the study, from the data that was collected during the interviews were analyzed using qualitative method, organized and presented in frequency and percentage tables. (Table 1)

The findings revealed that 70% boys, 82% girls and 67% principals agreed there should more open discussion with parents on sexual issues.60% boys,90% girls and100% principals argued that there is a risk of infection in school while 80% boys, 86% girls and 100% principals felt that there was a need to set up counseling team .About the existence of premarital sex among the

Table2. Effects of HIV and AIDS on the academic, economic and social lives of the Learners. The respondents were asked the effects of HIV and AIDS on the academic and social lives of the learners and their responses were recorded as follows:

Issues/Questions	Answers or responses											
	Learners											
	Boys				Girls				principals			
	yes		No		yes		No		yes		no	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Risk of infection in schools	12	60	8	40	45	90	5	10	3	100	0	00
Financial constraints	16	80	4	20	40	80	10	20	2	67	1	33
Social Discrimination	8	40	12	60	30	60	20	40	1	33	2	67
Stress	17	85	3	15	40	80	10	20	3	100	0	00
Stigma	13	65	7	35	45	90	5	10	3	100	0	00
Poor health	16	80	4	20	40	80	10	20	2	67	1	33
Academic performance	17	85	3	15	40	80	10	20	3	100	0	00
Drop out	13	65	7	35	45	90	5	10	3	100	0	00

youth, 75% of girls, 60% girls and 100% principals agreed that it existed thus the need for chastity as indicated by 40% boys and 50 % girls. The practice of extra marital sex is rampant as agreed by 90% boys, 89% girls and 100% principals. 30% boys, 30% girls and 67% principals argued that students use ARV Therapy while 30% boys, 25% girls and 33% principals agreed that students have access to proper medication. Concerning proper diet only 15% boys' 30% girls and 0% principals thought the diet offered in school was proper for the affected and infected and affected student. 90 % boys, 80% boys and 100 % of principals attested to the lack of support in schools.

The findings indicated that in the Samburu culture, the young, whether infected or not, do engage in premarital sex and extramarital sex due to forced marriages. It is further inferred that majority of the respondent lacked proper peer support in school because their status denies them full freedom of socialisation and affect their academic performance. These boys and girls had problems in following the antiretroviral therapy and majority were stigmatised and greatly stressed. This agreed with the study of Karuru (2004) which asserted that 90 per cent of adolescents are sexually active by the age of 20 years. The study continued to point out that adolescents in secondary schools are predisposed to HIV infection due to the fact that schools provide little help to them on sexual and reproductive health issues and do little counseling to assist them in understanding their sexual identity and how to cope with its demand. It also collaborates very well with Global Report (2010) that established that identification with illness in the homes, the issue of stigmatization in the community and marginalization in the schools is a very real barrier to access and participation in education process (The report states that while levels of awareness of HIV and AIDS are patently high, so too are levels of suspicion and fear.

Thus a child coming from a home in which infection is perceived to be HIV linked, may be stigmatized or even physically deterred from entry to school by his/her peers, or simply too traumatized by their reactions that they opt to stay away. (Table 2)

The findings revealed that 60% boys, 90% girls and 100% principals agreed there is a high risk of infection of HIV and AIDS in schools. Majority of the learners and principals as evidenced by 80% boys, 80% girls and 67% principals agreed that the affected and infected learners faced many financial constraints which can be associated with poor health due to unaffordable medication and consequently dropping out of school. This is supported by student responses such as: *'We lack money to cater for our basic necessities and medication so that sometimes we absent ourselves from school waiting for assistance from relatives and well wishers'*

'We come back home from school for holidays and there is no food for us to eat or people to take care of us'. In the light of these responses, it is evident that their economic wellbeing is low leading to inability to afford school fees and lack proper diet. Stress, stigma and social discrimination is very high among this group of learners as indicated by all the principals, 85% and 40% boys and girls respectively as well as, 80%, 90% and 60% girls respectively. 100% principals, 85% boys and 80% girls felt that the academic performance of the infected and affected learners is affected by their status. This is relating very well with the study of Obare (2009) that indicated that it is believed that there has been a marked deterioration in the educational performance of children most directly affected by HIV and AIDS. In particular, given very difficult home situations, both orphans and children in AIDS-affected households

Table3. Measures Taken By Schools to Address the Challenges Faced By Infected and Affected Learners

Issues/Questions	Answers or responses											
	Learners								Principals			
	Boys				Girls							
	yes	No	yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Counseling team	14	70	6	30	43	86	7	14	3	100	0	00
Leadership mentoring	12	60	8	40	47	94	3	6	2	67	1	33
Acceptance in school	18	90	2	10	47	94	3	6	2	67	1	33
Medication and diet	15	75	5	25	37	74	13	26	3	100	0	00
Sporting activities	17	85	3	15	45	90	5	10	3	100	0	00
Peer counseling	12	60	8	40	36	72	14	28	3	100	0	00
Total abstinence	10	50	10	50	30	60	20	40	3	100	0	00
Avoid Sharing of instrument	12	60	8	40	48	96	2	4	3	100	0	00

are often forced to drop out of school altogether with little chances of ever returning. (Table 3)

The respondents suggested that these students can be assisted to improve performance by applying the following measures, these are 70% boys, 86% girls and 100% principals recommended establishment of counseling teams, 60% boys, 94% girls and 67% principals called for leadership mentoring. All the principals and majority of the boys and girls emphasized the need for acceptance in schools, sporting activities and peer counseling activities. Regarding the use instruments such as needles, razor blades and the access to proper medication and diet, 60% boys, 96% girls, 100% principals and 75% boys, 74% and 100% principals respectively, recommended for avoiding sharing of instrument, accessing proper medication and diet to enhance high performance. Similarly, 50% boys, 60% girls and 100% principals advocated for total abstinence as way of preventing HIV and AIDS infections. The findings collaborated very well with the report of the study of (UNAIDS 2010) which asserted that there are two types of school-based intervention, which are commonly used by schools. The first is extra-curricular activities, in particular AIDS clubs and the incorporation of HIV AND AIDS issues into drama and other activities groups or peer education groups. The second is the use of outside personnel to teach HIV and AIDS education. Club activities are centred on empowering students by providing them with all the necessary information and knowledge about HIV AND AIDS to enable them to make informed decisions about their sexual relationships. They are the main extra-curricular anti-AIDS activity directed at school students. Its overall aim is to sensitise youth to abstain from premarital sex.

DISCUSSION OF FINDINGS

Challenges the Infected go through

The study sought to establish the cultural, social academic and economic challenges the infected and affected youths experience whereby it was at 100% revealed in moranism culture, the young whether infected or not do engage in premarital sex and extramarital sex due forced marriages. The economic status of the Samburus is low hence their inability to afford medication, school fees and proper diet. Majority agreed that they lack proper peer support in schools while others have problems in following the antiretroviral therapy and are stigmatized and greatly stressed.

Intervention measure for improving the conditions of infected and affected students

The study captured the opinions of the respondent regarding measures that should be put in place in schools to improve the conditions of students living with HIV and AIDS and established that these students can be assisted to improve performance by establishment of counseling teams, supportive leadership, acceptance instead of stigma and discrimination and proper medication and diet to enhance good performance. Further, as a way of empowering students they should engage in sporting activities, have more peers counseling as well as developing more HIV and AIDS programs.

The findings revealed that that some precautions can be undertaken among students to prevent HIV and AIDS such as students totally abstaining from irresponsible sexual behaviors, and avoid sharing cutting and piecing materials as this creates an avenue for infection and anxiety which can affect performance. The study further

revealed that it requires a concerted effort of principals by ensuring that they are accessible to medical facilities, school nurse to adequately offer medical attendance, teachers to play a vital role in encouraging the affected and infected and other students to appreciate, love and care for the infected and affected.

CONCLUSION

On the basis of the findings, the study concludes that:

1. The infected and affected learners are faced by a number of challenges both in school and in the larger community. The home environment in which they grow up is entangled with social-cultural practices such as moranism and FGM that are harmful to their health and are major contributors to HIV and AIDS. On the other hand the school that is supposed to nurture the youth as they grow up and seek their identity, also presents challenges such as stigma, discrimination, lack of support and the risk of infection among other challenges.
2. The social and academic performance of youth in secondary schools is greatly influenced by social-cultural practices, poor health as result of poor diet and inability to afford proper medication. The situation is worsened by the fact that schools are ill-prepared to deal with the infected and affected learners.
- 3 Intervention measures such as establishment of counseling teams, supportive leadership by the school management, acceptance instead of stigma, a good diet and proper medication would yield better social and academic performance.
- 4 Practicing precautionary measures like abstinence from irresponsible sexual behavior and not sharing sharp objects can help curb the spread of HIV and AIDS. Young people need ethical and moral guidance specifically with reference to sexual behavior.
- 5 Policy interventions are needed at both the national and school levels to prevent and mitigate the likely adverse impacts on the education sector. The impact of the epidemic on education will to a large extent ,depend on the overall level and effectiveness of assistance given to these children and their caretakers

RECOMMENDATIONS

The researcher recommends that government should train more teachers on guidance and counseling and especially on HIV testing and counseling.

A policy should be instituted by government through MoEST to make HIV and AIDS awareness a compulsory subject in secondary schools and other levels of learning.

Youth friendly centers should be established in secondary schools with well trained professionals to handle issues related to HIV and AIDS. Regular in-

service training on HIV and AIDS should be given to principals and other stakeholders. Consequently County structures should be developed to support specialist teachers and guidance and counselors with the full involvement of the quality assurance officers

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