

Symposium 5:

Health Education and responses by the education system to HIV and AIDS prevention and management among Institutions of Higher learning in Kenya

Kabarak University

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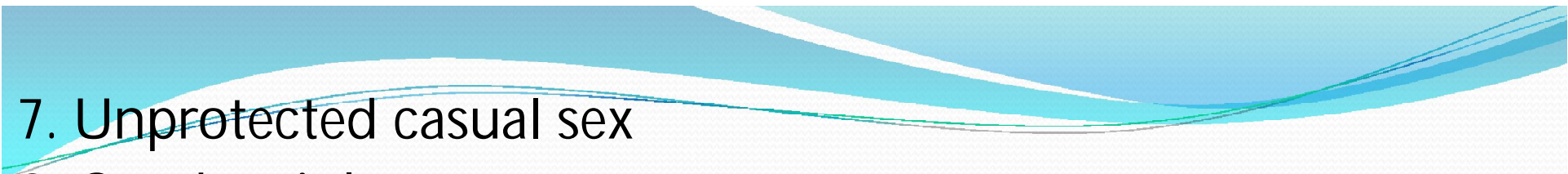
Introduction

- KAIS report of 2012 estimates that approximately 1,192,000 Kenyans are living with HIV.
- Majority of the new infections in developing countries are shown to be occurring among the age group 15 – 24 years.
- This age group is represented in institutions of higher learning.



Universities are reported to constitute a potentially fertile breeding ground for HIV

1. They bring together in close physical proximity devoid of systematic supervision of a large number of young adults at their peak years of sexual activity and experimentation.
2. Drugs and substance abuse
3. Divergent levels of economic resources
4. 'Sugar-daddy-mummy' practices
5. Sexual experimentation
6. Prostitution on campus


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7. Unprotected casual sex
 8. Gender violence
 9. Multiple partners
 10. Peer pressure
 11. Human Rights abuse e.g. rape
 12. New independence with unlimited social interaction
 13. Other similar high-risk behaviour

These circumstances create a very high risk environment from an AIDS perspective and make Universities and College environment a focal point of social and sexual interaction.

Overview situation in a Public University

A survey done in one of Kenya's public universities in 2004 revealed that

- 55% of male students were sexually active.
- Only 44% of these having used a condom with all their sexual partners
- 35% of them reported having more than one sexual partner in the last 3 months
- One in five sexual active female students reported multiple sexual partners indicating high risk behavior at these institutions.

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- 40% of the students did not know their HIV status.
 - There was misuse of contraceptives like the Morning after pill.
 - There was cross generational sex as well as
 - Transactional sex

Overview Situation in a Christian University in Uganda

- **Limited knowledge** was one of the major factors that play a role in the dynamics of HIV infection – that is, the level of empowerment in terms of knowledge.
- **Differences in level of income** where some students and staff lived in low-income housing areas where sex was found to be rampant.
- **Higher income** where some members of the university community especially lecturer's found themselves at risk of HIV infection due to their higher income that gave them easy access to multiple sexual relationships



Impact of HIV on Fiscal Situation of Universities & Institutions of Higher Learning

1. Increased operating costs
2. Reduction on productivity (absenteeism)
3. Diversion of resources
4. Threatened sources of income
5. Interference with normal functioning of Universities activities

Intended outcome of Universities and Institutions of Higher Learning responding to HIV & AIDS

- Prevention of HIV
- Behavior change among students and staff by increasing understanding and practice of abstinence, being faithful and positive behaviour change.

Intended Outcome

- Reduction in recurrent budget on HIV & AIDS related expenses such as funerals, death benefits and health care

Indirect costs of the disease to the University

1. Loss of productivity due to staff illness
2. Loss of staffing resources through death
3. Loss of institutional expertise
4. Cost of recruiting replacement staff
5. Cost of re-training staff to take on additional responsibilities when HIV induced absenteeism



6. Financial losses when student loans are not repaid due to illness or death

7. Loss of public and family investment when a student is forced to drop out of school for HIV & AIDS –related reasons

8. Higher insurance premiums and increased death benefits and funeral expenses for staff.




Statement of the Problem

- The Education sector response to HIV and AIDS dates back to 2004 when different Ministries were mandated to form AIDS Units which would trickle down to other sectors.
- This was in response to Kenya National AIDS Strategic Programme (KNASP) Pillar 2 deals with **Sectoral mainstreaming of HIV and AIDS which** seeks to develop HIV and AIDS workplaces policies, mainstream HIV in all sectoral policies and vision 2013 as well as
- Strengthen monitoring and evaluation systems across all sectors and
- Mainstream social protection of orphans and vulnerable populations including most at risk populations



Statement of Problem Cont'd

- **Pillar 3 of KNASP – Focuses on Community based HIV programmes**
- Which deals with community level surveillance, research and information management systems, health systems and implementation of community based programmes.
- KNASP 3 identifies HIV testing and counseling as a cornerstone of Kenya's efforts to address, prevention services for the youth, older generations, sero - discordant couples and interventions to prevent gender based violence .

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- The study therefore intended to assess what responses the Education Sector had implemented in HIV Prevention and with what successes in line with Kenya National AIDS Strategic Plan, Pillar 2 & 3.



Objectives of Study

1. To find out the role of education and the responses by the education system to health education and HIV prevention and management.
2. To find out if the Education system curricula and programmes are aligned to the Kenya National AIDS Strategic Plan – KNASP.
3. To assess the effectiveness of the interventions put in place in these institutions to respond to HIV.

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Methodology

- The methodology employed was quantitative survey where questionnaires were distributed among students in two chartered universities, one public and the other private.
- The private university was located in a peri-urban area and espoused Christian values while the second university was a public university located in an urban locality.
- Self-administered questionnaires were given to a hundred students attending the University common unit in HIV & AIDS studies in the respective universities.
- Data was analyzed using the SPSS programme.



Findings at Institutional Level

Both Universities had

1. Established HIV and AIDs sub-control units.
2. A sub-ACU Coordinator was in place.
3. There was provision of VCT services within the two campuses.
4. HIV & AIDS Education had been mainstreamed and a University Common of HIV and AIDS established.
5. There were yearly HIV and AIDS activities.
6. Both had put HIV & AIDS Activities in their Strategic Plan.



7. Both had HIV & AIDS Workplace Policies.

8. Research and workshops on HIV and AIDS had been held and was on going.

9. Both had peer counselor clubs.


10. Only the public University had a post-test club.

11. Both had Community outreach programmes.



Differences


- Only the Public University had services for People living with HIV & AIDS.
- There was a huge budgetary difference between the Universities.
- Condoms were available in dispensers for the public University.
- Contraceptives were readily available in the health centre.
- Alcohol and drug taking were prohibited from the Christian Private University.


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- Only the public University was offering Post Exposure Prophylaxis – PEP as well as ARV's
 - The Christian University relied on referrals.
 - One university could not quantify the medical expenses occasioned by HIV and AIDS, drop in performance due to HIV and AIDS, expenses at funerals and diversion of resources from core functions to HIV and AIDS.
 - In the Christian Institution it was found that due to information and education while in institutions, some graduates had continued active participation in HIV and AIDS work on completion of their studies.
 - Both universities had outreach programmes while HIV awareness was incorporated in Orientation programmes.



Findings from the Questionnaires

- All 100 students, 50 from the public and 50 from the private Christian University filled and returned.
- Both groups were able to name the different programmes that had been implemented in the University though 40% in the Christian University were vague about it.
- Both groups found the HIV University Common unit beneficial however the younger group were skeptical about its effectiveness in behaviour change. This was evident from the responses from questions on sexual behaviour as follows;

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- 75% of the total respondents felt there was significant reduction in HIV Prevalence.
 - All respondents felt there was more awareness about HIV and reproductive health.
 - However Pregnancies were still occurring among students indicating students were indulging in unprotected sex. 90% of students in public universities responded that they knew of a student who had gotten pregnant in campus while 45% of those in the private university knew of any pregnant student.
 - 90% respondents from the private university were aware abortions were taking place while 58% from the Christian University.

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- 74.5% respondents from the public university knew at least one student or staff member who had died of HIV while only 45% from the Christian University knew of any.
 - Both respondents were in agreement that stigma was still high with 60% responding in the affirmative from the public university while 87.7 % felt stigma was still high from the Christian University.
 - One institutions did not have information on students and staff infection, impact on student and staff due to family infection and the extent on which institutional activities have been affected.
 - Both institutions were found not to have fully established statistics on deaths caused by HIV and AIDS, number of infected students and staff, student drop- out rate due to HIV and AIDS, number of orphans among the student population.



Sexual violence

- Sexual assault was reported in 8.9% of those who responded to the question, and was disproportionately higher in females (12.9%) than males (6.4%).



Condom Use

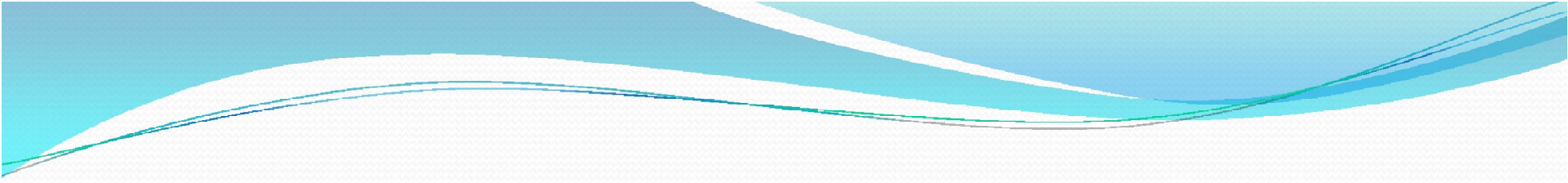
- Among those having sexual intercourse 80% reported of having ever using condom during intercourse while 12.% did not.
- Condom use for females was at 88.7% slightly higher than males at 87.5% .
- Overall, there was increased condom use with year of study for both sexes, except for females at fourth year whose condom use slightly declined below second and third year levels, but still remained higher than first year .
- However, only 68.2% of respondents mentioned that they used a condom during their last sexual episode, while 31.8% did not.
- Only 50% of the students from the Christian University responded to this question and only 30% of the 50 responded that they had used condoms.



Curricula on HIV & AIDS


The following were some topics taught in the HIV course.

- Facts about HIV & AIDS
- Human Sexuality
- Reproductive Health
- Gender and HIV & AIDS
- Gender based Violence
- Prevention, Care & Management
- Counseling and HIV Counseling and Testing
- Alcohol and Substance abuse

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- On any other comments, 70% students from the Christian University felt that condoms should be freely distributed in campus while this appeared not to be an issue in public universities.
 - 75% of students in public universities were more skeptical about the effectiveness of HIV education

Conclusions

- This paper concludes that indeed education has a role to play in responding to HIV and AIDS especially in the absence of a cure.
- From the findings , it was evident that a lot was being done by Universities and Institutions of higher learning in terms of HIV Prevention, care and management.
- However it was not standardized across the campuses and mostly depended on the good will of the top management.
- Stigma was still evident, pregnancies were still occurring indicating unprotected sex
- Abortions were still occurring in spite of availability of contraceptives in some campuses.

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- Reports of abuse of contraceptives like the emergency pill (Postinor 2) by Universities students was putting into question the impact of the reproductive health education that they are receiving.
 - Monitoring and evaluation mechanisms was not evident in one of the campuses reviewed making it hard to gauge the effectiveness of the academic and HIV programmes present.

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- Where top management support was available, statistical data was also available .






Social Freedom & pornography

- It was noted that there was too much social freedom in Universities and institutions of higher learning which made it difficult to implement the 10 am to 10 pm rule within the halls of residence and dress code.
- Despite the institution curtailing access to pornographic sites on campus at the university students are still accessing such material on phone. For instance, campus bashes have turned out to be sex orgies.

Work place HIV Policies

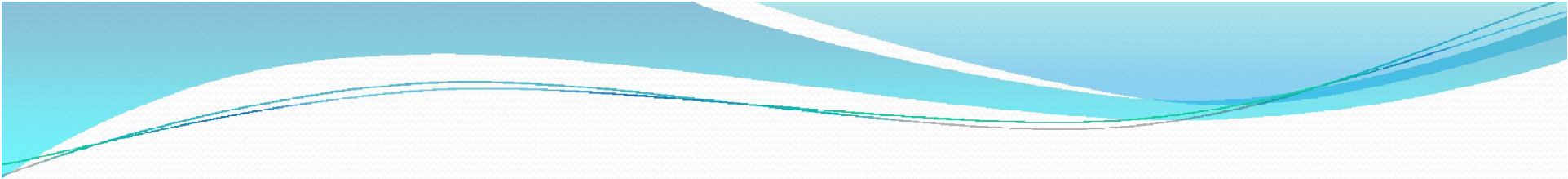
- Though both Universities had developed HIV and AIDS Workplace policies, not all had adopted various components of the recommended workplace framework.
- Both Universities reviewed had incorporated HIV studies in their curriculums and made it a common core course.
- HIV awareness was an on-going activity,
- HIV-related discrimination was prohibited, facilitation of students and staff access to VCT and STI diagnosis was an on-going activity with some having VCT sites within the campuses.

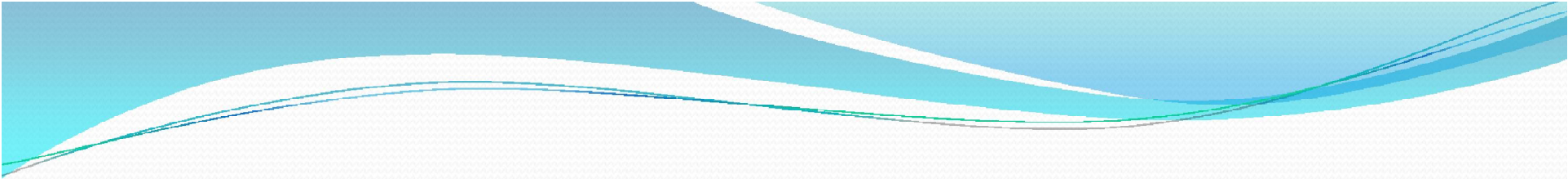
*The notable difference between public and private universities was condom distribution, availing contraceptives and HIV treatment – ARV's more for the former than the latter.

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- One University had not assessed the effects of HIV and AIDS on the affected and infected and that for most young and small institutions,
 - Medical expenses were still very low and the impact of HIV and AIDS was yet to be felt.
 - However on the positive side, many institutions were undertaking research in HIV and AIDS,
 - Had mainstreamed HIV in their activities
 - A few students had declared their status though majority feared stigmatization and discrimination,

Recommendations

- Total commitment and good will from top management of these Universities ,making HIV and AIDS a budgetary item and committing resources to HIV activities.
- Continuous HIV awareness.
- Encouragement of continuous HIV Voluntary Counseling and testing, mainstreaming HIV in all University activities
- Implementing the conditions in HIV Workplace policies.

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- Establishing and maintaining partnerships.
 - Continued efforts in challenging stigma.
 - Carry out a baseline survey of the HIV situation for the university that did not have it.
 - More student involvement and consultations in planning of HIV activities
 - Universities to have a Gender and sexual harassment policy to protect both students and staff.
 - Continuous trainings, research and publications

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- Linking care to prevention, situating prevention in a community context and working towards zero new infections, zero AIDS related deaths and zero discrimination.
 - It also recommends that monitoring and evaluation mechanisms be put in place to gauge effectiveness of the responses made by the education sector through partnerships with organizations like the Association of Commonwealth Universities (ACU) that have initiated a number of case studies to assess the impact and responses by the education sector to HIV by Universities and provided support for M & E activities.

- Thank you for listening and let us work together to preserve our students from HIV and other socio problems.

