



Psychosocial Support and Girls Infected or Affected by HIV and AIDS Education in Maseno Division, Western Kenya

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Authors' contributions

This work was carried out in collaboration between all authors. Author MFN designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript with authors MS and KP. All authors read and approved the final manuscript.

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ABSTRACT

There wide gender disparities in education in places with high HIV and AIDS prevalence despite the support of many stakeholders. The study was to identify the psychosocial support in the area under study and establish areas of inadequacies'. The objective of the study was to establish the influence psychosocial support on education of girls' infected or affected by HIV and AIDS. The study was conducted between June 2011 and February

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2013. The response rate was 98% among the girls while among the teachers it was 99%. The mixed approach was used in this study. Schools in the study were categorized into 21 primary schools, eight secondary schools and a special institution. Girls infected or affected by HIV and AIDS were purposively sampled while snowballing was used to trace girls infected or affected school drop-outs. The study sampled 148 teachers, 294 infected or affected girls in 30 schools sampled and traced 15 girls who had dropped out of the same schools. Data was collected using questionnaire, interviews and documents. The Chi-Square (χ^2 statistic) was used to analyze data at the confidence of 0.05. The study found out that girls in this area are receiving instrumental and informational psychosocial support while emotional psychosocial support is lacking. The lack of emotional support is making girls to engage in relationships that are compromising their education. In the face of HIV and AIDS psychosocial stressors girls need emotional support to build resilience and be able to cope with their school work hence enhance academic performance.

Keywords: Psychosocial support; HIV and AIDS; teachers; girls.

DEFINITIONS AND ABBREVIATIONS

Psychosocial support: Process of meeting a person's emotional, social, mental and spiritual needs.

EFA: Education for All

MoE: Ministry of Education

NACC: National Aids Control Council

PSS: Psychosocial Support

UNAIDS: United Nations AIDS Programme

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations International Emergency Fund

1. INTRODUCTION

Kenya's national vision calls for concerted efforts towards a national transformation for prosperity and global competitiveness by the year 2030. A healthy, vibrant and productive population is essential if Kenya is to achieve this. Despite this vision an estimated 1.6 million Kenyans are living with HIV and around 2.2 million children have been orphaned by AIDS. Kenya's HIV prevalence peaked during 2000 and according to the latest figures dated 2012 it has dramatically reduced to around 6.3 percent. Even though awareness of HIV and AIDS in Kenya is high, many people are living with stigma and discrimination [1] Studies have shown that although people are aware of the basic facts about HIV and AIDS, many are not addressing issues of stigma [2,3]. HIV and AIDS is a source of psychosocial stress world over [4,5]. The most frequent psychosocial effects of stress are: Aggression, apathy, depression, low self esteem and guilt. Girls who are infected or affected by HIV and AIDS in school need psychosocial support to be able to make the necessary adjustments in school and at home. The study location was Maseno Division in Western Kenya, East Africa. The choice of the location was determined by the prevalence of HIV and AIDS. The area where the study was conducted has one of the highest in Kenya at 19% [2,3]. The psychosocial stressors are common in areas where the prevalence of HIV and AIDS is high.

1.1 Psychosocial Support

Girls infected or affected by HIV and AIDS have low self esteem where they feel that they are good for nothing and cannot do anything of true value. All other learners look better and more skilful to do their school work than them. This causes disappointment among these girls and they feel rather sad because something has not happened or something is not as good as one hoped. Girls suffering from low self esteem need psychosocial support. Psychosocial Support can be defined as the help given to HIV and AIDS infected or affected girls to foster resilience to help them lead a normal life. The psychosocial support is the process of meeting a person's emotional, social, mental and spiritual needs. The support promotes psychological and emotional wellbeing, as well as physical and mental development. Psychosocial support (PSS) is an essential component of ongoing care for all girls infected or affected by HIV and AIDS. PSS is especially critical for the young girls, because it creates the foundation from which they can establish their identity and place in the society. With the support girls are able to manage their care, live positively, cope with challenges and plan for their future [4,6]. Psychosocial social support (PSS) is the process of meeting girls' emotional, mental, spiritual, and social needs through a variety of approaches. PSS helps to build critical resiliency in girls and supports families and caregivers to meet the multiple needs of the infected and affected girls.

The psychosocial support can be provided through three main ways: informational, instrumental and emotional support. Informational support involves: advertisements, use of leaflets, information packs, or presentation in a class or lecture. The information presented should include factual description of the disease, transmission mode and methods of risk reduction. A combination of information and coping skill acquisition increases positive attitudes toward people living with HIV and AIDS (PLWHA) among members of the general community. The girls develop more personal relationship with PLWHA; either through face-to-face conversations or hearing a testimonial from infected or affected individuals and this contact demystifies and dispels misinformation to generate empathy hence reducing stigma and prejudice.

The second category of psychosocial support is instrumental where girls are provided with tangible or material items like food, school fees and uniforms, shelter and help with household chores. Many care givers assume that once such basic items are provided to girls affected or infected with HIV and AIDS then the girls should be able to effectively cope with the Psychosocial stressors. Unfortunately this has not been the case because the care givers forget the emotional support which is the third category of psychosocial support. Emotional support is given in form of counselling as a strategy is used to provide praise and social support for positive attitudes, behaviour change, or maintenance of safe behaviours. The counselling reduces anxiety and distress. Girls receive personal support to be able to resolve issues or situations with families, neighbours, teachers, peers and communities for a safe environment. Being an area with high prevalence the previous studies had established that HIV and AIDS is compromising girls' education. This paper was to establish the type of psychosocial support available to the girls in schools of this area.

2. METHODS

2.1 Research Methodology

The mixed approach research methodology was used to collect, analyze data, and report research findings in a single strand study [7] noted in his research. The mixed approach involved the use of both quantitative and qualitative approaches in tandem so that the overall strength of the study was greater [7,8]. The mixed method approach shed more light on issues of research which would have remained a mystery if only one research approach was employed [4]. The study collected both numeric and narrative data.

2.2 Study Location

The study location was Maseno Division in Western Kenya, East Africa. The division has two educational zones namely Sianda and Chulaimbo. The division lies within the Longitude 33° 20'E and 35° 20'E and Latitudes 0° 20' S and 0° 50' S. The Maseno division has an area of 170.2 km² with a total population of 77,554 where 37,248 are males while 40,306 are females [9].

2.3 Sampling Techniques

Purposive sampling technique was used to identify 30 learning institutions. The sampled schools were as follows: in the primary sector, one special institution, 20 primary mixed day and one girls' primary boarding school. In the secondary sector, five mixed and three girls' only schools were sampled. In primary the study considered class six to eight because girls in these classes are able to understand and respond to the questionnaire. In secondary school all classes were considered and included in the sample. In each class three girls were purposively sampled using teachers and school records to obtain 294 girls either infected or affected by HIV and AIDS. The 148 teachers were also purposively sampled to ensure the class teachers', Head of departments, deputy and Head teachers were included. These teachers were purposively sampled because they constantly in contact with all pupils/students in school. Documents like the admission registers, class registers and mark sheets were used in snowballing to trace girls between of 11-19 who had left school prematurely.

2.4 The Sample

The sampled area was Maseno division in Western Kenya. The division has two educational zones namely: Chulaimbo and Sianda. The sample was made up of 294 girls' and 148 teachers in both primary and secondary schools taking into consideration the distribution of schools within the educational zones. The study sampled 77 males and 71 females. The study traced 15 girls who had left school prematurely who were still within Maseno division during the time of study and were interviewed them Table 1 illustrates the sample and the sampling procedures.

Table 1. Sample frame

S/no.	Sch type	Total no. of Schools	Ed. zones	Schools sampled	Class/form	Girls	Tchr
1	Special	1	Chulaimbo	1	Std 6-8	9	3
	Special				Std 1-5		5
2	Pry mixed	75	Sianda	10	Std 6- 8	90	30
	"		Chulaimbo	10	"	90	30
					Std 1-5	-	40
3	Pry girls only	1	Chulaimbo	1	Std 6- 8	9	3
					Std 1-5	-	5
4	Sec mixed	12	Sianda	3	Form 1- 4	36	12
	"		Chulaimbo	2		24	8
5	Sec girls only	3	Sianda	2	Form 1- 4	24	8
	"		Chulaimbo	1		12	4
Total		92		30		294	148

2.5 Data Collection Instruments

Questionnaire, interview and documents were used to collect data. The primary and secondary school girls responded to questionnaire. The participants were girls in primary school from standard six to eight and secondary school from Form one to four. While girls who had left school prematurely either in primary or secondary schools were identified from school records and responded to the interview.

The questionnaires were used because they do not influence the respondent and they have no verbal or visual clues as observed [7]. The interview helped in gaining more insight on the psychosocial support girls are receiving and how the support is influencing girls' education. The documents like: school admission registers, class registers, records of AIDS orphans in Kisumu West district office and schools. The documents estimated the number of orphans in schools and the division. The admission and class registers helped the researchers to obtain information on enrolment and class attendance by girls. The same documents traced girls who had left school and established academic performance of the infected or affected girls.

2.6 Reliability and Validity of the Instruments

A pilot study was conducted in Kisumu East district in five schools where three were mixed primary schools and two secondary schools. After piloting the research tools were modified where necessary. The pilot study was used to validate the instruments and estimate their reliability. Triangulation was done at three levels to ensure the results were valid and reliable. The first level was at the approaches, second level at instruments of data collection and finally at researchers level. The approach, data collection and researchers triangulation was to increase the credibility and validity of the results [10]. According to [11] triangulation gives a more detailed and balanced picture of psychosocial support in this area.

2.7 Scoring of the Instruments

The study used ten closed-ended items for the teachers and ten items for the girls. For each of these items the respondents had five options to choose. The options were: Strongly agree (SA), Agree (A), Undecided (U), Disagree (D) and Strongly Disagree (SD). These responses were assigned values as follows; strongly agree (SA) 5, Agree (A) 4, Undecided (U) 3, Disagree (D) 2 and Strongly Disagree (SD) 1. The maximum score was 50 while the minimum score was 10. The scores of 26 and below showed that there is low provision of psychosocial support affecting girls' academic performance negatively. Scores of 27-34 showed that there was average provision of psychosocial support while scores ranging from 35-50 meant that there was high provision of psychosocial support. The study established whether low, average and high provision of psychosocial support had any effect on girls' academic performance. This was to determine the relation between the psychosocial support provision and girls' academic performance.

2.8 Data Analysis

The quantitative data collected by use of questionnaires was coded and converted into frequencies. Chi-Square factorial (χ^2) was used to analyze the data. The (χ^2) test was used to determine whether an association (or relationship) between two variables in a sample reflect a significant relationship between two variables in the population. The (χ^2) test results significant was tested using 0.05 level of significance. The responses obtained during the interview schedule were coded and themes identified. The patterns in the codes were checked by examining the frequencies of codes across respondents. The analysis was the basis for explication of the data which involved translation of the emergent themes into a narrative account of the respondents. After the report the members were contacted to confirm the truthfulness of what was recorded.

2.9 Ethical Consideration

The researcher's obtained a research permit from the Ministry of Education through the National Council of Science and Technology. The permit was presented to the District commissioner and the District education officer Kisumu West. The researchers obtained informed consent from the respondents and briefing was done before the commencement of the study. The respondents remained anonymous to ensure their confidentiality. Debriefing was done after the study to ensure the participants suffered no physical or psychological injury.

3. RESULTS AND DISCUSSION

3.1 Demography of the Participants

The participants were girls in and out of school who were either infected or affected by HIV and AIDS. The girls were purposively identified using the class teachers and school records. This study used 294 girls who were between 11-19 years old as the participants. The justification behind this age is that these girls were pre-teens and teens who are mature enough to understand what HIV and AIDS is all about. The respondents were drawn from the following classes: class six 25 (8.5%), class seven 81 (27.6%), class eight 81 (27.6%) in primary school sector. In secondary school the respondents were distributed as follows: Form One 16 (5.4%), in Form Two 33 (12.2%) in Form Three 20(6.8%) and Form Four 38

(12.9%). For all the classes sampled three girls were purposively selected who fitted the characteristics under investigation by the study. The girls with the age range of 11-19 who had dropped out the schools sampled responded to the interview. There were more girls who had dropped out of school but the study traced 15 girls who had dropped within the area where the study was conducted.

3.2 Psychosocial Support and Girls Academic Performance According to Teachers

The study sought to establish the provision of psychosocial support to girls infected or affected by HIV and AIDS psychosocial stressors and the impact the support have on girls' academic performance. The teachers who provided information for items in this section were 143 and out of these teachers none indicated low support provision. Two teachers indicated average support provision and out of these two, one related average support provision with poor performance and the other one average performance. The teachers who cited high provision of psychosocial support were 141 and out of these respondents one cited very poor performance with high provision of support, nine respondents reported poor performance in the presence of high psychosocial support, 71 indicated average performances and 60 good performance when the psychosocial support is high .According to teachers response there is a positive relationship between the psychosocial support given to the girls and their academic performance (Table 2).

The Chi-square test statistic value obtained for psychosocial support and girls' performance was 6.23with a df= 3 while the P- value was 0.101 which is greater than the threshold of alpha= 0.05 (see Table 2) which means that the provision of psychosocial support has no significant influence on girls academic performance.

Table 2. Psychosocial support and girls academic performance-teachers

Psychosocial support	Girls performance frequencies				Total
	29 and below	30-39	40-55	56-69	
Average	0	1	1	0	2
High	1	9	71	60	141
Total	1	10	72	60	143

3.3 Psychosocial Support and Academic Performance According to Girls

The study sought to establish the influence of psychosocial support to girls' academic performance using a questionnaire for the girls. The results revealed that 13 girls cited low support provision where two recorded very poor performance (29 and below), six recorded poor performance (30-39%) and five recorded average performance (40-55%) in the presence of low psychosocial support. Those who cited average support provision were 85 where 27 indicated very poor performance, 42 poor performances, 14 average performances and 2 good performances when the psychosocial support is average. Those who cited high provision of support were 191 and out of these 45 cited very poor performance, 100 cited poor performances, 43 average performance and three good performances when the psychosocial support is high (see Table 3).

Table 3. Girls psychosocial support and girls academic performance

Psychosocial support	Girls performance frequencies				Total
	29 and below	30-39	40-55	56-69	
Low	2	6	5	0	13
Average	27	42	14	2	85
High	45	100	43	3	191
Total	74	148	62	5	289

The Chi-Square value obtained for psychosocial support and academic performance from the girls responses was 5.55 with a df=6 while the P-value was 0.475. The P-value is greater than the threshold alpha = 0.05 which means the psychosocial support has no significant impact on girls' academic performance (see Table 3).

The study further sought to establish teachers' views on the type of psychosocial support given to girls using open-ended item. The findings were as follows: financial assistance had the highest percent of 87.1%, counselling 84.3%, constant guidance 81.4%, giving girls good diet 65.7%, encouragement 61.4%, love 54.3% and social support group 52.9%. The teachers who suggested provision of medication to the sickly were 48.6%, involvement of school management 42.9%, advising 34.3%, giving HIV and AIDS lessons 22.9%, reduce household chores 5.7%, keeping infected girls status as a secret 5.7% and teaching girls the benefits of abstinence 1.4%. This shows that psychosocial support mostly preferred by teachers is financial assistance (instrumental support) and counselling (emotional).

Girls were asked to indicate the type of support they get, 66.4% food, clothing and school fees, while 16.7% said guidance and counselling, 11.9% did not respond, 3.7% said they get drugs/ARV while only one girl 0.3% mentioned advice. These results show that instrumental support is more available to the girls than any other support in area covered by the study.

Girls were asked to indicate who provides them with help and 25.5% said NGO's, 17.7% friends and well wishers, 15.6% no response, 7.5% teachers, 6.1% government, 5.1% parents and community, 1.2% relatives and 0.6% grandparents. This shows that most of the support available to girls affected by psychosocial stressors of HIV and AIDS comes from NGO's and the government is doing very little. The girls were asked to indicate the support they value most and 27.6% identified guidance and counselling, 26.6% said school fees, food and clothing, 22.8% education and 22.8% of the girls did not respond.

3.4 Efforts by the School Management to Support Infected or Affected Girls

From the teachers responses 27% cited the use of guidance and counselling services, guest speakers 19%, be loved and cared for 16%, provision of basic needs 11%, spiritual encouragement 9%, donation of basic items 9%, HIV and AIDS information 3%, peer education and life skills 3%. Many schools are not doing much to avert the crisis and when asked why the schools managements are not keen, the teachers cited the fact that the numbers infected or affected are overwhelming and that they lack financial resources. Other teachers felt that the school management does not care about the infected or affected girls. One of the teachers said *....after all girls can get married to men who have money and live a decent life even without so much education, but this is not the case for the boy-child who must be the breadwinner in future.*

3.5 Organizations Offering Psychosocial Support to Infected or Affected Girls

The teachers' were asked to name organizations providing psychosocial support to affected or infected girls in their schools and the results were as follows: AMPATH was identified by 45% of the teachers, followed by Umoja project with 30%. Others were; compassion International 16.4%, Kenya Medical Research Institute (KEMRI) 15.7%, Community Based Organizations (CBO's) 15%, Plan International 13.6% and UNICEF with 12.9%, Ministry of Public health 8.6%, Ministry of Education and People Living with HIV/AIDS (PLWH) 7.1%, Girl-child Network 6.4%, Save the Child International 5%, Kisumu Youth Olympic Centre 3.6%, Red Cross Kenya 2.9% and Young Men as Equal partners 0.7%.

3.6 Who Should Provide Support to Infected or Affected Girls

Teachers were asked to indicate who should be involved in the provision of support and 70% said the teachers, 53.3% government, 43.3% parents/guardians, 26.7% spiritual leaders, female teachers 20%, well wishers 16.7 %, NGOs 13.3% while community and relatives were suggested by 10% of the teachers. Teachers felt that helping infected or affected girls cannot be one group of people's responsibility but an exercise that should involve the government, the school, the teachers, parents/guardians, relatives, the church and the community.

3.7 Psychosocial Support for Girls who have Left School

Girls who have left school were asked to indicate how they can be helped and 12 of them wanted to be assisted with what they lack. Others felt that guidance and counselling can go a long way in helping the infected or affected girls. Others want girls to be taught about HIV and AIDS to create more awareness, give them moral support and at the same time giving them alternative (vocational) training. Girls who are willing and they have the potential to perform well in school can be taken back to school. Girls should be encouraged to visit VCT centre's to know their status, encourage them to live wisely whether they are positive or negative. Those who have job offers especially unskilled jobs should give priority to the affected girls. These measures may help to support girls instrumentally, emotionally and create awareness hence mitigating against stressors of HIV and AIDS.

3.8 Challenges Faced in Provision of Psychosocial Support

The teachers were asked to indicate challenges they faced as they provide psychosocial support and they identified inadequate resources as one of the major challenges, girls' being uncooperative and refusing to accept the reality of the situation. The teachers are feeling overwhelmed by the large numbers of infected and affected girls' needs, demoralized by the girls' poor performance and no behavioural change. The teachers lack the necessary training to effectively offer emotional psychosocial support. The teachers are using so much time guiding and counselling instead of teaching. This affects the mean grade in schools bearing in mind Kenyan schools suffer from the "mean grade syndrome". This leaves teachers in a dilemma whether to guide and counsel or to teach and ignore the girls' problems. Some parents/guardians have withdrawn their daughters from schools; Rape, defilement and incest are common especially among girls who are hard of hearing. Some children who are not affected but needy when they see the infected or affected being helped they become envious. A counsellor teacher in one of the schools summarized the challenges as;

“There is still stigmatization by other learners and teachers, there has been lack of openness by either affected or infected girls in the school, lack of support from other teachers or administration as whole”.

3.9 Suggested Actions to MoE by Teachers

Pursuing education in an environment ravaged by HIV and AIDS cannot be business as usual especially for the girl-child. Out of the 30 teachers who were interviewed, 22 of them suggested that the MoE should provide financial needs to the girl-child who suffers whenever there is a decline in the family income. Others felt that provision of food, uniforms and health care facilities would go a long way in helping the girls. The Ministry of Education (MoE) should support the feeding programme to avoid girls walking long distances over lunch hour and they have to cook for themselves and their siblings, making them to be late for morning and afternoon lessons or missing the sessions altogether. Teachers confessed that the lunch programme in schools has gone a long way in solving the problem of absenteeism. Many children go to school because of the lunch programme project of Umoja (Umoja has 10 piloted schools where lunch is provided for the OVC) and in these schools enrolment has risen by a third and many teachers in these schools hoped this will eventually translate to better performance. The MoE should introduce HIV and AIDS as a subject from primary to tertiary level at the same time set a department to specifically cater for the girls needs especially the infected or affected. The Ministry through the local educational offices should involve the local communities in alleviating the suffering of the girl-child. The teachers should be trained on how to provide emotional support girls infected or affected by HIV and AIDS. The teachers further suggested that there should be an assessment team from the MoE to assess the effects of HIV and AIDS on girl-child education periodically. This will help in advocating for the best policies to promote girls education in an environment ravaged by HIV and AIDS.

The teachers felt that the Ministry of Education (MoE) can effectively use the mass media to sensitize the learners, teachers and the community on girls' vulnerability in the context of HIV and AIDS. Sensitize the community on children's rights whether they are able or disabled especially those who are hard of hearing. Special boarding schools can be established to cater for the affected girls to keep them away from household chores which take up so much of their time and energy which they would dedicate to school work. For the infected girls the teachers suggested that they should have ARV's in school to deal with the problem of absenteeism. For those who have left school, then the MoE should liaise with other ministries like the ministry for youth affairs to provide alternatives like tailoring/hair dressing and beauty courses to enable them earn a decent living.

The number of children orphaned by AIDS continues to increase and according to [12] every 14 seconds a child is orphaned in sub Saharan Africa. While all orphans are vulnerable to HIV infection due to a weakened family 'safety net', orphaned girls tend to be more vulnerable to exploitation of all kinds (especially in child labour and sexual exploitation) [13]. As stated by one of the girls interviewed *“my stepmother has made me her worker and mistreats me”* Another girl said *“me and my siblings work so hard, more than we should and many times the people we work for refuse to pay us and we have no one to help us out.”* Girls infected or affected by HIV and AIDS require care, support, social protection and continuing education that take into account their additional needs for treatment, literacy, positive prevention messaging and the elimination of stigma and discrimination as the study concurs with [13,14].

Starting psychosocial support early and throughout the developmental and educational experience to prepare girls to deal with the issues they may face as they grow up within a HIV and AIDS context. The study noted the age of the girl has an influence on the psychosocial stressors experienced. Interventions by all stakeholders that is; parents, teachers, communities, NGO's and government must be tailored to cater for girls age and cultural context of the girl (environment). Particular approaches may need to be developed to cater for the reality of age-diverse (age mixing) in classroom settings [15]. Looking at the many organizations operating in Maseno division, there are still too many isolated interventions. In this context, it is important to note that education systems, and the partners involved, could still make significant progress in improved monitoring and evaluation of the impact of interventions to ensure the approaches are evidence-based. The girls who are most at risk of HIV infection are often the young between 14-24 years old and these are adolescents who are currently in schools and colleges. The NGO's and the government are mainly offering instrumental and informational and no emotional support and this explains the frustrations of the NGOs when girls get pregnant, leave school prematurely while others are getting married. As noted in the schools especially single sex boarding secondary schools are trying to support the girls but the teachers and school management register disappointment when these girls become pregnant or drop-out of school.

Information alone cannot prevent HIV but more needs to be done to support the girl-child emotionally in the face of HIV and AIDS psychosocial stressors. There is need to address the economic and social barriers existing in this community that prevent girls from going to school and progressing through the system. In this area there is need to maintain separate sanitation facilities for girls; providing scholarships to deal with poverty and other incentives such as school uniforms and school feeding programmes; and increasing the number of female teachers, managers and decision-makers to act as role models. In this area all efforts must be made to guarantee that educational environments are safe to promote equality, tolerance, respect, justice and dignity especially for the girl-child. The government through the MoE needs to ensure that national plans and educational system give priority to achieving education for all (EFA) goals.

As noted earlier what may work to break the power of HIV and AIDS in the region covered by the study may not work elsewhere. The response to the AIDS pandemic in Kenya has to be specific to regions and communities as study concurs with [16,17]. Social (gender roles), economic (poverty), cultural (values and belief systems) and psychological factors affect the spread of the pandemic and its impact and thus require a periodic assessment especially among young women. The informational, instrumental and emotional support must be balanced. The schools and communities must get this balance right to continue keeping the girl-child in school and with good performance. This can be done by providing quality and well coordinated psychosocial support to build resilience among infected or affected girls in school.

4. CONCLUSION

The psychosocial support given to girls infected or affected does not have significant effects on girls' academic performance but compromising the quality. In order for the girl to cope with the psychosocial stressors of HIV and AIDS more needs to be done. Unfortunately there are many challenges being faced by the teachers and the ministry of education as they try to provide psychosocial support. The schools in the area under study lack qualified personnel to provide emotional support. Girls' infected or affected performance is rated between poor and very poor while others continue to drop out of school. This means that the psychosocial

stressors of HIV and AIDS have compromised the quality and quantity of girls' education in this area. There is need for concerted efforts in provision of psychosocial support that is instrumental, informational and emotional to build resilience among girls in school. The following promising practices can meet the emotional and social needs of girls infected or affected by HIV and AIDS. These are: early identification and HIV testing and counselling of girls; pre- and post-test counselling for girls and caregivers; supporting the disclosure process; addressing stigma; and coping with and preparing for loss, grief, and bereavement. The study found non competency in the provision of these services hence recommends extensive training of teachers, community gate keepers, families and religious leaders in this area of PSS.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. WHO/UNAIDS/UNICEF. Towards Universal access: Scaling up priority HIV/AIDS interventions in the health sector the country-Progress Report. Geneva: UNAIDS; 2010.
2. NACC. National HIV and AIDS Monitoring, Evaluation, and Research Framework 2009/10-2012/13: What gets measured gets done. Nairobi: Maisha; 2009.
3. NACC. Kenya National AIDS Strategic Plan 2009/10-2012/13: Delivering on Universal Access to Services. Nairobi: Maisha; 2009.
4. RoCHAT T, Mitchell C, Richter L. The psychological, social and development needs of babies and young children and their caregivers living with HIV and AIDS. Pretoria, South Africa: Department of Health; 2008.
5. Steele RG, Nelson TD, Cole BP. Psychosocial functioning of children with AIDS and HIV infection: Review of the literature for a socio-ecological framework. *Journal of Developmental & Behavioral Pediatrics*. 2007;28(1)6:58–69.
6. Regional Psychosocial Support Initiative (REPSSI). Making a hero (active citizen) book: A guide for facilitators. Randburg, South Africa: REPSSI; 2007.
7. Creswell JW. *Research Design: Qualitative, Quantitative and Mixed Approaches*. (3rd ed.) Thousand Oaks, CA: Sage Publications; 2009.
8. Creswell JW, Plano Clark VL. *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications; 2007.
9. Republic of Kenya. Kenya population and housing census vol. A. Population Distribution by Administrative Units. Nairobi: Kenya National Bureau of Statistics; 2010.
10. NACC. Kenya National AIDS Strategic Plan 2009/10-2012/13: Delivering on Universal Access to Services. Nairobi: Maisha; 2009.
11. Altrichter H, Feldman A, Posch P, Somekh B. (2nd Ed). *Teachers investigate their work; an introduction to action research across the professions*. Routledge. 2008;147.

12. UNAIDS. A Strategic Approach: HIV/AIDS and Education. Inter Agency Task Team (IATT) on Education. Geneva, UNAIDS; 2009.
Available: http://data.unaids.org/pub/Report/2009/pwg-hiv_prevention_report_final_en.pdf
13. UNAIDS. AIDS Epidemic Update. Williams JD. UNAIDS; 2010.
14. UNESCO. Strategic Resource Guide: Strategies for Action to Combat HIV/AIDS within the Education Sector. Lagos: UNESCO; 2008.
15. Lloyd CB. The role of schools in promoting sexual and reproductive health among adolescents in developing countries. Poverty, Gender, and Youth Working Paper no. 6. New York, Population Council; 2007.
Available: <http://www.popcouncil.org/pdfs/wp/pgy/006.pdf>
16. Cohen D. Poverty and HIV/AIDS in Sub-Saharan Africa. International Institute for Education. Geneva: UNESCO; 2001.
17. Cohen S. Social relationships and health. *American Psychologist*. 2004;59(8):676-684. [PubMed]

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