Journal of Education and Literature
Vol. 2, No. 4, 2014, 126-132

RESEARCH ACADEMY OF SOCIAL SCIENCES

Level of Awareness among Girls Directly Affected By Hiv/Aids in Maralal Urban Location of Samburu District, Kenya

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Abstract

The purpose of this study was to investigate the impact of HIV/AIDS on the education of secondary school girls in Maralal Urban Council in Samburu District. This is because the drop out rate of girls from school has continued to rise. Among the factors contributing to the drop out was HIV/AIDS by being infected and affected. The study has shown this to be the main cause. Data for this study was collected using a questionnaire which was both open and closed ended questions. The data collected was analyzed using the statistical package for social sciences. The study revealed that lack of professional counselors in Maralal Urban Council, few VCT Centres and lack of enough reading materials on AIDS, casual sex etc are the major causes of the spread of HIV/AIDS in the area.

Key words: Awareness, HIV/AIDS, Girls

1. Introduction

Kiara (2007) has observed that one of the impacts of HIV/AIDS among the girls is school drop-out. Kanja (2001) in his research only concentrated on the impact of HIV/AIDS in rural area. My observation is that there is a gap left out in her research since she didn't talk about HIV/AIDS in urban areas. This study sought to bridge in that gap by carrying out research on the impact of HIV/AIDS among the secondary school girls in Maral centre, Samburu District. This study has proved in that it is in towns where there is higher risk of pupils getting involved in drug abuse, negative pressure influence, early marriages and low self esteem.

Many people have been pondering over the origin of HIV/AIDS for a long time. Jonsen and Stryker (1993) have observed that HIV/AIDS is the modern catastrophic equivalent of the biblical floods. By the end of the year 1998, 33.6 million people had been infected by HIV/AIDS worldwide (UNAIDS, 1999). Studies around the world reveal that around half of all the people who acquire HIV/AIDS become infected before they turn 24 years and typically die before their thirty fifth(35th) birthday. This age factor makes HIV/AIDS uniquely threatening to pupils. It is of little wonder that epidemic had left behind a cumulative total of 11.2 million AIDS orphans by the end of 1998. As if that is not enough, the year 1999 alone recorded up to 570,000 children aged 14 years or younger who became infected by HIV/AIDS. Over 90% of this total were babies born to positive mothers (UNAIDS, 1999).

It has been observed that children under the age of fifteen (15) years are the worst hit by HIV/AIDS pandemic considering both the infected and affected (UNAIDS, 1999). Majority of these children are in tertiary institutions today. HIV/AIDS is still a challenge in industrialized countries. There is evidence that safe sexual behavior is being eroded among gay men in some countries. Information from North America and Europe suggest that the decline in number of death due to antiretroviral therapy is tapering off (Jonsen and Stryker, 1993). Infections in former Soviet Union doubled in just two years (Mann and Tarantola, 1996). Injecting drug use gave the Eastern, European and Central Asian region the worlds' steepest HIV/AIDS curve

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in 1999 (). Some Latin American countries are managing to expand efforts to provide treatment to those infected. However, There is evidence that infections are on the rise in Central America and in the Caribbean Basin (UNAIDS, 1999)

According to Mann and Tarantola (1996) wide spread of HIV/AIDS occurred in the 1990s but people may have contracted the virus much earlier in the 20th century most likely from infected animals. By then people had already changed their perceptions of risks associated with sexual activity, perhaps because most sexually transmitted diseases (STIs) could easily be treated and that prevention of pregnancy was possible. Also travel had become easier and more common, allowing for more social migration and sexual mixing. It is of little wonder that the virus was successful in its spread.

Literature indicates that the first evidence of HIV/AIDS was given by Homosexual in the United States (Mann & Tarantola, 1996). The disease was then discovered among the recipients of the blood and blood products, injection drug users and children to be born. The pandemic manifested itself differently during its early days in the developing world. Symptoms were not easy to identify due to the presence of other competing morbidity and mortality cases. In Africa for example, there has been continuous denial of HIV/AIDS existence until today. For some people, it is considered as witchcraft while for others it is the idea of denying sex. What could have supported this kind of reasoning is the fact that unlike in the developed world, HIV/AIDS was not limited to "high risk groups" only. In the developing world, it was more generalized. The developing world accounts for close to 95% of the global total of those people infected with HIV/AIDS. The Africa Continent is the worst hit. Although the first cases of AIDS IN Africa were reported only in mid 1980s, the pandemic was to take a heavy toll on the populations of many African countries. Africa now accounts for 80% of all new global HIV Aids related deaths (Morton, 2003).

2. Literature Review

According to UNAIDS (2006) HIV/AIDS pandemic has left no continent untouched. It has also become an issue with a bearing on almost every sector in the society, a part from just being a health problem (ECONEWS, 2001). In fact the number of AIDS cases and HIV infection count as an impact. Cumulatively, they state the effect on the population of the world and in particular sub-population. Each case has many dimensions be it personal, professional and even institutional through the many social organizations that touch the life of each infected person. Each set of the interactions creates an impact and the adverse impact has generated equally diverse responses by individuals groups and communities (Jonsen and Stryker, 1993).

It is clear that the impact of HIV/AIDS has not been felt equally in different societies around the world. The developing world and especially ESAR which is the pandemics epicenter carries the greatest share of the global disease burden (UNEP, 2001:12) HIV/AIDS has been found to targets societies whose social, economic, health and behavioral situations have made members more susceptible to a progression to AIDS once infected such Vulnerable communities, have reduced capacities to defend themselves against AIDS.Desmond and Gow (2002) puts it plainly that, illiteracy lack of material and human resources, insufficient transport and communications networks, economic collapse, social breakdown due to war or migration, a burden of racial or- all combine to limit the communities capacity to fight the epidemic.

The developing worlds have these multiple experiences. It is little wonder that HIV/AIDS has been referred to as the "African monster" (ECONEWS, 2001). Literature also indicates that HIV/AIDS is alerting the social and cultural landscapes. In Africa for instance, traditional adoption systems have been overwhelmed by the increase in the number of orphans. Households are now being headed by teenagers after parents lose their battle with HIV/AIDS. Many of these desperate pupils end up in the streets, where they are exposed to the risk of being infected. In some cases, elderly teenagers who themselves are in need to be cared for have been forced to become care givers when parents of young children lose their lives to AIDS.

The Case for Women and Children

The impact of HIV/AIDS on child morbidity and mortality is devastating. This is because children progress to disease and death after HIV infection is much faster than adults do. In Africa, most deaths from paediatric HIV/AIDS are not easily recognized, since symptoms resemble other common childhood diseases (Meeker and Calves, 1997). AIDS orphans in Africa are emerging as another tragic manifestation of the pandemic. The increase in their number is a matter of grave concern. In fact, it has been pointed out that, the extended family resources and national resources are too stretched to support these children (ECONEWS, 2001; UNAIDS, 1999). It is little wonder that such children are now turning to "Little adults" fending for themselves and their younger siblings. They are joining those children referred as "children in extremely difficult circumstance (UNAIDS, 2006).

These phenomena of AIDS orphan is also affecting the western world, but the predominance of heterosexual transmission and absolute number of parents infected with HIV, give the problem considerably greater proportions in Africa (Meeker & Calves, 1997). Literature also indicates the fact that, the impact of HIV/AIDS is felt more by women than men (UNAID, 1999). This is so especially in Africa where it is arguably explained that women have been for along time treated as being less equal members of society than men (Merger & Sunanda, 1993). African women have always been subjected to suppression by culture and traditions, most of them have hopelessly watched as their husbands engaged in high-risk sexual behavior and many are abused when they protest. Also practices that expose women to HIV/AIDS such as FGM in Kenya continue. In fact, such practices are being protected by certain socio-cultural elements that are not in keeping with modern trends of social realities. This is because of the risks involved (UNAIDS, 2010).

Another thing that has made women suffer more than men under HIV/AIDS is the fact that, women have been denied their rights. Most of them, especially in Africa, do not have a say over the number of children to bear. This often leads to cases where a man can want as many children as he wishes and is under obligation to provide maintenance. This condition of frequent pregnancies and child care stress experienced by women is enough to make them experience a severe impact of HIV/AIDS than the men.

Impact on Education

Impact of HIV/AIDS is also greatly felt in the education sector. Literature indicated that the sector is experiencing loss of teachers and parents. It has been reported that, "……..AIDS is now killing teacher faster in many parts of Africa than they can be trained. According to a UNAIDS (2010) education and HIV/AIDS a window of hope," so many teachers are dying in Africa that there is serious doubt as to whether the global goals enabling all children to attain education by the year 2015 can be achieved. The Kenya situation is worrying since teachers death rates increased by more than 300 percent in just five years from 450 in 1995 to 1700 in 1999. In Uganda and Malawi, more than 30 percent of teachers in a number of districts are HIV positive.

More worrying is the fact that pupils themselves are exposed to the disease. What has probably not been clear is the fact that, as far as education is concerned, HIV/AIDS is uniquely threatening to girls. Careful observes will concur that, it is not the case that the education of boys and girls is affected in a similar way by HIV/AIDS. District Development Plan (DDP 2002 – 2008) recommended that there is need to pay particular attention to girls' education as far as the implication of HIV/AIDS is concerned. It is in this regard that this study may be biased towards girls, putting in mind that they are the most vulnerable. For instance, sexual harassment of girls by teachers occurs frequently. Also girls in learning institutions are under pressure to sell sex for better grades, for food and even a little warmth (Merger & Sunanda, 1993). This therefore, reveals that, boys may be a little safer than girls while in schools. In fact, violence against female is not confined to the school alone, girls are vulnerable to attacks on their way to and from school in case of day scholars (UNEP, 2001).

Objective of the Study

To establish the level of awareness among girls directly affected by HIV/AIDS in Maralal urban location of samburu district.

Research Question

What is the level of awareness among girls directly affected by HIV/AIDS in Maralal urban location of Samburu district?

3. Research Methodology

The study employed qualitative research design. The study was carried out in Maralal Urban location in the Rift Valley region of Kenya. The area is approximately 50 km^2 and had a population of about 15,000 people, majority of whom are Samburu speaking and therefore sharing similar culture with the Maasai community in Kenya. Data for this study was collected using a questionnaire which was both open and closed ended questions. The data collected was analyzed using the statistical package for social science.

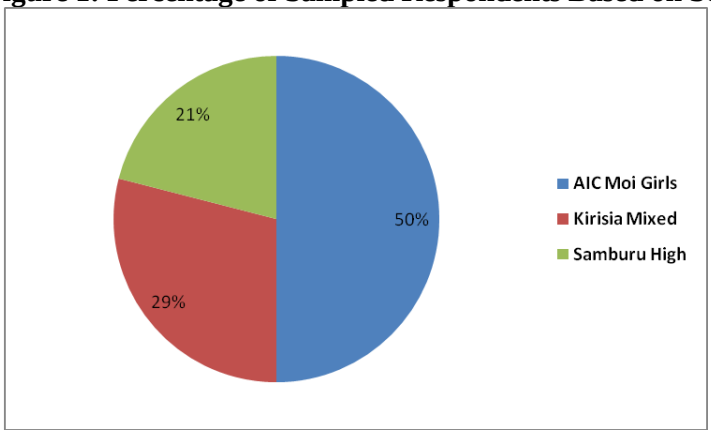
4. Results and Discussion

Table 2: Age Bracket of the Student Respondents

	Percentage	Valid Percentage	Cumulative Percentage
Valid: 15	9	17.3	17.3
16	26	50.0	67.3
17	11	21.2	88.5
20	6	11.5	100.0
Total	**52**	**100.0**	

The researcher sought to determine the views of students on the impact of HIV/AIDS on Secondary School going Girls from the three schools found in Maralal Urban Councils. The views were taken from different age groups. The researcher indicated that, most students in the three sampled schools fell in the age bracket of 16 years old who accounted for 50% of the samples. A 21.2% were 17 years old and 15 years old accounted 17.3 of the samples. The age group with the least proportion were those aged 20 years who formed 11.5%. Table 2 above presents these findings.

Figure 1: Percentage of Sampled Respondents Based on Schools



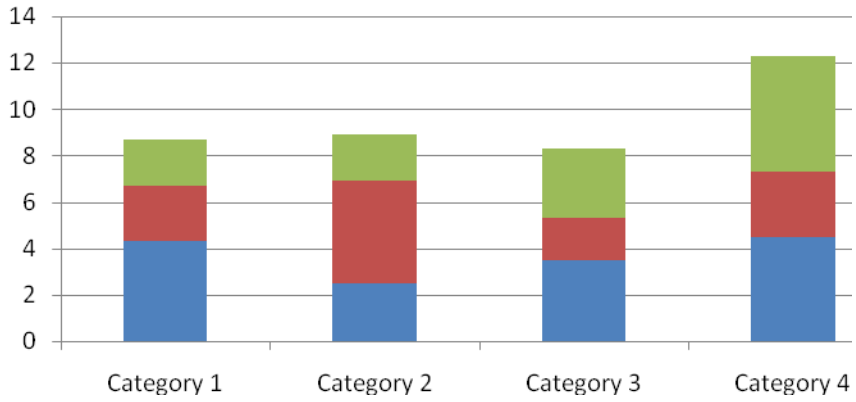
The students targeted for the study were sampled from three schools in Maralal Urban Council. They were mainly girls or mixed in nature. AIC Moi Girls had the largest proportion with 50% of the samples; Kirisia Mixed formed 28.8% while Samburu High had the least proportion with only 21.1%. The findings are presented in figure 1 above.

Table 3: Percentage in Which the Sessions in Schools Discuss About HIV/AIDS

Response	Frequency	Percentage	Valid	Cumulative Percentage
Yes	27	51.9	51.9	51.9
No	25	48.1	48.1	**100.0**
Total	**52**	**100.0**	**100.0**	

The researcher sought to establish whether the schools sampled had discussions on HIV/AIDS. Findings from the students sampled indicated that 51.9% affirmed "Yes" while 48.1 indicated "No". This indicated that the Majority of the students from these schools normally held discussions on HIV/MAIDS. The findings are illustrated on the table 3 above:

Figure 2: How to Rate the Level of Awareness of HIV/AIDS among the Students in Percentage



The researcher also sought to know if the level of awareness of HIV/AIDS is either very high, high, average, very low or if the students did not know. The research made the findings in the figure 2 above. The researcher found that, despite the discussions that are taking place in schools about HIV/AIDS, the level of awareness is still very low. The above figure clarifies that in percentage. This is because the students, who responded as "very low", take the highest percentage as shown above.

Figure 3: Avenues in Which Students Get Information for HIV/AIDS Education and Attitude Change

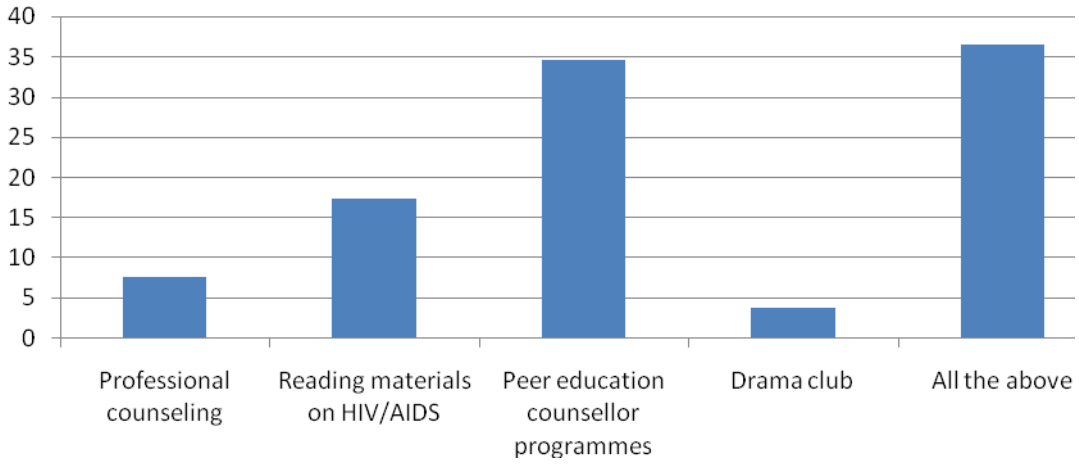


Figure 3 above reveals that majority of the students get the information from all four avenues provided by schools. This accounts for 36.5% of the students. Also 34.6% get the education and attitude change from peer education counselor programmes. Professional counseling are not very many and accounted for only 7.7% while very few get the education on HIV/AIDS and attitude change from drama clubs. This accounted for only 3.8% of the students interviewed. From the study, professional counseling appears to have had lukewarm effect on students as an avenue for information. This indicates therefore a need to strongly empower the counseling departments in reaching out to students.

5. Summary

The investigation concluded that despite the high level of awareness on their impact of HIV/AIDS. The pandemic is still a problem among the school going girls in Maralal urban council of Samburu district. The investigation revealed that, contrary to the assumption that education begins at home since the family should be treated as soon as one of the agents in socializing the children. The children in this area do not get any education from their parents/guardians on the issues of HIV/AIDS.

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