

Exploring New Grounds in HIV/AIDS Prevention in Kenya: The Role of Public Universities in the Attainment of Vision 2030

J. A. Erima

Moi University, Students Affairs Department, P.O. Box 3900, Eldoret 30100, Kenya

Email: julieterima@gmail.com;

Wosyanju, M.G.

Moi University, Students Affairs Department, P.O. Box 3900, Eldoret 30100, Kenya

Email: gwosyanju@gmail.com

Abstract

The entry of HIV/AIDS into universities has posed a great threat to Kenya's human capital. It has profoundly affected the education sector and the Kenyan economy as a whole, prompting the government to address it in the country's Vision 2030 and Millennium Development Goals (MDGs). Higher education not only has a responsibility to join the fight against the AIDS pandemic, but it also has a responsibility to take a prominent leadership position in the fight. In view of the prevailing situation, this paper seeks to explore strategies and tools that institutions of higher learning in Kenya and the education sector as a whole can adopt and implement to prevent the spread of HIV/AIDS in the country so as to drive the nation to the successful realization of Vision 2030. The specific objectives of the study were to: conceptualize HIV/AIDS prevention as instrumental in realizing Kenya's Vision 2030; examine the importance of HIV/AIDS prevention programs in Kenyan Universities; identify challenges hindering successful implementation of these programs at Moi University, and; offer possible solutions towards successful mainstreaming of HIV/AIDS preventive programs into universities. The study employed external desk research - Online desk research, government publications and press sources were utilised to analyse lessons learnt from success stories of HIV/AIDS prevention globally. Collation and analysis of the findings was undertaken in line with study objectives. The paper highlights the importance of appropriate education in helping young people avoid HIV/AIDS infection. It offers recommendations that will go a long way in combating HIV/AIDS in Universities and other institutions of higher learning in Kenya. The study will have a theoretical significance by contributing to the existing body of knowledge on HIV/AIDS amongst the youth in Universities. From a practical perspective the study will propose strategies that may be adopted to combat the disease in institutions of higher learning.

Key words: HIV/AIDS, Universities, Education programmes, Prevention

1. Introduction

HIV/AIDS is undoubtedly the most devastating health disaster in human history. Nelson Mandela (1997) warned that the pandemic is a threat that puts in balance the future of nations. The disease continues to ravage families and communities globally. In World Health Organisation (2011) states that Kenya, an estimated 1.5 million people are living with the disease. They further opine that out of every eight Kenyans aged between 15-49 years, one is infected. In 2009 alone, there were 890,000 new HIV infections amongst young people. It is now apparent that the HIV/AIDS epidemic is a national disaster in Kenya and therefore, everyone's concern. The disease has had a demonstrated negative impact on households, their education, as well as in their workforce productivity.

The entry of HIV/AIDS into universities has posed a great threat to Kenya's human capital. It has profoundly affected the education sector and the Kenyan economy as a whole, prompting the government to address it in the country's Vision 2030 and Millennium Development Goals (MDGs). Higher education not only has a responsibility to join the fight against the AIDS pandemic, but it also has a responsibility to take a prominent leadership position in the fight. Universities are obligated to respond to this challenge as part of their commitment to innovative leadership, scholarship and service within the higher education community in Kenya.

The HIV/AIDS situation in the country calls for universities to be pro-active in responding to the pandemic by virtue of the important role they play in driving the nation towards attainment of the country's blue-print. The Working Group on Higher Education of the Association for the Development of Education in Africa (ADEA) (2006) submits that it is unfortunate that many universities have failed to respond adequately to the HIV/AIDS pandemic, largely due to lack of HIV/AIDS policies, failure to commit sufficient resources to combat the epidemic and remaining silent on the issue. It is in cognizance of this problem that the paper argues that HIV/AIDS education programs should be adopted and implemented in public universities as a preventive mechanism. It discusses a number of HIV/AIDS education programs that have been implemented in some institutions successfully and builds a case for their adoption by universities.

1.1 Statement of the Problem

The expansion and improvement of HIV and AIDS education around the world is critical to reducing the spread of HIV/AIDS. According to World Health Organisation (WHO), (2011), there are an estimated 35 million people globally living with the virus, and each year millions more become infected. A report by World Health Organisation (2005) reveals that Kenya has an estimated 1.5 million people living with HIV/AIDS. Effective HIV and AIDS education programmes and people-tailored initiatives can help prevent new infections by providing the youth with information about HIV and how it is passed on, thus equipping them with the knowledge to protect them from becoming infected with the virus.

The Working Group on Higher Education of the Association for the Development of Education in Africa (ADEA) (2006) points out that there continues to be a great deal of fear and stigmatisation of people living with HIV in institutions of higher learning in Kenya, which is fuelled by misunderstanding and misinformation. The education sectors of Kenya ought to play an important role in the fight against HIV/AIDS in response to the dramatic impact of HIV/AIDS upon education supply, demand, and quality, which for Kenya poses a major threat to the achievement of Millennium Development Goals and Vision 2030.

This paper sought to:

1. Conceptualize HIV/AIDS prevention as instrumental in realizing Kenya's Vision 2030;
2. Examine the importance of HIV/AIDS prevention programs in Kenyan Universities;
3. Identify challenges hindering successful implementation of these programs at Moi University;
4. Offer possible solutions towards successful mainstreaming of HIV/AIDS preventive programs into universities.

2. Understanding HIV and AIDS

According to Lamptey *et al.* (2006), AIDS, or acquired immunodeficiency syndrome, is caused by the human immunodeficiency virus (HIV), which is spread through blood, semen, vaginal secretions, and breast milk. The most common method of transmission is unprotected sexual intercourse with a HIV-positive partner. Other routes include transfusions of HIV-infected blood or blood products; tissue or organ transplants; use of contaminated needles, syringes, or other skin-piercing equipment; and mother-to-child transmission during pregnancy, birth, or breastfeeding. HIV is extremely fragile and cannot survive long outside the body's fluids or tissue and it cannot penetrate unbroken skin.

Lamptey *et al.* (2006) further elaborate that HIV kills by weakening the body's immune system until it can no longer fight infection. Opportunistic infections are illnesses such as pneumonia, meningitis, some cancers, tuberculosis (TB), or other parasitic, viral, and fungal infections that occur when the immune system is weakened.

HIV generally progresses over a decade before developing into AIDS, but there is a long delay after infection before symptoms become evident. Early HIV-related symptoms include chronic fatigue, diarrhea, fever, weight loss, persistent cough, skin rashes, herpes and other oral infections, swelling of the lymph nodes, and memory loss or other mental changes. AIDS is almost always fatal without treatment, although a few individuals have survived with AIDS untreated for up to 20 years. Current drug regimens, such as highly active antiretroviral therapy (HAART), slow the virus' replication in the body. Slower replication rates lessen the burden on the immune system, thereby reducing HIV-related illnesses and allowing patients to live longer, higher-quality lives. There is no cure for AIDS: The disease resurges if HAART is halted.

2.1 Factors Contributing To Spread of HIV/AIDS in Kenya

For HIV/AIDS, many different factors at many levels form the context, interact, and come into play.

2.1.1 Individual factors

Individual factors that contribute to spread of HIV/AIDS include having multiple sexual partners, sexually transmitted diseases, not using a condom and not circumcising males (Avert, 2001). Individual behaviour is largely determined by the social environment, such as community norms and values, regulations, and policies.

2.1.2 Societal factor: Systemic discrimination.

Stigma and discrimination also influence the spread of HIV/AIDS. Stigma creates barriers to the uptake of interventions to prevent HIV infection, treat it and give support to people living with the disease (Klein, Karchner & O'Connell, 2002). Issues such as promiscuity, homosexuality and blame tend to prevent people from disclosing their HIV status and seeking care. Prejudice against people with HIV/AIDS may mean people are denied their right to care. Interventions aimed at HIV/AIDS need to consider where there may be prejudice and how stigma-related factors interact at various levels.

2.1.3 Socioeconomic and political factors: Inequities.

HIV/AIDS is increasingly concentrated in the poorest and most marginalized societies (Kumaranayake & Watts, 1999). Studies among African-American women (Espele, 2002) and African women (Farmer, Nizeye, Sultac & Keshavjee, 2006) say the risk of contracting HIV/AIDS is related to socio-economic and political factors including gender and power inequalities, patterns of sexual interactions, inadequate resources and limited access to services. In Africa, socio-economic conditions conducive to HIV/AIDS transmission probably began during the slave trade and colonialism (Barnet & Whiteside, 2002), when economic livelihood, social practices and community cohesion were disturbed and the indigenous health-care system pushed aside. While traditional remedies for the opportunistic infections of HIV/AIDS exist, lack of recognition and support for traditional healers hinders many people from seeking care from them.

2.1.4 Cultural factors: Lack of factual information.

In some communities in Africa, HIV/AIDS symptoms may be attributed to witchcraft and curses (Barnet & Whiteside, 2002). Because individuals can't get the facts on the disease, misconceptions about its transmission and prevention can flourish.

2.1.5 Gender

Gender issues, including the relative risk of infection, stigma and discrimination, access to treatment and who gives care in families are all factors that affect HIV/AIDS interventions. In Kenya, HIV/AIDS affects men and women differently. In 2003, prevalence among women was 8.4 per cent compared to 4.2 per cent among men (MOH, 2004). Male violence against women in homes, schools and workplaces, and coercive and inequitable sexual practices have increased women's vulnerability to HIV/AIDS in Kenya (World Bank, 2004) because forced sex is more likely to cause abrasions and cuts that allow entry of the virus to a woman's bloodstream. Unequal power relations also make women more vulnerable because they cannot negotiate condom use. Economic factors including inadequate education and poor economic opportunities for females also make them more vulnerable to unsafe sex. Women also bear the burden of caring for the sick at home (MOH, 2005).

2.1.6 Limited health care infrastructure

Effective implementation of HIV/AIDS interventions requires a strong health-care system with extensive infrastructure and trained personnel. All are limited in African countries (WHO, 2011).

2.1.7 Policy

A good political environment and favourable policies are crucial for initiating and sustaining HIV/AIDS interventions. Uganda's success in fighting HIV/AIDS was attributed to supportive leaders, a strong health infrastructure and broad involvement by religious groups, civil organizations and community leaders as well as good relations with external partners such as World Health Organization (Parkhurst & Lush, 2004). Context-specific and evidence-based policies and guidelines are needed in order to scale up and sustain HIV/AIDS interventions organizationally and nationally (Secklinelgin, 2007).

3. Universities and HIV/AIDS

It is necessary to examine the reasons why universities need to engage in the fight against HIV/AIDS in Kenya. With reference to all tertiary institutions, there are five important reasons put forth by Chetty, (2000):

- i) HIV/AIDS is a development issue, not just a health issue. It affects the social, economic, and psychological well-being of individuals and communities. It conditions national capacities for economic and political development. It is therefore a legitimate topic for university inquiry.
- ii) HIV/AIDS affects not just individuals, but institutions. Tertiary education institutions are vulnerable to the negative impact of HIV/AIDS on their core operations of management, teaching, research, and community outreach.
- iii) HIV/AIDS directly conditions the possibilities for human resource development. Tertiary level educators are among the most skilled individuals in most economies, and tertiary students are particularly vulnerable to infection. At risk is the loss of the most valuable and productive citizens in the economy.
- iv) The struggle against HIV/AIDS requires new knowledge. Universities are charged with the mission of generating new technologies, practices, and understanding through research. These contributions are needed to help African countries prevent and cope with HIV/AIDS.
- v) The fight against HIV/AIDS requires leadership. Tertiary level staff and students are traditionally among the leaders of their societies, and their active commitment is essential to the development of open national debate and action responses related to the HIV/AIDS epidemic.

In addition, practical financial reasons should motivate institutional managers to recognize and tackle the threat of HIV/AIDS. One university from Southern Africa reports spending 10% of its recurrent budget on AIDS-related expenses such as funerals, death benefits, and health care (ACU, 2002). In addition, the indirect costs of the disease to an institution can be substantial. They include lost productivity due to staff illness, loss of staffing

resources through death, loss of institutional expertise, the cost of recruiting replacement staff, the cost of re-training staff to take on additional responsibilities when AIDS-induced absenteeism occurs, the financial losses when student loans are not repaid due to illness or death, the loss of public and family investment when a student is forced to drop out of school for AIDS-related reasons, higher insurance premiums, and increased death benefits and funeral expenses for staff (ACU, 2002).

Taken together, the above reasons comprise a compelling argument in favor of an explicit engagement of the HIV/AIDS challenge by all tertiary institutions.

3.1 Importance of HIV/AIDS Education in Kenyan Universities

Widespread HIV prevalence rates among the world's youth has been attributed to their physical, social, psychological, and economic vulnerabilities. Social norms, such as older men ("sugar daddies") engaging in sex with younger girls, gender power imbalances, and the high incidence of coerced sex, increase young women's vulnerability to HIV/AIDS. Poverty and lack of education and employment opportunities can lead university students to engage in risky behaviors, such as exchanging sex for money.

AIDS education in Kenyan universities plays a vital role in global efforts to end the AIDS epidemic. Providing young people with basic AIDS education enables them to protect themselves from becoming infected. Youths are often particularly vulnerable to sexually transmitted HIV, and to HIV infection as a result of drug-use. Acquiring knowledge and skills encourages young people to avoid or reduce behaviours that carry a risk of HIV infection.

AIDS education in universities also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame. This is crucial for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others.

Educating the university students about HIV and AIDS necessitates discussions about sensitive subjects such as sex and drug use. Many people believe that it is inappropriate to talk to young people about these subjects and fear that doing so will encourage young people to indulge in risky behaviours. Such attitudes are often based on moral or religious views rather than evidence, and severely limit AIDS education around the world.

According to the National Center for Chronic Disease Prevention and Health Promotion (2011), substantial evidence shows that educating young people about safer sex and the importance of using condoms does not lead to increases in sexual activity.

The belief that youths should only be taught about sex and drugs in terms of them being 'wrong' may perpetuate stigmatisation of people who are living with HIV. If young people in universities are taught that indulging in 'immoral' sex and drugs will lead to HIV infection, educators risk implying that any person who has HIV is therefore involved in these 'immoral' activities.

In order to prevent becoming infected with HIV, young people in the universities and other tertiary institutions need comprehensive information about how HIV is transmitted and what they can do to stop themselves from becoming infected. This information should be delivered without moral judgment through special youth-tailored preventive education programmes.

3.2 Preventive Education Programs in Use

People need help to become aware of risks for HIV/AIDS and how to avoid them. Education and communication programs must go beyond merely offering information to fostering risk-avoidance skills as well, such as delay of sexual debut, abstinence, and negotiation with sex partners. The following preventive programmes are in use in various universities in Kenya:

3.2.1 HIV/AIDS Policy Development

Developing an institutional policy on HIV/AIDS is the first action that universities should take in initiating HIV/AIDS preventive programmes. A written institutional policy provides explanation for internal decisions and legitimacy for actions taken in the process of AIDS control and prevention.

3.2.2 Peer Counseling, Tutoring and Mentoring

This involves engaging selected university students in counseling and interaction with fellow students through various means such as use of radio stations for talk shows and discussions (with students and experts), drama presentations, music and others. Awareness campaigns can also be instrumental in educating the university population on HIV/AIDS through:

- Promoting awareness-raising through posters, pamphlets and other educational materials.
- Awareness seminars and public lectures aimed at both staff and students.
- Students' orientation programmes that include HIV/AIDS awareness messages.
- Awareness workshops organized in some of the departments and schools in the university
- Student clubs can also establish environment and AIDS awareness projects for the surrounding community.

3.2.3 Addressing cultural and social norms

Many traditions and cultural practices increase risks for young people more than adults and for young women even more than young men. Efforts to involve communities and to change social norms are as crucial as efforts to reduce individual risk-taking.

3.2.4 Curriculum Integration

This entails the introduction of courses, both voluntary and compulsive, in universities at different levels- certificate, diploma, degree- even though these do not constitute "mainstreaming" HIV/AIDS throughout the curricula. Incorporation of HIV/AIDS into the teaching curricular in the universities helps in equipping students and the entire university personnel with necessary skills to curb the spread of the epidemic thereby reducing its impacts on the universities and the society at large.

3.2.5 Voluntary counseling and testing

An important element of any prevention and care strategy is access to information about one's HIV status. Voluntary Counseling and Testing (VCT) is generally defined as a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV. People affected by HIV/AIDS want counseling and testing services for future planning (including planning for marriage and children), emotional support, medical and other referral services, and insurance. Services, including treatment of STIs and voluntary HIV counseling, testing, and referral, should be provided confidentially and sensitively.

3.2.6 Community Outreach and Partnerships

For universities, one of the core values is service and outreach to surrounding communities. In some institutions, departments are working with women and youth groups in surrounding communities. Partnerships with local NGO's, Schools and churches have also proved very beneficial especially in dealing with HIV/AIDS epidemic.

3.2.7 Research

Research which is another important core objective of universities has been used as an important tool HIV/AIDS. There has been an increasing need for institutions to develop extensive research programmes, planned in collaboration with other universities. One area that is being explored is to assess the impact of the HIV/AIDS on particular institutions. The results of such impact assessments can lead to concrete recommendations of what universities should do to develop a comprehensive programme on prevention, care and support of those infected and affected by HIV/AIDS, and to mitigate the impact on individuals and universities, as well as communities.

3.3 Challenges Faced In Implementing HIV/AIDS Programmes

In Kenya, most university's responses are still characterized by:

- Little sign of behavior change in individuals and considerable uncertainty;
- Fear of discrimination and stigmatization;
- Lack of information and relevant data;
- Lack of concrete action from universities;
- Lack of focus and concentration – absence of well-developed action plans;
- Lack of political commitment i.e. minimal policy framework, and;
- Absence of systematic attempt to assemble data on HIV prevalence rates at the university.

4. Conclusion

The magnitude of the fight against HIV/AIDS is enormous. Consequently, the responsibility taken by the community of public universities through present and future activities designed to arrest the spread of HIV/AIDS must be equally enormous. The challenge is therefore to encourage institutions of higher education to generate knowledge, undertake research and disseminate information as well as strive to mainstream HIV/AIDS into their policies, research, teaching and service delivery. In addition, as the brain cells of the national think tanks they must explore every facet of the epidemic and be ready to come forward with new solutions and approaches. The old adage that states "an ounce of prevention is worth a pound of cure" has never been more relevant than it is today with respect to protecting our universities from what amounts to a virtually preventable disease. This calls for responses that must take a stronger institutional form. Nevertheless, all must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, information,

and health care services.

5. Recommendations

5.1 Collaboration and Partnership

Universities need to form partnerships and collaborate in sharing experiences in the fight against HIV/AIDS in order to learn from each others' successes and failures. An illustration of effective collaboration in HIV/AIDS work would be two or three institutions (within a country or across borders) coming together for a two-three day meeting/workshop.

5.2 Exchange Programmes

Much on HIV/AIDS can be gained through personal visits to other institutions as well as inviting colleagues to visit for example to present papers at workshops, and hold consultative meetings. From these experiences, and in the belief that there is no need to "re-invent the wheel", universities can developed and improve on their own HIV/AIDS Policies as well as their strategic plans.

Provision of HIV/AIDS training
Within universities, capacity development is an immediate need. Key personnel require training to deal with AIDS in the workplace as well as staff to ensure that there is peer education and program support. Members of the Dean of Student's Office and other student support services, the campus clinic, the library, and the key members of the Unions should all have some basic training on how to handle issues related to HIV/AIDS in the workplace.

5.3 Development and implementation of sexual harassment policies

Universities need to be proactive and have gender sensitive policies for staff and students, as well as provide leadership in research on gender issues. Such policies include the anti-sexual harassment. Sexual Harassment Policy and Procedures should be available to assist any case where a member of the university community feels that he or she is being or has been sexually harassed and to designate penalties for those who are found guilty.

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