Influence of Teachers Characteristics on Provision of Psychosocial Support to Girls Infected or Affected by HIV and AIDS

Mbutitia Francisca Ngithi
Moi University, P. O Box 3900-30100, Eldoret, Kenya
fngithil@gmail.com

Kafu Patrick
University of Eldoret, P. O. Box 1125-30100, Eldoret, Kenya
patricka.kafu@yahoo.com

Mulambula Shikuku
Moi University, P. O. Box 3900-30100, Eldoret, Kenya
mulambulamsima@gmail

Abstract

The need to address the provision of psychosocial support to girls infected or affected by HIV and AIDS in schools necessitated this study. The study focused on teachers" characteristics that influence the provision of psychosocial support to girls infected or affected by HIV and AIDS. The study sampled 148 teachers from 21 primary schools, 8 secondary schools and one special institution. From these learning institutions 294 girls were sampled for the study. Data was collected using questionnaire. The χ^2 (CHI-SQUARE) was used to establish the influence of teachers characteristics and provision of psychosocial support to girls infected or affected by HIV and AIDS psychosocial stressors. The hypotheses were tested at alpha level of 0.05. The teachers" characteristics considered by the study were sex, working experience and designation. The study established that sex, working experience and designation have significant influence on psychosocial support provided by teachers to girls infected or affected by HIV and AIDS. The study established that teachers provided mainly instrumental information but were not conversant with the provision of emotional psychosocial support. The findings can be used as a basis by stakeholders to strategize on development of human resource among teachers so as to be able to provide quality psychosocial support. This will build competency among teachers to provide quality emotional psychosocial support which is lacking. The study recommends based on the findings the need to enhance teachers" especially female teachers to provide support especially emotional support therefore building competency among affected girls. Infected or affected girls who receive emotional support will be able to realize their potential in school and become self actualized individuals.

Key Words: Teachers‘ Characteristics, Psychosocial Support

INTRODUCTION

The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psychosocial support can be adapted in particular situations to respond to the psychological and physical needs of the girls infected or affected by HIV and AIDS by helping them to accept the situation and cope with it. HIV and AIDS is a creature of culture and circumstance, local perceptions and behaviours, customs and religious belief. It is virtually impossible to generalize about good practice. What works to break the power of HIV and AIDS in a given place may not work in another (Parkhurst, 2000: Coombe, 2002). Disasters, conflicts and health problems have severe psychosocial consequences. HIV and AIDS is one of the health conditions that cause emotional wounds. These emotional wounds may be invisible, but they often take far longer to recover from than it takes to recover from material losses.

Early support and adaptation processes in respect to psychosocial healing - allow the infected and affected girls to cope better with a difficult situation. Social effects are the shared experiences caused by disruptive events and consequent death, separation, sense of loss and feeling of helplessness among girls infected and affected by HIV and AIDS. The visible face of HIV and AIDS highlights the social and economic hardships of children and adolescents whose right to basic needs are constantly violated Kelly (2008) notes. The psychosocial burden of HIV and AIDS pandemic may seem less important, less urgent and less compelling to governments and communities, but to the affected individuals, it is urgent and their psychosocial concerns are real and require urgent intervention (Kiyiapi, 2007).

The medical fraternity and psychologists have recognized that acute and chronic medical conditions among the children and adolescents have the potential to bring about a range of psychosocial challenges not only to patients, but also to family members as noted by IOM (2006). Of these conditions, HIV and

AIDS present perhaps the most complex psychosocial issues of any medical condition (IOM, 2006). The overlapping of social, individual, family, financial, cultural, and illness pose challenges to families and communities. In Sub Saharan Africa there are 2.3 million children under the age of 15 who are living with HIV (UNAIDS, 2010).

The need to address the long-term psychosocial needs of paediatric HIV and AIDS patients has been recognized. The long-term effects of HIV and AIDS psychosocial needs include school, family, social and psychological adjustment (Bennett, 1994). HIV and AIDS constitute a chronic stressor world over. The children have to bear hardship and responsibility on account of parents' death, sickness and unemployment. They are stigmatized by peers and treated as social outcasts. They are burdened by protracted grief for lost family members, lost homes and lost opportunities (Kelly, 2008).

According to UNAIDS (2010) over 7000 new HIV infections were reported every day in 2009, of whom 97% are in low and middle income countries. Out of the 7000 new daily infections 1000 are in children under 15 years of age, 6000 are adults aged 15 years and above. Every 14 seconds a child is orphaned in sub Saharan Africa (UNAIDS, 2010). So much has been said on consequences like death and increasing rate of orphan-hood due to AIDS but there is need to establish the support available to these orphans. Are teachers in schools well equipped with the right skills to offer psychosocial support to learners especially girls who are vulnerable to HIV infection? Which teachers' personal characteristics influence the provision of psychosocial support to girls infected or affected by HIV and AIDS in school?

Teachers who are able to offer quality psychosocial support help change girls into active survivors rather than passive victims. Early and adequate psychosocial support can: prevent distress and suffering developing into something more severe among the school girls. The girls are helped to cope better and become reconciled to everyday life. The school girls are able to resume their normal lives and meet community-identified needs.

MATERIALS AND METHODS

The main purpose of the study was to establish the influence of teachers' personal characteristics like gender, working experience and designation on the provision of psychosocial support to school girls' affected or infected by HIV and AIDS. The study was conducted in Maseno division in Kisumu West District of Kisumu County in Western Kenya. According to NACC (2009/13) Kisumu has HIV and AIDS prevalence of 19%. This is one of the highest prevalence in the country prompting the research to select the area for the study.

The mixed approach research methodology was used to collect, analyze data, and report research findings in a single strand study (Creswell & Clark, 2007; Creswell, 2009). The mixed approach involved the use of quantitative and qualitative approaches in tandem (Creswell, 2009). The mixed method approach was to shed light on research as noted by Sheperis, Young and Daniels (2010). The reason for combining both quantitative and qualitative helped to explain the results in more depth as noted by O'Cathain, Murphy and Nicholl (2007). Numeric data and detailed views were used to establish the teachers' characteristics and the provision of psychosocial support to girls affected by HIV and AIDS. The Ex Post Facto research design was used because the variables under study had already occurred and the researchers were not able to manipulate them during the research. So the study was establishing the influence of teachers' characteristics which were already in existence on the provision of psychosocial support to 294 girls infected or affected by HIV and AIDS in the schools selected by the study.

The total population of teachers in Maseno division during the time of the study was 329 after three months the researcher went back for member confirmation, three teachers had passed on (two were males and one female) and they had not been replaced. So there were 326 teachers where females were 143 and males were 183. The teachers interact with girls in school therefore they were respondents to the questionnaire that was establishing the influence of teachers' personal characteristics on provision of psychosocial support to girls. The 148 teachers sampled by the study 77 were males while 71 were females. This made 45.3% of the total number of teachers teaching in Maseno division. The teachers respondents were 35 regular subject teachers, 86 class teachers, three school counsellors, six HOD's /senior teachers, nine deputy head-teachers and one head-teacher. The school counsellors, one head teacher and 26 class teachers were purposively sampled for the interview. The teachers were the

participants who responded to the questionnaire. The teachers in the schools sampled were stratified into subject teachers, class teachers, school counsellors, senior/head of departments, deputy head-teachers and Head-teachers. The study sampled 148 teachers' from 21 primary schools, eight secondary school and one special institution making a total of 29 schools and one special institution for the hard of hearing. In the primary schools the study considered class six to eight because girls in these classes are older. In secondary school Form one, two, three and four were considered and included in the sample. In each class three girls were purposively sampled to obtain 294 girls in both primary and secondary schools either infected or affected by HIV and AIDS pandemic. The three girls were identified using teachers and documents like the admission register, class register and school cumulative records.

All the 148 teachers responded to the questionnaire while the thirty (30) teachers responded to the interview. From every institution or school a teacher was interviewed. The questionnaire is a cost-effective research tool in data collection. The questionnaires reduce bias and the researcher's own opinions. They were used in this study because they do not influence the respondent to respond to items in a certain manner and when they have no verbal or visual clues as observed by Creswell (2009). Questionnaires are less intrusive and the researcher used them to collect quantitative data. The interview was used to help the researchers to gain more insight into the teachers offering psychosocial support. The variables considered qualitatively were: discrimination, poverty levels, stigma and learned helplessness among girls infected or affected by HIV and AIDS.

The teachers' gender was found to have implication on knowledge and affection towards the provision of psychosocial support to girls infected and affected by HIV and AIDS. The Teachers working experience referred to the period of time a teacher has been involved in the teaching profession and the influence it has on identifying and helping the infected and affected girls (provision of psychosocial support). Teachers' designation was the title of a teacher which defines his or her duties in school and its influence to support provision by that particular teacher to girls.

Data collected using questionnaire was analysed using χ^2 (CHI-SQUARE) to establish the influence of teachers personal characteristics on the provision of psychosocial support to girls infected or affected by HIV and AIDS in schools. The qualitative data was jotted as the interview was conducted and the meaning of the text was done by the research team members and the participants. The process of reading through the data and interpreting continued throughout the study. As the theme emerged they were coded according to themes.

RESULTS

Introduction

The study sought to find out whether the teacher's characteristics like sex, working experience and designation influences the provision of psychosocial support to girls infected or affected by HIV and AIDS psychosocial stressors.

The Teachers Sex and Support Provision

The study sampled 77(52.1%) male teachers while 71 (47.9%) were female teachers. Out of the 77 males who participated in the study, 28 of them recorded low provision of support, 42 stated average provisions and only seven recorded high provision of psychosocial support. Among the 71 female teachers', 12 stated low provision of support, 27 average provision of support and 32 recorded high provision of support to the girls. These results clearly indicate that there is influence of teacher's sex and support provision to the girl-child. More females are involved in the provision of support to the girl-child than are males. A chi-square statistic for the teachers' sex and provision of support was tabulated in Table 1.

Table 1. Teachers characteristics (sex) and support provision

			support provision			Total
	Sex		26 and below	27-34	35-50	
	Male	Frequencies	28	42	7	77
	female	frequencies	12	27	32	71
Total			40	69	39	148

The Chi-Square value for sex for the teachers and psychosocial support was 25.5 with a df =2 and a P-value= 0.000 which is less than the threshold alpha =0.05 (see Table 1) which means teachers sex have significant influence on the provision of support to the girl-child in school infected or affected by HIV and AIDS. The sex of the teacher was a significant factor because during the interview the teachers were asked who should give the psychosocial support to the girls and 6 (20%) especially the males said that ―this support should be given by female teachers who are familiar with girls problems and girls are more likely to open up to female teachers than to male teachers‖. This implies that the sex of a teacher has an effect on the involvement, ability and effectiveness in providing psychosocial support to the girl-child in school.

One of the male class teacher was reported to have 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 breadwinners in future‖. This means male teachers are convinced girls do not need psychosocial support. From a head teacher who was interviewed:

> I am making extra effort to ensure more and more female teachers are posted to my school. This is because the girl-child in this area is endangered; they are vulnerable to HIV infection due to ignorance and poverty. Girls are fending for their siblings and they are inconsistent in school attendance while others have dropped out of school altogether.

Teachers Working Experience and Support Provision

The study sought to find out whether the years a teacher has spent in the profession had any significant influence on the provision of support to the girl-child. The cross tabulation was done for the working experience and support provision variables.

The results: teachers who have served for 1-5 years were 68 and 37 indicated low support provision, 27 stated average support provision and 4 indicated high support provision. Teachers with a working experience of 6-10 years were 30 and 2 stated low support provision, 20 cited average support provision and 8 indicated high support provision. Teachers with working experience of 11-15 years were 11 and none indicated low support provision, 5 stated average support provision and 6 stated high support provision. Teachers with working experience of 16-20 years were 21, one indicated low support provision, eight stated average support provision and 12 indicated high support provision. Teachers with working experience of 21-25 years were nine, none indicated low support provision, four indicated average support provision and five recorded high support provision. Those teachers with 26 years plus of experience were eight and none indicated low provision of support, 3 indicated average provision and 5 recorded high provision of support.

The total number of teachers who provided information in this sub-scale were 147 where 40(27.2%) stated low support provision, 68(46.3%) indicated average support provision and 39(26.5%) indicated high support provision see Table 2. The results show that the more experience a teacher had the more support he/she was likely to offer to the girls. The professionally young teachers (54.4%) of them indicated low support provision while those with six and more years of experience indicated either average or high support provision. The results indicate that there is positive relationship between the working experience of a teacher and support provision to the girl-child in this area. Teachers with many years in the field are familiar with the environment under which girls operate and they can be able to offer support to the girls. The chi-square test statistic was calculated using Table 2.

Table 2. Teachers working experience and support provision

			support provision			Total
	Working experience		26 and below	27-34	35-50	
	1 -5 years	Frequencies	37	27	4	68
	6-10 years	Frequencies	2	20	8	30
	11-15 years	Frequencies	0	5	6	11
	16-20 years	Frequencies	1	8	12	21
	21-25 years	Frequencies	0	5	4	9
	26 plus	Frequencies	0	3	5	8
Total			40	68	39	147

The chi-square test statistic value for working experience and psychosocial support provision was 65.2 with a df = 10 while the P-value=0.000 which is less than the threshold alpha = 0.05) which means working experience of teachers' has significant influence on support provision to the girls infected or affected by HIV and AIDS.

The teachers were involved in an interview and those who were young in the profession did not seem well versed with the support that girls infected or affected by HIV and AIDS psychosocial stressors need to better their lives. Most of the professionally young teachers confessed that they were not aware of any NGOs that offered psychosocial support whether instrumental, informational or emotional to the infected and affected girls. During the interview the teachers with an experience of 16 years and more were well versed with the provision of support and one of the teachers with more than 16 years of experience stated ―after all I am taking care of other orphans at home so I do understand the challenges they are facing‖.

Teachers Designation and Support Provision

Out of the 148 teachers who provided information on this sub-scale, 91 were class teachers and 20 cited low provision of psychosocial support, 47 average provisions and 24 high support provision. The subject teachers were 38 and out of these 20 teachers indicated low support provision, 15 average provision and three high support provision. The deputy head teachers were nine and none indicated low support provision, five indicated average support provision and four stated high support provision to the girls. The senior teachers or head of departments were six and none indicted low support provision, two indicated average support and four cited high support provision. The school counsellors were three and they all cited high provision of support to the girls affected by HIV and AIDS psychosocial stressors. There was only one head teacher who cited high provision of support to the girls infected and affected by HIV and AIDS. The chi-square test statistic obtained from this data is in Table 3.

Table 3. Teachers designation and support provision

	Support Provision			Total
Designation	Low	Average	High	
class teachers	20	47	24	91
Subject teachers	20	15	3	38
school counsellors	0	0	3	3
HOD/senior	0	2	4	6
deputy	0	5	4	9
Head teacher	0	0	1	1
Total	40	69	39	148

The chi-square value for teachers' designation and psychosocial support provision was 36.3 with a df=10and a P- value=0.000 which is less than the threshold alpha =0.05. These results indicate that the designation of a teacher has significant influence on support provision to the girls.

The designation of a teacher determines the duties and responsibilities of that particular teacher in school. Those who are school counsellors are more involved in the provision of psychosocial support than any other teachers as indicated in Table 3. Unfortunately among the schools sampled only three schools had teachers designated as school counsellors. The teachers designated as school counsellors are not formally trained. Class teachers were the majority and they provide the psychosocial support where counsellors do not exist. The designation of a class teacher allows the teacher to have constant contact with the learners therefore making it possible for them to understand the learners' challenges at class level. According to Table 3, majority of the class teachers that is 71 indicated either average or high provision of support to the girls. The 20 class teachers who indicated low provision of support could be explained as being professionally young with working experience of 1-5 years or being male because these were teachers' characteristics which, as already noted influenced the support provision to the girls. When the teachers were asked to indicate in the questionnaire the infected and affected girls in their classes, it was easy for the class teachers to indicate the numbers unlike the subject teachers.

Many schools have a post of ―senior woman teacher‖ whose responsibility is to try and help girls discuss and resolve issues and problems that are particularly related to them. The challenge that is associated with

this post is that these teachers lack training, there is the problem of generation gap and they have no voice when it comes to sexual harassment of girls by teachers and men in the community. The results are summarised in Table 3 showing positive relationship between the designation and support provision by teachers in the area of study.

The P-value for all the variables that is sex, working experience and designation were 0.000 all less than the threshold of 0.05 which means that the teachers characteristics that is sex, working experience and designation have a significant influence on the provision of psychosocial support to girls infected or affected by HIV and AIDS in schools within the area covered by the study. One of the school counsellors who were interviewed had this to say;

> This disease has caused a lot of havoc, the orphans are very many, in fact as teachers we are overwhelmed, many children have left school due to death of parents due to HIV and AIDS. We are trying the best we can but resources are scarce and we seem not to have the knowhow of providing support

A school counsellor had this to say;

> These girls have low self esteem and because of the frustrations they undergo they are easily lured by men who promise them better life. By the time the girl turns 15 years old she has many admirers, and pregnancy is almost guaranteed because girls engage in unprotected sex. This means another extra mouth to feed and a possibility of HIV infection. This creates a vicious cycle of poor generation who cannot afford to take their children to school.

A counsellor teacher in one of the schools summarized the challenges as;

> There is 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, the ministry and government as a whole. Despite being assigned the duty of providing psychosocial support to learners it has being quite a task, really draining and girls are the worst hit.

DISCUSSION

Psychosocial support helps to build resilience in girls. It also supports families to provide for the physical, economic, educational, social and health needs of children. Girls can be resilient, but when faced with extreme adversity and trauma, they and their families need extra support. Teachers spend a lot of time with the learners in school and they are the best placed to provide psychosocial support to the girls who are hurting. When teachers give psychosocial support they help to build internal and external resources for girls and are able to understand and deal with adverse events occasioned by HIV and AIDS. Some girls need specific, additional psychosocial support depending on the life events experienced. The psychosocial interventions usually target girls who have experienced extreme trauma or adversity.

Many things can impact on a child‘s psychosocial wellbeing, including poverty, conflict, neglect and abuse. As noted, the area covered by the study has a poverty index of 56% and HIV and AIDS have compounded poverty and sexual abuse in the area. As a result of HIV and AIDS, girls have experienced traumatic events such as illness and death of parents. Due to HIV and AIDS girls have suffered exploitation, stigma, discrimination, isolation and loneliness. Psychosocial support helps girls and their families to overcome these challenges, builds resilience, trust and hope hence reducing the state of hopelessness and helplessness.

Teachers' characteristics influence the provision of girls‘ psychosocial needs. The school counsellors are more involved though they lack the necessary skills especially to provide emotional support. Out of the responses from the teachers 70% want the teachers to provide psychosocial support arguing that teachers spend a lot of time with the girls than parents/guardians. While 53.3% of the teachers want the government to provide psychosocial support, 43.3% parents/guardians, 26.7% spiritual leaders, 20% female teachers, well wishers 16.7%, NGO‘s, 13.3% and community and relatives had 10%. The study established that 68(45.9%) have an experience of 1-5 years and the professionally young teachers are not well versed with the provision of psychosocial support to the learners.

CONCLUSION

Psychosocial wellbeing is linked to girls' access to education, health, nutrition, play and social participation which are all being compromised by HIV and AIDS. With the designation of teachers many believe that psychosocial support is a stand-alone intervention. In Kisumu West District where the study was conducted it should be a long-term, integrated approach to meet the needs of the girls and their families. Psychosocial Support is especially critical for the young girls, creating the foundation from which they can establish their identity and place in society, manage their care and live positively, cope with challenges, and plan for their future (Regional Psychosocial Support Initiative [REPSSI], 2003; Rochat, Mitchell, & Richter, 2008). Involving teachers, as one of society's most valuable assets, is key in the provision of psychosocial support. As noted, teachers' characteristics like sex, working experience and designation have significant influence on psychosocial support provision. These characteristics influence the knowledge therefore understanding the need for support and having the knowhow.

RECOMMENDATIONS

1. The Ministry of Education through the County can engage more female teachers who will act as role models to the girls and give them emotional support which is seriously lacking in this region.
2. More teachers also need to be allocated duties in relation to provision of psychosocial support. From the thirty schools sampled there were only three schools had school counsellors these are supporting learners faced with psychosocial stressors. The girls know where to go in case there is a need but in those other schools where counsellors do not exist there was confusion.
3. This brings in the training of teachers and many agreed that they lack the knowledge and skills to give emotional support to girls infected or affected by HIV and AIDS in their respective schools.
4. Teachers with experience need to induct the young professionals helping them to learn on how to help learners who are hurting. The young professionals need to identify these learners as they teach their subjects for example absenteeism among girls, poor performance, school dropout and early pregnancies.
5. The school managers need to identify teachers' personal characteristics which can be a resource in the provision of psychosocial support to learners especially girls in an environment ravaged by HIV and AIDS.

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BIO-DATA

Francisca Ngithi Mbutitia is a Lecturer in Moi University, Department of Educational Psychology. She is a PhD holder and has a Masters in Educational Guidance and Counselling. Her areas of specialization are educational guidance and counselling and Educational psychology. Her research interests are in HIV and AIDS, Psychosocial stressors and psychosocial support to people who are hurting. Girl-child education related issues