

School-Based Strategies for Early Identification of Learners Living with HIV/AIDS and Their Educational Participation in Boarding Secondary Schools in Nandi County, Kenya

Emily Jephchirchir^{1*}, Dr. Alice Limo², Dr. Lydia Kipkoech³

¹Degree of Philosophy in Education Administration and Management, School of Education, University of Eldoret

²Department of Educational Management, University of Eldoret

³Department of Educational Management, University of Eldoret

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*Corresponding author: Emily Jephchirchir

Degree of Philosophy in Education Administration and Management, School of Education, University of Eldoret

Abstract

Human Immunodeficiency Virus (HIV) continues to pose significant health and educational challenges, particularly for adolescents in boarding secondary schools. This study examined school-based strategies for early identification of learners living with HIV/AIDS (ALHIV) and their influence on educational participation in Nandi County, Kenya. A descriptive survey design was employed, targeting 362 school caregivers and principals from 25 purposively selected fully boarding secondary schools. Data were collected using structured questionnaires and analyzed through descriptive statistics, including frequencies, percentages, means, and standard deviations. Findings indicated that most caregivers were trained to identify vulnerable learners and provided individualized guidance and counselling during Form One admissions, facilitating learners' participation. However, gaps were noted in peer mentorship, parent-caregiver interaction, dedicated personnel for HIV support, and opportunities for learners to share challenges, which limited early identification and support. The study concluded that willful disclosure of HIV status is essential for effective caregiver support, but inconsistent disclosure practices and fear of stigma hinder early intervention. It is recommended that schools establish clear, confidential protocols for disclosure, train caregivers in ethical handling of HIV-related information, and integrate early identification processes into routine school operations to enhance the health, well-being, and educational participation of ALHIV.

Keywords: HIV/AIDS, Adolescents, Boarding Schools, Early Identification, Educational Participation.

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INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) continue to be major global public health challenges, with 39.9 million people living with HIV worldwide in 2023, including a significant number of adolescents and young people (Huang *et al.*, 2025). Sub-Saharan Africa bears the heaviest burden, accounting for approximately 68% of all people living with HIV (Amuche *et al.*, 2017). Adolescents, particularly those aged 15–24 years, remain highly vulnerable to new infections, highlighting the critical need for targeted interventions that support their health, well-being, and educational participation (Garcia-Calleja *et al.*, 2019; Subramanian *et al.*, 2023).

In the context of education, schools play a pivotal role in providing care and support to learners

living with HIV/AIDS. Effective school-based strategies include early identification of learners living with HIV, ensuring confidential management of their status, and offering psychosocial, academic, and health-related support to enhance educational participation (Kimera *et al.*, 2021). Despite policy frameworks in Kenya, such as the HIV and AIDS Education Sector Policy (2013) and the School Health Policy (2018), many schools struggle to implement structured mechanisms for identifying and supporting adolescents living with HIV (ALHIV), particularly in boarding secondary schools where learners reside on campus for most of the year.

Learners living with HIV in boarding schools face unique challenges, including stigma, discrimination, absenteeism due to medical appointments, and difficulties adhering to antiretroviral treatment (ART).

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These factors compromise their academic engagement and participation in school activities (Kose *et al.*, 2021). In Nandi County, although HIV prevalence among adolescents has declined to 2.1% and access to ART has improved, gaps remain in early identification of learners living with HIV, management of disclosure, and integration of care strategies within schools (Charo, 2019; NASCP, 2015–2019). Persistent stigma and inadequate caregiver preparedness further hinder learners' full participation in education.

Early identification of learners living with HIV is critical for ensuring timely access to treatment, psychosocial support, and interventions that mitigate the adverse effects of the disease on learning. Schools that adopt systematic approaches for early detection can create inclusive learning environments, reduce educational disruptions, and enhance overall academic outcomes for ALHIV. Therefore, this study specifically focuses on examining the school-based strategies for early identification of learners living with HIV/AIDS and their influence on educational participation in boarding secondary schools in Nandi County, Kenya.

Purpose of the Study

The main purpose of the study sought to examine school-based strategies for early identification of learners living with HIV/AIDS and their educational participation in boarding secondary schools in Nandi County, Kenya.

LITERATURE REVIEW

Globally, HIV and AIDS-related parental loss often results in emotional distress among learners, including depression and social withdrawal (Tabane, 2018). Learners experiencing bereavement, worry, isolation, stigma, and discrimination require special support to continue their education and achieve academic success. Teachers play a crucial role in recognizing learners with such challenges, identifying those lacking care and attention, and providing targeted support (Ntshunshu & Taukeni, 2020). To do this effectively, teachers need training on identifying learners with special needs and access to professional advisors or educational psychotherapists outside the school to provide additional guidance. Principals and the wider community are also expected to be aware of learners affected and infected by HIV and AIDS to ensure that their basic needs are met.

School caregivers can enhance early identification by developing policies to maintain reliable records of vulnerable learners, including those frequently absent or withdrawn. Collaboration between schools and communities is essential to identify orphaned and vulnerable learners, particularly those living with HIV. Training of teachers and community members to recognize vulnerable learners helps ensure continued school attendance and educational participation (Ainscow, 2020). Schools can create non-threatening

systems for gathering learners' data, such as suggestion boxes for confidential communication or "communication books" linking school and home caregivers to monitor absenteeism, unkempt appearance, or withdrawal behaviors (Moriña, 2019).

In the UK, schools have developed systematic approaches to identify vulnerable learners and encourage voluntary disclosure to trusted caregivers (Khan & Sorsdahl, 2023). However, evidence shows that 33% of HIV positive status disclosures occur through third parties without family consent, underscoring the need for clear school protocols. Similarly, research in Thailand found that limited communication between teachers and parents hindered disclosure, preventing learners from receiving appropriate support and leading to absenteeism on clinic days (Tabootwong, 2020).

In Jamaica, national policy emphasizes voluntary disclosure of HIV status to school authorities without compulsion, ensuring confidentiality and protection from discrimination (Hewko *et al.*, 2018). In Uganda, negative experiences following self-disclosure including breaches of confidentiality, intimidation, teasing, and social isolation have been reported as barriers to care and adherence to treatment (Nabunya *et al.*, 2020). Voluntary disclosure, when handled correctly, allows school caregivers to provide timely support, promoting learners' participation and well-being.

Despite these strategies, fear of stigma remains a significant obstacle to disclosure. ALHIV may delay seeking healthcare or miss school to avoid unintentional disclosure, negatively affecting ART adherence and educational engagement (Parks, 2022). In South Africa, denial and silence surrounding HIV/AIDS in schools lead to poor access to treatment, particularly among adolescents concerned with self-image and peer relationships (Kidman & Violari, 2020). Educating learners on safe disclosure, providing peer support networks, and fostering open communication with teachers are key strategies to improve early identification and support.

Teacher-student relationships and school culture are critical for facilitating voluntary disclosure. Hierarchical structures may hinder learners from freely discussing HIV-related concerns, while teacher-initiated initiatives and youth-friendly health services can enhance trust, disclosure, and adherence to ART (Kose, 2021). Barriers such as poor communication skills, low self-efficacy, non-normalization of HIV, fear of social rejection, and psychological impacts on families further complicate disclosure.

While previous studies highlight strategies for identifying vulnerable learners and supporting ALHIV, gaps remain in understanding how to foster voluntary disclosure in boarding secondary schools, particularly in Nandi County, Kenya. Existing interventions, such as

suggestion boxes, communication books, and stigma-free environments, have limited empirical evaluation in real-world school settings (Njuguna *et al.*, 2023). This underscores the need for evidence-based approaches that encourage early identification and support of ALHIV, enabling their participation, well-being, and educational achievement.

RESEARCH METHODOLOGY

The study adopted a descriptive design. This design is suitable for capturing attitudes, opinions, and behaviors in natural school settings (Creswell, 2014). The study population included school principals and caregivers (nurses, matrons, boarding masters, class teachers, and guidance counselors) from fully boarding secondary schools. Caregivers were selected for their direct involvement in student support, given their daily interactions with ALHIV. The total population across the

84 schools comprised 1,207 caregivers and 84 principals (Nandi County Education Office, 2023). A purposive sampling strategy was used to select 25 fully boarding secondary schools across the six sub-counties, ensuring broad representation. The total sample comprised 362 participants: 25 principals, 50 nurses/matrons/boarding masters, 50 guidance and counseling staff, and 236 class teachers. Data were collected using structured questionnaires. Data were analyzed using descriptive statistics (frequencies, percentages, means, standard deviations).

FINDINGS

Response Rate

The study presented the response rate of the class teachers. This resulted from the presented questionnaires for the survey. Table 1 presented the results.

Table 1: Response Rate

	Number	Percentages (%)
Responded	297	88.4
Not responded	39	11.6
Administered questionnaires	336	100.0

Source: Field Data (2024)

Table 1 showed that the total rate of response was 88.4%. According to Creswell (2009) a questionnaire return rate of above 75% is appropriate and is therefore suitable to enable generalization of the results to the target population.

Early Identification Strategies by School Caregivers

This section documents the various identification strategies which gave information on

learners living with HIV/AIDS to enable them offer appropriate care and support for the learners as well as enhance their participation in education. The caregivers were asked to state the extent of agreement in relation to each of the given items on a five-point Likert scale (SA = strongly agree, A = agree, U = undecided, D = disagree and SD = strongly disagree). The results for this information are summarized in Table 2 as follows.

Table 2: School Caregivers Report on Early Identification Strategies

Statement		SD	D	N	A	SA	Mean	Std
As a school caregiver, I have been trained to identify vulnerable learners including those living with HIV/AIDS in my school and has helped me support them to participate in their learning	F	9	40	17	165	66	3.8	1.03
	%	3	13.5	5.7	55.6	22.2		
In my school, there is extensive and individualized guidance and counselling done to both parents and learners during form one admission day.	F	25	32	24	150	66	3.67	1.18
	%	8.4	10.8	8.1	50.5	22.2		
On admission form one learners are assigned to an elder brother or sister who will then guide and support him or her during their school which has encouraged trust and confidentiality in sharing private information and to led to peer support.	F	106	74	50	40	27	2.35	1.33
	%	35.7	24.9	16.8	13.5	9.1		
During parents meeting, there is always adequate time allocated for free interaction between parents and school caregivers to promote a safe and friendly environment for them to share sensitive information concerning their learners.	F	125	73	16	50	33	2.3	1.44
	%	42.1	24.6	5.4	16.8	11.1		
There are identified relevant personnel who deal with issues related to HIV/AIDS in our school to offer support to HIV positive learners so that they can be able to fully participate in their secondary education.	F	99	75	57	32	34	2.42	1.35
	%	33.3	25.3	19.2	10.8	11.4		
In our school free interaction between learners and staff members is encouraged hence making it possible for learners living with HIV/AIDS share their challenges freely hence can participate in their studies since they are supported (guided and counselled to handle their challenges)	F	91	116	25	40	25	2.3	1.27
	%	30.6	39.1	8.4	13.5	8.4		

Source: Field Data (2024)

Study findings in 2 revealed that the vast majority of the respondents 231(77.8%) agreed that school caregiver has been trained to identify vulnerable learners and therefore knows learners living with HIV/AIDS in their school and has helped them support them to participate in their learning. However, 49(16.5%) of the respondents disagreed that that school caregiver has been trained to identify vulnerable learners including those who living with HIV And AIDS and therefore knows learners living with HIV/AIDS in their school and has helped them support them to participate in their learning. Further, the study results also showed, in terms of mean and standard deviation that that school care giver knows learners living with HIV/AIDS in their school and has helped them support them to participate in their learning (Mean=3.80, standard deviation=1.03).

Also, the study findings revealed that majority of the respondents 216(72.7%) agreed that extensive and individualized guidance and counselling is done to both parents are learners is done during form one admission. Also 57(19.2%) of the respondents disagreed extensive and individualized guidance and counselling is done to both parents are learners is done during form one admission. Further, the study results also showed, in terms of mean and standard deviation that the respondents agreed with the statement that extensive and individualized guidance and counselling is done to both parents are learners is done during form one admission (Mean=3.67, standard deviation=1.18). This study's findings agreed with Kimera *et al.* (2021), who noted that individualized counselling for learners living with HIV and their families during school transitions helps create a supportive learning environment. They observed that such practices enhance participation and medication adherence in school settings.

It was further noted from the study that a vast majority 180(60.6%) of the respondents disagreed and 67(22.6%) disagreed that on admission form one learners are assigned to an elder brother or sister who will then guide and support him or her during their school. This has encouraged trust and confidentiality in sharing private information and to led to peer support. Further, the study results also showed, in terms of mean and standard deviation that on admission form one learners are not assigned to an elder brother or sister who will then guide and support him or her during their school. This has encouraged trust and confidentiality in sharing private information and to led to peer support (Mean=2.35, standard deviation=1.33).

Furthermore, it was noted from the study that, majority of the respondents 198(66.7%) disagreed that during parents meeting, there is always adequate time allocated for free and interaction between parents and school caregivers to promote a safe and friendly environment for them to share sensitive information concerning their learners. However, 83(27.9%) of the

respondents agreed during parents meeting, there is always adequate time allocated for free and interaction between parents and school caregivers to promote a safe and friendly environment for them to share sensitive information concerning their learners. Further, the study results also showed, in terms of mean and standard deviation that the respondents disagreed with the statement that during parents meeting, there is always adequate time allocated for free and interaction between parents and school caregivers to promote a safe and friendly environment for them to share sensitive information concerning their learners (Mean=2.30, standard deviation=1.44).

Also, it was noted from the study that 174(58.6%) of the respondents disagreed and 66(22.2%) disagreed that there are identified relevant personnel who deal with issues related to HIV/AIDS in our school to offer support to HIV positive learners so that they can be able to fully participate in their secondary education. Further, the study results also showed, in terms of mean and standard deviation that there are no identified relevant personnel who deal with issues related to HIV/AIDS in our school to offer support to HIV positive learners so that they can be able to fully participate in their secondary education (Mean=2.42, standard deviation=1.35). Teachers have a role in identifying learners who may be distressed and withdrawn and counsel them accordingly. Mulyiah and Aminatun (2020) confirmed this and revealed that teachers play an important role in identifying the learners' beliefs and helping them improve it.

The study revealed that majority 207(69.7%) of the respondents disagreed and 65(21.9%) agreed that in their school free interaction between learners and staff members is encouraged hence making it possible for learners living with HIV/ AIDS share their challenges freely hence can participate in their studies since they are supported (guided and counselled to handle their challenges). Further, the study results also showed, in terms of mean and standard deviation that in school there are no free interaction between learners and staff members are not encouraged hence making it not possible for learners living with HIV/ AIDS share their challenges freely hence cannot participate in their studies since they are not supported (guided and counselled to handle their challenges) (Mean=3.57, standard deviation=1.210).

The study findings revealed that a vast majority of respondents agreed that school caregivers know learners living with HIV/AIDS and have helped them participate in their learning, though a smaller group disagreed. Additionally, the majority of respondents affirmed that extensive and individualized guidance and counselling are provided to both parents and learners during form one admission, while some disagreed. It was also noted that a significant portion of respondents disagreed that form one learners are assigned elder

siblings for guidance, which could have fostered trust and confidentiality. Furthermore, most respondents disagreed that there is adequate time for interaction between parents and school caregivers during parent meetings to promote a safe environment for sharing sensitive information, though a smaller group agreed.

Similarly, many respondents disagreed that there are identified personnel to support HIV positive learners, ensuring their full participation in secondary education. Despite this, the study revealed that the majority of respondents disagreed that free interaction between learners and staff is encouraged, which would enable learners living with HIV/AIDS to share their challenges and participate in their studies, although some respondents did agree. This implies that for learners who do not freely disclose their HIV-positive status in school, it is difficult for school caregivers to identify them. For teachers especially not knowing their learner's status is a great challenge in supporting them on treatment, adherence to clinic appointments.

Furthermore, the findings concur that school environment specifically of boarding secondary schools are seen to have lacked privacy due to congestion which has led to accidental disclosure especially in the dorms happens where fellow students would come across the ARVs or medical records of HIV positive learners. Coupled with trust, confidentiality and professionalism of school caregivers which has been and still a challenge featured in many studies as a stressor to HIV positive learners and calls for the assured need for disclosure before embarking on any step to provide support (Bustamam, 2024). Care and Support will only be possible through self-disclosure rather than accidental disclosure. HIV positive learners' failure to disclose their status will lead them missing possible support and care at school since they are not known.

DISCUSSION

The study found that willful disclosure of HIV status is essential for enabling learners living with HIV/AIDS to access effective support within boarding secondary schools. Most school caregivers were aware of learners' HIV status and actively supported their academic and co-curricular participation, particularly through individualized guidance and counselling during Form One admissions. However, disclosure practices were inconsistent across schools, with some learners' statuses remaining unknown to caregivers, indicating variability in early identification efforts.

Despite general awareness of HIV-related issues, caregiver empowerment was limited due to a lack of structured tools, institutional support, and specialized personnel dedicated to HIV matters. Many schools lacked peer support systems and opportunities for open communication between caregivers, learners, and parents, which hindered trust-building and early problem detection. Consequently, caregivers often had to manage

HIV-related support alongside other responsibilities without adequate training or resources, limiting the effectiveness and consistency of their care. These gaps highlight the need for strengthened school structures to ensure sustained and comprehensive support for learners living with HIV/AIDS.

CONCLUSIONS

The study concluded that early identification of learners living with HIV/AIDS through willful disclosure is critical for ensuring timely access to necessary support services that enhance both their health and educational participation. However, it was evident that disclosure practices vary significantly among schools, with many learners hesitant to reveal their status due to fears around confidentiality breaches and stigma. This inconsistency creates barriers to early intervention, limiting caregivers' ability to provide personalized guidance and academic accommodations tailored to the learners' needs, thus negatively impacting their overall school experience.

Recommendations

The study recommends that boarding secondary schools establish clear, confidential protocols to facilitate the willful disclosure of HIV status by learners. This can be achieved by training school caregivers on how to sensitively and ethically handle disclosures to build trust and encourage openness. Schools should also integrate early identification processes into routine school admissions and counseling sessions, ensuring that learners living with HIV/AIDS are quickly connected to tailored support services that enhance their academic participation and overall well-being.

REFERENCES

- Ainscow, M. (2020). Promoting Inclusion and Equity in Education: Lessons from International Experiences. *Nordic Journal of Studies in Educational Policy*, 6(1), 7-16.
- Amuche, N. J., Emmanuel, E. I., & Innocent, N. E. (2017). HIV/AIDS in sub-Saharan Africa: current status, challenges and prospects. *Asian Pacific Journal of Tropical Disease*, 7(4), 239-256.
- Bustamam, A. (2024). Stressors and Coping Behaviours of Caregivers and Children Across the Pediatric HIV-Disclosure Stages in Resource-Limited Settings.
- Creswell, J. W. (2014). *Research desing: qualitative, quantitative and mixed methods approach* (Vol. 54). United State of America: Sage Publications.
- Garcia-Calleja, J. M., Gouws, E., & Ghys, P. D. (2019). National population-based HIV prevalence surveys in sub-Saharan Africa: results and implications for HIV and AIDS estimates. *Sexually transmitted infections*, 82(suppl 3), iii64-iii70.
- Hewko, S. J., Cummings, G. G., Pietrosanu, M., & Edwards, N. (2018). The Impact of Quality

- Assurance Initiatives and Workplace Policies and Procedures On HIV/AIDS-Related Stigma Experienced by Patients and Nurses in Regions with High Prevalence Of HIV/AIDS. *AIDS and Behavior*, 22, 3836-3846.
- Huang, Y., He, M., Zhang, J., Mu, L., & Tang, C. (2025). Survival analysis and factors influencing survival time of adult HIV/AIDS patients receiving antiretroviral therapy from 2012 to 2022 in Chongqing, China: a retrospective cohort study. *Frontiers in Public Health*, 13, 1614619-1614619.
 - Khan, R., & Sorsdahl, K. (2023). Perspectives on Self-Disclosure of HIV Status Among HIV-Infected Adolescents in Harare, Zimbabwe: A Qualitative Study. *Journal of Child and Family Studies*, 1-11.
 - Kidman, R., & Violari, A. (2020). Growing Up Positive: Adolescent HIV Disclosure to Sexual Partners and Others. *AIDS Care*, 32(12), 1565-1572.
 - Kimera, E., Vindevoel, S., Reynaert, D., Engelen, A. M., Justice, K. M., Rubaihayo, J., ... & Bilsen, J. (2021). Care and support for youth living with HIV/AIDS in secondary schools: perspectives of school stakeholders in western Uganda. *BMC Public Health*, 21(1), 63.
 - Kimera, E., Vindevoel, S., Reynaert, D., Engelen, A. M., Justice, K. M., Rubaihayo, J., ... & Bilsen, J. (2021). Care and Support for Youth Living With HIV/AIDS in Secondary Schools: Perspectives of School Stakeholders in Western Uganda. *BMC Public Health*, 21, 1-13.
 - Kose, J., Lenz, C., Akuno, J., Kiiru, F., Jelagat Odionyi, J., Otieno-Masaba, R., ... & Rakhmanina, N. (2021). Supporting Adolescents Living with HIV Within Boarding Schools in Kenya. *Plos One*, 16(12), E0260278.
 - Kose, J., Lenz, C., Akuno, J., Kiiru, F., Jelagat Odionyi, J., Otieno-Masaba, R., ... & Rakhmanina, N. (2021). Supporting Adolescents Living with HIV Within Boarding Schools in Kenya. *Plos One*, 16(12), E0260278.
 - Moriña, A. (2019). Inclusive Education in Higher Education: Challenges and Opportunities. *Postsecondary Educational Opportunities for Students with Special Education Needs*, 3-17.
 - Muliya, P., & Aminatun, D. (2020). Teachers' beliefs and practices in the use of reflective teaching for EFL students. *Social Sciences and Humanities Open*, 2(1), 100043. <https://doi.org/10.1016/j.ssaho.2020.100043>
 - Nabunya, P., Bahar, O. S., Byansi, W., & Ssewamala, F. M. (2020). Factors associated with HIV disclosure and HIV-related stigma among adolescents living with HIV in Uganda. *AIDS Care*, 32(8), 1049-1056.
 - Njuguna, I., Moraa, H., Mugo, C., Mbwayo, A., Nyapara, F., Aballa, C., ... & O'Malley, G. (2023). 'They should show them love even if their status of being HIV positive is known': Youth and caregiver stigma experience and strategies to end HIV stigma in schools. *Tropical Medicine & International Health*, 28(6), 466-475.
 - Ntshuntshe, Z., & Taukeni, S. G. (2020). Psychological And Social Issues Affecting Orphans and Vulnerable Children. In *Addressing Multicultural Needs in School Guidance and Counseling* (Pp. 20-31). IGI Global.
 - Parks, S. L. (2022). Exploring the Perspectives and Experiences of Primary School Life Orientation Teachers of The Department in The Teaching of Comprehensive Sexuality Education in South Africa.
 - Subramanian, S., Namusoke-Magongo, E., Edwards, P., Atujuna, M., Chimulwa, T., Dow, D., ... & Mwangwa, F. (2023). Integrated health care delivery for adolescents living with and at risk of HIV infection: a review of models and actions for implementation. *AIDS and Behavior*, 27(Suppl 1), 50-63.
 - Tabane, K. T. (2018). *Levels of Depression Experienced by Grade Six Orphaned and Non-Orphaned Learners*. University of Johannesburg (South Africa).
 - Tabootwong, W. (2020). *Family Caregivers' Experiences of Providing Care for Older Family Members with A Tracheostomy During Hospitalization: A Phenomenological Study in Thailand* (Doctoral Dissertation, Itä-Suomen Yliopisto).