

Original Research Article

## Challenges Faced by School Caregivers in Providing Care and Support to Learners Living with HIV/AIDS in Boarding Secondary Schools in Nandi County, Kenya

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**Abstract:** This study explored the challenges faced by school caregivers in providing care and support to ALHIV in boarding secondary schools in Nandi County, Kenya. A qualitative descriptive research design was adopted. The target population comprised of principals (84) of boarding secondary schools in Nandi County. The study employed purposive sampling to select principals (25) from boarding secondary schools. Data were collected through semi-structured interviews and analyzed thematically. Findings revealed that caregivers face multiple challenges, including inadequate specialized training, persistent stigma and discrimination, limited psychological and health support services, financial constraints, and minimal parental involvement. These challenges interconnect, undermining the effectiveness of school-based support systems and affecting learners' well-being and educational participation. The study concludes that addressing these challenges requires a holistic, multi-sectoral approach, including continuous caregiver training, strengthened institutional support, increased funding, enhanced parental engagement, and effective implementation of existing HIV/AIDS policies. The findings provide valuable insights for policymakers, educators, and healthcare providers in designing interventions that enhance the capacity of caregivers and promote inclusive, supportive school environments for learners living with HIV/AIDS.

**Keywords:** HIV/AIDS, Adolescents, School Caregivers, Psychosocial Support, Stigma, Health Services.

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### INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain significant public health challenges worldwide. As of 2023, approximately 39.9 million individuals were living with HIV globally, with Sub-Saharan Africa bearing the highest burden, accounting for 68% of all cases (Amuche *et al.*, 2017; Huang *et al.*, 2025). Adolescents and young people continue to experience a growing share of new infections, particularly those aged 15–24 years, highlighting the urgent need for targeted care and support interventions (Garcia-Calleja *et al.*, 2019). In Kenya, the prevalence of HIV among adolescents remains concerning, with approximately 1.3 million people living with HIV and an estimated 252,660 adolescents aged 10–19 attending Antenatal Clinics in 2023 (Achwoka, 2021).

School environments, especially boarding secondary schools, play a critical role in providing care

and support for learners living with HIV/AIDS (ALHIV). These learners face multiple challenges that require comprehensive attention, including adherence to antiretroviral therapy (ART), psychosocial distress, stigma, discrimination, financial hardship, and orphanhood (Kimera *et al.*, 2019). In boarding schools, the challenges are compounded by learners' extended absence from parental and home-based support, making school caregivers central to their well-being. Caregivers including teachers, dormitory supervisors, and school health personnel are expected to assume additional roles beyond instruction, providing psychosocial, academic, and health-related support to ALHIV.

Despite policy frameworks such as the HIV and AIDS Education Sector Policy (2013) and the School Health Policy (2018), many schools in Kenya, including those in Nandi County, struggle to operationalize these guidelines effectively. Challenges include inadequate

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training of caregivers, limited resources, persistent stigma, and insufficient structures to provide confidential and continuous support to ALHIV (Kose *et al.*, 2021). These gaps can adversely affect learners' participation in education, resulting in absenteeism, poor concentration, and, in extreme cases, school withdrawal.

In Nandi County, HIV prevalence has declined from 12% in 2004 to 2% in 2024, with an estimated 15,580 people living with HIV (Vitoria *et al.*, 2019; UNAIDS, 2024). However, adolescents continue to be highly vulnerable, with 39% of new infections recorded among those aged 15–24 years in 2023 (NSDCC, 2024). The county has recognized the importance of school-based care and support for ALHIV but has noted persistent gaps, including limited caregiver preparedness, inconsistent support structures, and challenges in managing learners' HIV status confidentially.

Addressing these gaps requires an understanding of the challenges faced by school caregivers in providing care and support to ALHIV. Such understanding is critical for designing targeted interventions, strengthening caregiver capacity, and creating inclusive and supportive school environments that promote the well-being and educational participation of learners living with HIV/AIDS. This study, therefore, focuses specifically on exploring these challenges in boarding secondary schools in Nandi County, Kenya.

### **Purpose of the Study**

The main purpose of the study sought to explore challenges faced by school caregivers in providing care and support to learners living with HIV/AIDS in boarding secondary schools in Nandi County, Kenya.

## **LITERATURE REVIEW**

Schools are considered to be spaces with limited resources and are heavily affected by HIV and AIDS (Kimera *et al.*, 2019). This presents significant challenges in making them inclusive and supportive environments for learners living with HIV/AIDS (ALHIV). School caregivers, particularly teachers, dormitory supervisors, and school health personnel, face numerous difficulties in their efforts to support the health and well-being of these learners.

One of the major challenges identified in literature is the lack of adequate HIV and AIDS knowledge among school caregivers. A study by Chantcharas (2024) in Thailand found that many teachers lacked sufficient knowledge on HIV transmission and care, leading to fear and uncertainty when handling learners living with HIV/AIDS. Some caregivers feared contracting HIV when dealing with learners exhibiting AIDS-related symptoms, despite general awareness that HIV is not easily transmitted. Similarly, Mamukeyani (2021) observed that insufficient knowledge and skills among school caregivers limited

their ability to provide appropriate care and support. This lack of knowledge contributes to stigma and discrimination, further hindering effective caregiving.

Another critical challenge is the lack of appropriate personnel and health support systems in schools. Many schools, particularly in low-resource settings such as Kenya, lack trained healthcare providers such as school nurses. As a result, teachers are often required to assume additional responsibilities related to health care, despite lacking the necessary training. This situation raises concerns among parents regarding the capacity of schools to adequately support learners living with HIV/AIDS. The absence of medical personnel and inadequate medical supplies further complicates the provision of care, especially in boarding secondary schools where learners spend extended periods away from home.

School caregivers also face challenges related to limited collaboration with health systems. Effective care for ALHIV requires coordination with health professionals for guidance on treatment, counseling, and management of HIV-related conditions. However, many schools lack structured linkages with nearby health facilities. Although studies suggest the establishment of school–healthcare networks and partnerships with local health providers (Nyandiko *et al.*, 2023), implementation remains limited, particularly in resource-constrained settings.

The workload and role expansion of teachers present another major challenge. Hoadley (2017) argues that the expanding role of schools in addressing HIV-related issues has placed additional responsibilities on teachers, requiring them to act as caregivers, counselors, and health support providers. This often leads to burnout, reduced motivation, and diminished capacity to effectively support learners. The lack of institutional support, including counseling services and professional development opportunities, exacerbates this burden.

In addition, caregivers experience psychosocial and emotional stress arising from their caregiving roles. Ntshuntshe and Taukeni (2020) and Makwaza (2018) note that caregivers often face anxiety, emotional strain, and mental fatigue, which can affect their ability to provide consistent and effective care. These challenges are compounded by the complex needs of learners living with HIV/AIDS, including managing treatment adherence, addressing stigma, and supporting academic participation.

Socio-economic constraints further limit the effectiveness of caregiving. Poverty, lack of financial resources, and inadequate family and community support systems hinder both caregivers and learners. Studies have shown that caregivers often struggle to meet the nutritional, medical, and psychosocial needs of learners due to limited resources (Nnama-Okechukwu &

Erhumwunse, 2021). In some cases, financial hardship affects access to treatment and proper nutrition, which are critical for the health of ALHIV.

Family and community dynamics also influence caregiving within schools. Stigma and discrimination originating from families and communities often extend into the school environment, affecting both learners and caregivers (Garrison, 2018). Caregivers may also face challenges due to lack of parental involvement or non-disclosure of learners' HIV status, limiting their ability to provide targeted support.

Despite extensive literature highlighting these challenges, there remains a significant research gap in understanding how these issues manifest within specific educational contexts, particularly in boarding secondary schools. While challenges such as lack of HIV-related knowledge, stigma, inadequate personnel, and caregiver burden are well documented (Chantcharas et al., 2024; Mamukeyani, 2021), limited research has focused on how these challenges can be effectively addressed in resource-constrained school environments such as those in Nandi County, Kenya.

Furthermore, there is insufficient evidence on practical strategies to strengthen collaboration between schools and health systems, enhance caregiver training, and address the psychosocial needs of caregivers themselves. There is also limited research on context-specific interventions to reduce stigma and improve disclosure within boarding school settings, where privacy is often limited.

## RESEARCH METHODOLOGY

This study adopted a qualitative descriptive research design to explore the challenges faced by school caregivers in providing care and support to learners living with HIV/AIDS (ALHIV) in boarding secondary schools. The qualitative approach was appropriate because it enabled an in-depth understanding of caregivers' experiences, perceptions, and contextual realities within school environments (Creswell, 2014). The target population comprised of principals (84) of boarding secondary schools in Nandi County. The study employed purposive sampling to select principals (25) from boarding secondary schools. Data were collected using semi-structured interviews. Data were analyzed using thematic analysis. Interview responses were transcribed, coded, and organized into themes based on recurring patterns and key issues related to challenges faced by school caregivers.

## FINDINGS

### Qualitative Findings

#### A. Lack of Adequate Training for Caregivers

A common challenge highlighted by most of the principals was the lack of training for caregivers on how

to handle HIV-positive learners. According to Principal A:

*"We do not have specialized training on how to care for HIV-positive students, and this makes it difficult to address their unique needs effectively. We rely on the general knowledge available from health officials, but that is not enough."*

The issue of lack of training among caregivers is not unique to Nandi County but reflects a broader challenge within the Kenyan education system. The findings support previous studies, such as those by Gikonyo (2020), which noted that teachers and school administrators often receive minimal training on handling sensitive health issues like HIV/AIDS. Given that HIV-positive learners require specialized care, there is a need for more targeted professional development programs to equip caregivers with the necessary skills. This is consistent with the findings from previous studies, which show that school caregivers in many parts of Kenya are often underprepared to provide adequate support to learners living with HIV/AIDS (Amone et al., 2021). The lack of specialized training means that principals and caregivers may struggle to deal with medical, emotional, and social challenges effectively.

#### B. Stigma and Discrimination

Another significant challenge noted by the principals was the stigma and discrimination that HIV-positive learners face within the school community. Principal B shared:

*"There is still a lot of stigma surrounding HIV/AIDS. Even though the learners might not openly show it, you can tell that they feel isolated. It's a big challenge trying to create an inclusive environment."*

The challenge of stigma and discrimination is particularly critical in African contexts, where cultural attitudes towards HIV/AIDS are often shaped by misconceptions and fear. Research by Chege (2017) highlighted that stigma undermines learners' ability to thrive in school, affecting their self-esteem and academic performance. It is essential to implement school-wide programs that focus on awareness and sensitization to reduce stigma and create a more supportive learning environment. Research by Kamau (2012) found that stigma remains one of the most significant barriers to the well-being of HIV-positive students in Kenyan schools, hindering their ability to perform academically and socially integrate. This stigma not only affects the learners themselves but also influences the attitudes of their peers and teachers, further exacerbating the challenge of providing care and support.

### C. Limited Health and Psychological Support Services

Principals expressed concern over the lack of adequate psychological and health support services within schools. Principal C noted:

*"We have health workers visit occasionally, but there is no full-time counselor or medical personnel to help the students. This makes it difficult for us to address the mental and emotional needs of learners living with HIV."*

The lack of psychological support in schools is a concerning issue. Given the emotional and mental challenges that HIV-positive learners face, it is essential for schools to establish strong partnerships with local healthcare providers to offer ongoing counseling and healthcare services. This aligns with studies by Wambugu (2021), who emphasized that a multidisciplinary approach involving healthcare professionals, counselors, and social workers is crucial for providing holistic care. Previous studies, such as those by Makhurane (2018), indicate that inadequate mental health and medical resources in schools affect learners' ability to manage their condition and cope with associated stress. Access to psychological counseling and regular health monitoring is crucial, yet it remains limited in many Kenyan boarding schools.

### D. Financial Constraints

The issue of financial constraints was frequently raised by principals as a significant barrier to providing proper care for HIV-positive students. According to Principal D:

*"Funding is always a challenge. We often don't have enough resources to implement programs that specifically target the needs of these students, such as providing them with the proper nutrition or medical care."*

The financial constraints that principals face in providing support for HIV-positive learners underscore the importance of increased investment in education. Research by Loots et al., (2019) suggests that funding from both the government and non-governmental organizations (NGOs) is necessary to ensure that schools can offer proper nutrition, healthcare, and specialized care to HIV-positive students. This finding aligns with previous research by Kimera et al., (2019), which highlighted that limited financial resources in schools make it difficult to provide comprehensive HIV support services, including specialized nutrition and regular medical checkups.

### E. Parental Involvement and Support

Many principals also pointed out that the lack of parental involvement in the care of HIV-positive students was a critical challenge. Principal E observed:

*"We often don't receive adequate support from parents. Many times, they are unaware of their*

*child's needs at school, and this makes it hard for us to ensure holistic care."*

Parental involvement is vital in creating a support system for learners living with HIV. Principals in the study emphasized the importance of community and family engagement in supporting students. Schools should establish parent-school communication channels to ensure that both parents and caregivers work together in the best interest of the learners. This is consistent with the findings of Loots et al., (2019), who noted that parents' reluctance to openly discuss HIV/AIDS with their children and caregivers significantly affects the overall support system in schools. Parental denial and lack of communication create a barrier to fostering an environment of trust and support.

## DISCUSSIONS

The findings of this study reveal that school caregivers in boarding secondary schools face multi-dimensional challenges that significantly constrain their ability to provide effective care and support to learners living with HIV/AIDS (ALHIV). These challenges are structural, institutional, and psychosocial in nature, and they interact to weaken caregiving capacity within school environments.

A key finding was the lack of specialized training among caregivers, which limits their ability to address the complex health, emotional, and social needs of ALHIV. This aligns with studies by Gikonyo (2020) and Amone et al., (2021), which indicate that teachers in many Kenyan schools are inadequately prepared to manage HIV-related issues. The absence of targeted professional development contributes to uncertainty, fear, and inconsistent support practices, ultimately affecting the quality of care provided.

The persistence of stigma and discrimination within school environments further complicates caregiving. Despite existing policy frameworks, stigma remains deeply embedded in social and institutional interactions, affecting both disclosure and support mechanisms. This finding corroborates Chege (2017) and Kamau (2012), who identified stigma as a major barrier to the well-being and academic integration of HIV-positive learners. The results suggest that stigma is not only a learner issue but also a systemic challenge that undermines caregivers' efforts to create inclusive environments.

The study also established that limited health and psychological support services significantly hinder effective caregiving. The absence of full-time counselors and medical personnel forces caregivers to assume roles for which they are not adequately trained. This supports Wambugu (2021), who emphasized the need for multidisciplinary support systems in schools. Without such systems, caregivers are left to manage complex

cases without sufficient institutional backing, leading to gaps in care.

Financial constraints emerged as another critical barrier, affecting the availability of essential services such as nutrition, medical care, and targeted support programs. This finding is consistent with Kimera *et al.*, (2019) and Loots *et al.*, (2019), who noted that resource limitations in schools significantly reduce their capacity to support ALHIV effectively. The lack of funding not only limits program implementation but also exacerbates inequalities in care provision across schools.

Additionally, the study highlighted the challenge of limited parental involvement, which weakens the support network for learners. Parents' reluctance to disclose HIV status or engage with schools creates a disconnect between home and school care systems. This finding aligns with Loots *et al.*, (2019), who observed that lack of parental engagement undermines coordinated support for HIV-positive learners.

The findings demonstrate that caregiving challenges are interconnected and require a holistic, multi-sectoral approach. Addressing these issues requires strengthening caregiver capacity, improving institutional support systems, reducing stigma, and enhancing collaboration between schools, families, and healthcare providers.

## CONCLUSIONS

The study concludes that school caregivers in boarding secondary schools in Nandi County face significant and interrelated challenges that hinder their ability to provide comprehensive care and support to learners living with HIV/AIDS. These challenges include inadequate training, persistent stigma and discrimination, limited access to health and psychological support services, financial constraints, and insufficient parental involvement.

These barriers collectively weaken the effectiveness of school-based support systems and compromise the well-being and educational participation of learners living with HIV/AIDS. The findings underscore the need for systemic and coordinated interventions that strengthen caregiver capacity, improve institutional resources, and promote inclusive and supportive school environments.

## RECOMMENDATIONS

Based on the findings, the study makes the following recommendations:

Schools should implement continuous and structured training programs for caregivers focusing on HIV/AIDS management, adolescent psychosocial support, confidentiality, and stigma reduction. These

programs should be developed in collaboration with health professionals and relevant stakeholders.

There is a need to establish or strengthen school-based health services by incorporating trained personnel such as counselors and nurses. Schools should also develop formal linkages with nearby health facilities to ensure access to medical and psychological support.

Government and stakeholders should increase financial support to schools to facilitate provision of nutrition, medical care, and targeted support programs for learners living with HIV/AIDS.

Schools should implement comprehensive sensitization and awareness programs targeting students, teachers, and the wider school community to address stigma and discrimination.

Schools should establish structured communication channels with parents to enhance collaboration in supporting learners. Community-based programs should also be promoted to reduce stigma and encourage disclosure.

Existing policies such as the HIV and AIDS Education Sector Policy should be effectively implemented and monitored to ensure that schools provide safe, inclusive, and supportive environments for all learners.

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