



**ST. MARKS' TEACHERS TRAINING COLLEGE  
KIGARI EMBU**

**COLLEGE HIV/AIDS POLICY**



**Vision:**

*To be a Centre of Excellence for Primary Teacher Training*

**Mission:**

*To provide Quality Training for Primary School Teachers.*

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## **BACKGROUND CONSULTATIONS**

A need was identified in the year 2003 in ST. Mark's Teachers Training College, Kigari to develop a health policy. The Retired Chief Principal, Mrs. Waweru, sensitised the Guidance & Counselling department on the issue, since it touched on the college human resource and the students.

As the then head of Guidance and Counselling department Mrs. R. Waigwa was developing the college healthy policy, it became clear that the teacher and the service needed to be managed differently because of the HIV/AIDS impact in the college, its environs and the nation at large.

The national scenario of primary school enrolment had greatly enlarged with EFA goals being enforced; 1.2 million children previously out of school are now in school thanks to the NARC government. The 17,680 primary schools with a teaching population of 240,000 teachers, hosts most of the children population in Kenya, thus the need for capacity building for all the stakeholders so that the path to achieving the EFA goals can start being shorter.

Therefore, she took the turn from a college health policy to the college HIV/AIDS policy guidelines.

## **BACKGROUND TO THE CONSULTATION**

In the year 2004, the Eastern One Guidance & Counselling tutors met and saw the need to network for effective care delivery. They looked at common issues and concerns within their zone. It emerged from their presentations that the main concern should be focused on peer training so that intervention and mitigating approaches may involve the stakeholders. In the year 2005 a National College Guidance & Counselling Team met at Kenya Science Teachers' Training College and the tutors noted how the HIV/AIDS pandemic was affecting the quality of the teaching service.

The reports from the colleges indicated that it was not possible to use the education sector HIV/AIDS policy as it was. The uniqueness of the needs college student demanded that the counselling tutors customise the national policy to their own colleges hence our college policy guidelines.

## *EXECUTIVE SUMMAR*

HIV/AIDS just given the eye will dry the resources of the country and hinder the delivery and quality of education. The college wishes to face this challenge through capacity building in all areas. There is no normality in a class whose learners and teachers are affected.

Why wait any further as death stalks us? The college community is committed to fighting against the HIV/AIDS pandemic within and on its environs - the college areas.

The role of proper nutrition in the management of HIV in addition to HAART cannot be overemphasised.

With the policy guidelines in place, activities inside the college and in the challenged areas will find their relevance in it.

Any donor support will find its bearing also in the policy guidelines justifying their efforts.

## ACKNOWLEDGEMENTS

St. Mark's Teachers' Training College owes special thanks to the following;

- (i) The Retired Chief Principal - Mrs. Lilian Waweru for posing the challenge to write the policy guidelines.
- (ii) Mrs. Rachael M. Waigwa for taking up the challenge and customizing the Education Sector Policy on HIV and AIDS to the College Policy Guidelines.
- (iii) Rev. Manasseh Nguu, Mr. David Kamau, Mrs. Ursula Mwaniki and Mrs. Faith Gichovi for editing the draft policy guidelines. Mr. Nyaga E. and Mr. Kerenoh for organizing it into a book, and Carol Njoki for typing.
- (iv) The B.O.G members for taking time to discuss and add personal contributions to the policy document:
  - Prof. J.N.K. Mugambi - Chairman
  - Mr. J.T. Karuri
  - Mr. E. Karuguti
  - Mr. Mbuo Waganagwa
  - Miss. M. Gaitta
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  - Mr. E. Karanja
  - Rev. S. Muchiri
  - Dr. Grace Nyaga
  - Mrs. Mary Mugo
  - Mr. Philip Njuki
  - Mr. Wilson Kariuki
  - Mr. Noah Gatuku
  - Mrs. N. W. Kimotho - Principal/Secretary
- (v) Several other people helped to develop this guide in diverse ways.

*Mrs. N.W. Kimotho*  
*Principal*  
*St. Mark's Teachers' Training College-*  
*Kigari, Embu.*



*Principal*

## *ABBREVIATIONS*

- ACU- AIDS Control Unit
- AIDS - Acquired Immune Deficiency Syndrome
- B.O.G. - Board of Governors
- CfBT - Centre for British Teachers
- EFA - Education for All
- G/C - Guidance and Counselling
- HBC - Home Based Care
- NACC - National Aids Control Council
- NARC- National Rainbow Coalition
- OVCs - Orphans and Vulnerable Children
- PLWAs- People Living With AIDS
- PLWHA- People Living With HIV/AIDS
- PSABH - Primary School Action for Better Health
- T.B. - Tuberculosis
- TTC- Teachers' Training College
- STD'S - Sexually Transmitted Diseases
- UNESCO - United Nations Educational Scientific and Cultural Organization
- UNGASS - United Nations General Assembly Special Session
- VCT - Voluntary Counselling and Testing

## **BACKGROUND INFORMATION**

St. Mark's Teachers' Training College-Kigari is a national public institution under the Ministry of Education. It is located in Manyatta Division, Embu District- Eastern Province. The college offers residential training to primary school teachers. It offers a two- year certificate programme to students drawn from all parts of the Republic of Kenya. The college is the only public institution in Embu District offering P1 certificate course to primary school teachers.

The current enrolment is one thousand two hundred and fifty four (1254) students; members of teaching staff are eighty five (85), while the support staff is fifty eight (58).



## 1.0 INTRODUCTION

The first Aids case in Kenya was observed in the mid 1980's, by 1995, 63179 cases had been reported. (Aids in Kenya, Sixth edition 2001 Ministry of Health).

Current data from sentinel surveillance sites throughout the country show that the virus is still spreading and that women are infected at a younger age than men on average. Information available appears to indicate that most people become infected through heterosexual contact. Those most at risk of acquiring HIV are people with multiple partners and their spouses and their children. Given the prevailing sexual behaviour of majority of people today, and given the fact that most of people who are infected do not show visible signs of the disease, it is feared that many more are becoming infected daily.

The government of Kenya has been playing a leading role in mobilizing financial, human and technical resources to combat HIV/AIDS pandemic.

To this end the Government on 25<sup>th</sup> September, 1997 adopted The Sessional Paper No. 4 (on AIDS IN KENYA) to provide the policy framework designed to guide the fight against HIV/AIDS in Kenya for 15 years and beyond. The paper states that Aids affects Kenya's development and security and calls for among other things, a multi-sectoral HIV/Aids prevention programme.

Education has a key role to play both in preventing and mitigating effects of HIV/AIDS on individuals and society in general. Most of those who are infected are in the productive and energetic group of the society that is between twenty to forty nine years.

According to a report by the National Aids Control Council (NACC), the prevalence rate is 7% down from 14% in the year 2000; which translates to 300 deaths per day down from 700. Currently, 1.9 million Kenyans are infected with HIV.

The Dakar Framework for Action Education for All (EFA) adopted by the International Education Community during World Education Forum Dakar/ Senegal April 2002 draws attention to the urgent need to combat HIV and AIDS if EFA goals are to be achieved.



The Kenyan Government started implementing Education For All popularly known as free primary education, in the year 2003.

The HIV/AIDS pandemic seriously threatens the gains made by the government and this calls for urgent attention to curb the spread of HIV infection.

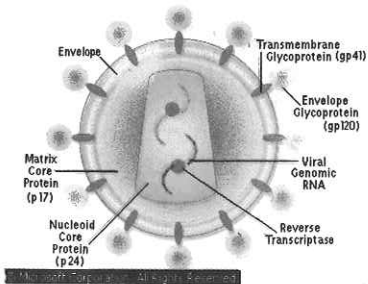
The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) declaration of commitment on HIV/AIDS July 2002 sets the target of reducing HIV infections among 15-24 year olds by 25% by 2010 globally and calls upon the governments to develop their strategies by 2003 and implement by 2005.

National strategies are to provide support environment for orphans and children affected and infect by HIV/AIDS. UNGASS declaration calls for vastly expanded access to information and education, especially youth, specifically HIV/AIDS education necessary to reduce risks and vulnerability to HIV infection.

HIV has affected all sectors of our lives with devastating and far reaching effects on the education sector. It has not spared the college students, staff and other members of the college community. There is, therefore, need to develop a policy framework that will guide the college in planning and implementing effective prevention, education, care and support programmes.

## 1.1 Definition of HIV/AIDS

**HIV** - *Human Immuno-Deficiency Virus* which causes AIDS.



### Structure of HIV

The human immunodeficiency virus (HIV) consists of a nucleoid core and the surrounding protein matrix, both enclosed in a lipid envelope. The nucleoid core contains the viral genetic material and the reverse transcriptase enzyme, which are used in viral replication. The transmembrane glycoprotein gp41 and the envelope glycoprotein gp120 are attached to the envelope; these proteins enable HIV to bind and fuse with a target host cell.

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**AIDS** - Acquired Immune Deficiency Syndrome.

HIV attacks and slowly destroys the immune system by entering and destroying cells that control and support the immune response in the body. After a long period of infection, usually 3-7 years may be 10 years, many of the immune cells are destroyed leading to immune deficiency at which point the body has difficulty in defending itself against infection.



### **T-Lymphocyte Infected With HIV**

Human immunodeficiency virus (HIV) is the cause of acquired immunodeficiency syndrome (AIDS). By infecting CD4 T-lymphocytes, a type of white blood cell, HIV weakens the immune system and leaves the infected individual open to deadly infections. The viruses gain access to a T-lymphocyte by attaching to CD4 proteins on the outer surface of the cell membrane.

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Certain diseases like pneumonia, Tuberculosis (TB) and other opportunistic infections take the opportunity to invade the body due to the weakened immune system. It is at this point that a person is said to have AIDS.

### **1.2 Modes of Transmission**

HIV is transmitted through the following three main ways in this country;

- (i) Sexual contact with infected person. (80 %)
- (ii) When infected blood is passed directly to the body through an open wound or blood transfusion.
- (iii) From an infected mother to her child during pregnancy, childbirth or breast feeding.

There are several factors that have led to the spread of HIV and AIDS in our society. These include; poor access to health care and services, lack of accurate information, exploitation of women, among others.

Since there is no cure or vaccine for HIV and AIDS, education remains the most effective strategy in the fight against the scourge.

### 1.3 Kenya National Policy on HIV/AIDS

Kenya adopted a national policy on HIV and AIDS in 1997 following the adoption by parliament of the session paper No. 7 on AIDS in Kenya.

The paper provided a policy framework within which AIDS prevention and control efforts are being undertaken. In November 1999, the government declared HIV and AIDS a national disaster and immediately established National Aids Control Council (NACC) to co-ordinate a sectoral response to HIV and AIDS, to monitor and direct the implementation of HIV/AIDS activities.

The council developed and launched a strategic plan for the national HIV and AIDS control programme 2000-2005 in December 2000. The strategic plan provides a second policy and the institutional framework addresses priority areas for the control of HIV and AIDS as well as mechanisms for the mitigation of socio-economic impact at the individual, family, sectoral and national level.

The principal objective of the plan was to reduce the prevalence of HIV/AIDS in Kenya by 20%-30% among the age bracket of fifteen to twenty four years. It also aimed at increasing access to care and support for people infected with HIV and AIDS in Kenya and strengthening the response capacity and co-ordination at all levels geared towards reversing the trend.

The government has also spearheaded the negotiations to reduce the cost of anti-retroviral drugs for persons living with HIV/AIDS (PLWAS) and has incorporated AIDS education in the syllabus and curriculum for Schools, Colleges and Universities in an effort aimed at containing the disease.

St. Mark's Teachers Training College-Kigari plans to complement these efforts by our government by developing effective strategies and programmes to deal with HIV and AIDS both within the institution and its catchment area.

## 2.0 OBJECTIVES OF ST. MARK'S TEACHERS TRAINING COLLEGE-KIGARI HIV AND AIDS POLICY

1. To increase knowledge and awareness on HIV/AIDS and accepting its reality.
2. To reduce high risk behaviour that is likely to lead to infection or re-infection of HIV/AIDS.
3. Prevent the infection of STDS and facilitate treatment of infected persons.
4. Promote and provide voluntary counseling and testing. (VCT)
5. Promote a supportive environment for staff and students infected with HIV/AIDS.
6. Decrease staff shortages at all levels.
7. Reduce the declining levels of enrolment and college course completion rates.
8. Reduce absenteeism of staff and students.
9. Reduce financial constraints owing to increasing number of orphans.
10. Let the administration know about the services necessary to support the fight against the pandemic.
11. The policy will form a basis for planning.
12. Encourage PLWAs to go public about their status.

### 2.1 The Education Sector and HIV/AIDS

HIV/AIDS has affected provision of quality education at all levels. The pandemic has affected the education sector in the following ways;

1. Children infected with HIV/AIDS do not live to enroll in school.
2. Many children have dropped out of school in order to support sick family members.
3. Many children also dropped out of school because their parents could no longer afford to sustain them in school due to reduced house hold income as a result of HIV/AIDS pandemic.
4. Other children have been orphaned causing them to drop out and head their families in availing services required by their siblings.
5. Cases have been reported where schools have refused to admit pupils/students with HIV/AIDS.
6. Many teachers have died and are continuing to die as a result of HIV/AIDS related illnesses (It is actually reported that an estimated four hundred people in Kenya die daily and that out of these six are teachers).

The Ministry of Education, Science and Technology in year 2003 estimated that 15 teachers were dying everyday countrywide as a result of HIV/AIDS. Many teachers were unable to attend school due to HIV/AIDS related illnesses. The

same report estimated that a teacher with HIV loses six months of professional time before developing AIDS and an additional 12 months before dying.

There is need to gain ground in the fight against HIV/AIDS otherwise educational attainment will inevitably be slowed down by the impact of the pandemic.

The ministry of education acknowledges the potential threat from HIV/AIDS and is determined to minimize its effects on both education sector and society in general. It has put in place structures and programmes at all levels of education sector to ensure and sustain quality education in the context of HIV/AIDS. The structures and programmes deal with prevention, care and support of the affected and infected individuals within the education sector and also laying out strategies for containing the HIV/AIDS pandemic.

## 2.2 St. Mark's Teachers Training College-Kigari Response to HIV/AIDS

The college has undertaken some preventive measures to curb the spread of HIV/AIDS.

1. Five College tutors are CfBT trained trainers of trainers (T.O.Ts) on HIV/AIDS prevention and management.
2. The college has established a full fledged guidance and counselling department to co-ordinate guidance and counseling programmes and activities in the college.
3. Five Guidance and Counselling tutors were trained in PSABH by CfBT.
4. The department has a training programme each year for peer educators who cascade the information to the rest of the students in a way of prevention and management of HIV/AIDS.
5. The ministry of Education funds HIV/AIDS training for first year students for here days every year.
6. Every year the college students' council is equipped with leadership skills that help them to network with the rest of the students' body in prevention and management of HIV/AIDS.
7. A health club is in place, active and functional. It creates awareness on HIV/AIDS through various activities, reciting poems, singing songs, displaying posters, health and conditions in the college.
8. The G/C has organized informative counseling talks on VCT and other HIV/AIDS related issues.
9. The college networks with Liverpool and DSW in the provision of VCT services.

This response is far from adequate. There are no programmes and structures in place to deal with issues relating to HIV/AIDS in and within college environs. For this reason, the college has found it necessary to develop a college policy on HIV/AIDS to be able to develop programmes that will deal with the pandemic effectively.

### 2.3 St. Mark's Teachers Training College-Kigari HIV/AIDS Policy & Legal Issues

The task force on legal issues on HIV/AIDS 2002 reports on confusion surrounding the question of HIV/AIDS at the place of work and proposed drafting of a Kenya code on HIV/AIDS in employment to stop discrimination against PLWAs and assure their humane treatment.

The report recommended that the workman's compensation act (Cap 236) be amended such that the laws, regulations and collective agreements guarantee the following rights:

1. Freedom from HIV screening for employment, training and benefits.
2. Confidentiality regarding all medical information including HIV/AIDS.
3. Employment and early retirement for workers living with HIV/AIDS until they are no longer able to work, including reasonable alternative management.
4. Protection of social security and other benefits for workers living with HIV/AIDS including pension, health insurance and employment benefits.
5. Adequate information on preventive measures and facilities.
6. Adequate healthcare in or near the work place.
7. Workers protection from stigmatization and discrimination by colleagues, unions, employers and clients.
8. Appropriate inclusion in workers compensation-legislation of the occupational transmission of HIV, testing, counseling and confidentiality.

## 2.4 Duties, Rights and Responsibilities of Infected and Affected Persons

- The college will not force any student or member of staff to undergo a HIV test unless under special circumstances where the test may be required as part of examination to determine medical fitness for support and care.
- Voluntary counseling and testing will be encouraged and will be done by a suitably qualified person in a suitable facility with the student's/employee's informed consent, and in accordance with normal ethical rules including confidentiality, and with pre and post test counseling.
- Disclosure of students'/staffs' status without his/her consent will be a breach of confidentiality.
- A member of staff is under no obligation to reveal status to the employer.
- Voluntary disclosure of students and staff status shall be encouraged because of its benefits in human resource management.
- The college shall encourage PLWAs clubs and post test clubs as a support group for the affected and infected.

### 2.4 1 Risk of Exposure to HIV

All necessary precautionary measures will be taken at all times to ensure that the college medical facility (sick bay) poses no risk of HIV exposure to patients.

If a member of staff or student is accidentally exposed to HIV through rape or exposure to infected blood the college shall provide the person with post-exposure prophylaxis within 72 hours.



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## 2.4 2 Non-Discrimination

1. No student will be forced to discontinue his or her studies on the  
2. basis of HIV/AIDS status, unless the student gets physically or  
3. mentally unfit to continue with studies.  
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6. Members of staff with HIV/AIDS will continue to work unless  
7. they are too weak to offer their services.  
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9. The college will make deliberate effort to mitigate effects of  
10. illness and incapacity of staff and students and will:

- 11. ■ allow access of medical care to staff and students,
  - 12. ■ monitor and assess sick leave provisions for staff and adopt  
2. them where necessary,
  - facilitate counseling of the infected and affected,
  - institute referrals for specialized attention and care.
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**Some members of the College counselling department**

## 3.0 POLICY GUIDELINES, IMPLEMENTATION AND REVIEW

### 3.1 HIV Information and Support Programmes

St. Mark's Teachers Training College-Kigari will make every effort to access and disseminate current and accurate information on HIV/AIDS.

The department of G/C will establish an ACU/ library/resource centre and facilitate quick access to all materials and information on HIV/AIDS.

All members of St. Mark's Teachers Training College-Kigari community are entitled to appropriate HIV/AIDS education and prevention information through programmes designed and implemented by the institution.

Special areas of interest include:

- » Basic information about HIV/AIDS, how it is spread and how it can be prevented, promotion of positive living by people with HIV/AIDS (PLWAs),
- » Promotion of non discriminatory supportive and sensitive attitudes towards people living with HIV/AIDS,
- » Information on sexuality and responsible sexual behaviour
- » Information on universal infection,
- » Control and precautions.

### 3.2 Communication

St. Mark's Teachers Training College- Kigari should establish and maintain communication channels to enable students and staff members to raise concerns and grievances and access holistic care and support.

Accurate, relevant and understandable information on HIV/AIDS shall be availed to students, staff and caregivers to create positive attitudes towards people living with HIV/AIDS and avoid/minimize stigmatization and fear.

### 3.3 Planning

The college will plan for and mobilize persons/resources from internal and external resources to support HIV/AIDS (PLWAs) programmes. Internal resources shall include time, space and capacity building for the personnel while external resource will include soliciting for funds and materials to support HIV/AIDS programmes.

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### 3.4 Training

1. HIV and AIDS training shall be planned and implemented in  
2. the areas of:

- 3. ■ peer education: advocacy, assertive training
- 4. ■ counseling: family life and reproductive health
- 5. ■ Drug abuse: the most probable entry point of irresponsible  
6. behaviour conducive to contracting HIV/AIDS.

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### 3.5 Research

11 Baseline research will be carried out from time to time/on a  
12 regular basis to determine with reasonable accuracy the  
13 prevalence, vulnerability and effectiveness of interventions. Any  
14 authorized persons will provide copies of their finding to reduce  
H duplication and enhance knowledge on their area of research.  
at This will be done very professionally and will be vetoed before  
1 it is published and used for intervention purposes.  
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## 4.0 STRATEGIES AND INTERVENTION

### 4.1 Prevention

Education and awareness programmes will be provided to staff and students to help adopt behaviour change that can protect them from HIV/AIDS. The programmes will be carried out through:

- Induction/orientation of new staff/students
- Workshops and seminars for staff and students
- Participation in world's AIDS day each year. Since the day falls on 1<sup>st</sup> December when college is not in session it shall be observed before the college breaks for vacation. The college fraternity shall reach out to the affected and infected within the college and its neighbourhood through drama, music, poems, donations e.t.c.
- Guidance for students on HIV/AIDS.
- Training peer educators
- Training students on life skills
- The college will encourage the lecturers to infuse and integrate family life education; reproductive health, and prevention of HIV and AIDS infection as they teach.

### 4.2 Advising on Responsible Sexual Behaviour

College students are at risk of being infected with HIV because some may engage in risky sexual practices such as unprotected sex, frequent change and exchange of partners.

Alcohol consumption and drug abuse are also common among students. This often leads to irresponsible sexual behaviour.

### 4.3 Promoting V.C.T.

The college will encourage voluntary counseling and testing (VCT). This constitutes pre and post test counseling by a professional counselor. Personal status will be held in confidentiality. All efforts will be made to source for this facility since it provides information for a new lease of life.

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### 4.3 Scope

1. The college will establish mechanisms to address emotional, educational,  
2. physical and spiritual issues of the infected and the affected.  
Human dignity must be respected by all players in the education sector.

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4. **⌘** Easy access to health services and mobilization may be put in place if  
5. need be.

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7. **⌘** Information on health issues that are specific: where, when and how  
8. the services will be rendered.

9. **⌘** An adequate first aid kit will be availed and accessible, management of  
10. bleeding and injuries will be given cautionary measures.

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### 4.4 Orphans, Vulnerable Children

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The college will offer support through G/C. The department will attend to  
the special learning needs. A follow up of the OVC's will go a long way in  
their management.

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The college will solicit from all sectors sources of financial support that will  
be directed to the deserving. The ministry of education will be informed of  
the OVCs in the college.

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It is recommended that the chiefs verify details in the student's admission  
form on their OVC status.

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### 4.5 Care and Support Services

Home based care (HBC). It involves family, relatives, and community care of  
the infected. This provides a psycho-social care that is very effective, nursing,  
counseling, medical and even nutrition. The college where possible will train  
care givers to be sensitive.

#### 4.6 Nutrition

It is important for the college fraternity to take note and adhere to proper nutrition where possible.

Food does not cure HIV infections or treat the virus but can improve the fitness and quality of life. When the body does not get enough, or the right kind of food, it becomes weak and cannot develop or function properly. Healthy and balanced nutrition means eating the right type of food in the right quantities. Good and balanced nutrition is particularly important when one is infected with HIV. Suitable food helps to maintain and improve the performance of the immune system.

People living with HIV/AIDS have a weakened immune system. This makes one more likely to catch infections. Repeated infections may lead to malnutrition. It is difficult for PLWHA to eat enough because:

- When one is ill, he/she needs more nutrients to fight the infection but the infections reduce appetite.
- Some medicines change the taste of food and may reduce appetite.
- Symptoms such as mouth sores, nausea and vomiting make it difficult to eat.
- Symptoms such as diarrhoea reduce the absorption of food.
- Depression, worrying and tiredness reduce the appetite and the willingness to prepare food and eat regularly.
- Poverty may affect the availability of food.

It is important for people living with HIV to prevent malnutrition since malnutrition:-

- Reduces physical strength
- Affects absorption of food in the gut and oxygen in the lungs
- Compromises wound healing, and
- Reduces the functioning of the immune system.

People with HIV who are malnourished are sick more often and more serious. They will develop AIDS and die earlier than people with HIV who are well nourished.

To prevent malnutrition:-

- Be ware of the importance to maintain and improve your nutritional status
- Eat a healthy balanced diet
- Practice good hygiene to prevent infections related to food
- Treat opportunistic infection in an early stage
- Adjust your food intake to deal with HIV related complications
- Maintain a healthy weight

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- Use vitamins, minerals, herbs and spices to assist improve digestion and stimulate appetite.

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To make a healthy and balanced diet one should:

- Eat starchy food with every meal as they supply one with energy and some have protein. They should constitute the biggest part of the meal. They include grains like maize, wheat, millet, sorghum, rice and barley, and tubers like potatoes, sweet potatoes, and cassavas.
  - Eat legumes, beans, peas, lentils or nuts everyday. These provide the proteins needed to build and repair the body and keep the immune system active. They also provide some vitamins and minerals.
  - Eat plenty of vegetables and fruits every day as they supply the vitamins and minerals that keep the body functioning and the immune system strong. These include green leaves, cabbage, pumpkin, carrot, green beans, pear, water melon, avocado, mango, orange, guava, banana, pineapple, baobab fruits, apple, paw-paw, plum, passion, lemon. etc.
  - Eat animal products, meat, fish, poultry, eggs, insects (e.g. termites) in small amounts. They supply good quality proteins, extra energy, vitamins and minerals.
  - Eat fats and oils and sugary foods in moderation. They supply extra energy. Since fatty foods are difficult to digest avoid them till diarrhoea is over.
  - Drink lots of clean and safe water; at least two litres per day. Avoid alcoholic drinks. One could also take fresh fruit juices or eat home made soups.
  - Maintain a healthy weight by weighing yourself regularly and try to maintain it.
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#### 4.7 Anti-Retroviral Treatment

##### Highly active Antiretroviral Therapy (HAART)

HAART is a combination of drugs which prevent entry of the virus into the CD4, or at reverse transcription or at the point the new viruses leave the cell. This drug combination inhibits the virus and reduces it to dormancy. The ART has given a new lease of life to the infected.

The antiretroviral therapy is given after a very thorough check of the infected because it can have negative side effects. If well taken the infected gets a new lease of life, however, it should not be abused. The infected will also be encouraged to take proper diet.

Drug adherence will be highly emphasized for those already taking the antiretroviral drugs.



## Conclusion

It is our hope that this HIV/AIDS policy will provide information for the members to learn from. It is meant to allay any fears that one may harbour about stigma and discrimination. Members are encouraged to seek necessary help from the concerned departments so we may all pool together in the fight against one common enemy; the HIV/AIDS pandemic.

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