

An Investigative Study on Quality and Sustainability of Distance Education in Higher Institutions: Experience of Distance Learners in Bachelor of Educational Studies of University of Nairobi. Kenya

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ABSTRACT: Distance Education gained fame as most viable mode of study especially during COVID 19 pandemic era, but concerns have been raised about its 'quality and sustainability. This mode of study exposes learners to multiply complications that impede their study habits. When distance learners lack effective and predictable learners' support such as HIV/AIDS guidance and counselling to enable them adjust and cope with such issues, they become victims of education system. However, quality and sustainability of distance education in developing countries have not been extensively researched to enhance completion rate. This article addresses that gap by investigating the extent to which HIV/AIDS guidance and counselling influence study habits of distance learners in the department of educational studies of University of Nairobi. This study engaged quantitative approached in data collection and analysis. The overall correlation coefficient for HIV/AIDS guidance and counselling and study habits of distance learners was found to be 0.501 with a p-value of $0.000 < \alpha = 0.05$. Therefore, results of the study designated that there is a significant influence of HIV/AIDS guidance and counselling on study habits of distance learners. The study suggest that universities should strengthen digital learners' support services to reduce deviational study habits for quality and sustainability of distance education.

KEYWORDS - Distance learners, Guidance and counselling, Learner support services, Study habits, Quality of distance education

I. INTRODUCTION

Globally since the outbreak of COVID 19 pandemic in China in 2019, world governments have taken measures to stop its' spread, overlooking HIV/AIDS guidance and counselling for distance learners who are either affected or in affected by HIV/AIDS. Many distance learners who are infected and affected with HIV/AIDS become distraut and develop deviational study habits(Lucas, Chidothe and Wilson, 2019) [1] HIV/AIDS support network system has become ineffective and unpredictable the foundation of the world is shaken as hundreds of cases of COVID 19 infection and death are reported. Higher institutions closures especially in developing countries have worsened already existing disparities for downgraded distance learners as it come with a multitude of unplanned damaging effects for distance learners affected or infected by HIV/

AIDS (Mundy and Hares ,2020). Report in literature indicate that education which is an indisputable human right quality and sustainability is fumbling (Haeck and Lefebvre, 2020) [2].

By mid-April 2020, statistics show a rise in number of cases of anxieties, depression, panic attacks, sexual dysfunctions and other forms of mental illness amongst all learners (UNESCO, Global Education Monitoring (GEM) Report, 2020)[3]. Distance learners paralyzed with anxiety have lost confidence for studying resulting to deviational study habits. (Kaffenberger, 2020)[4]. Decreased mobility from quarantines, curfews and internet connectivity are barriers to distance learners support networks like HIV/AIDS guidance and counselling, further diminishing their influence on study habits backbone of quality education.

I.I Research Problem

Evidences in literature designate that effective and predictable HIV/AIDS guidance and counselling assists distance learners to achieve confidence and hope for development of concentrate study habits. The disruption of effective and predictable learners supports like HIV/AIDS guidance and counselling during COVID 19 pandemic resulted in distance learners developing deviational study habits especially in Kenya as supported by Commission of Higher Education report (2020). If this trend continues, then quality and sustainability of distance education are likely to be compromised in Universities in Kenya. Despite of this, there is limited research on influence of HIV/ AIDS guidance and counselling influence on study habits of distance learners in the Bachelor of education studies of University of Nairobi, which could contribute to quality, and sustainability of distance education, a need this study sought to address.

I.II Research Objective

To determine the extent to which Human Immunodeficiency Virus and Acquired Immune Deficiency syndrome guidance and counselling influence study habits of distance learners in the Bachelor of Education studies of the University of Nairobi.

I.III Research Question

To what extent does Human immunodeficiency virus and acquired immune deficiency syndrome guidance and counselling influence study habits of distance learners in the Bachelor of Education studies of the University of Nairobi?

I.IV Research Hypothesis

H₀: There is no significant relationship between Human immunodeficiency virus and acquired immune deficiency syndrome guidance and counselling and study habits of distance learners in the Bachelor of Education studies of University of Nairobi.

I.V Limitation of the study

There was disinclination of health centers officials of University of Nairobi to disclose information on HIV/AIDS status of distance learners. The records on HIV/AIDS were not available or if they were there, then were in complete. Data were collected when the participants were doing examination and it took some time to persuade them to fill the questionnaires before COVID 19 outbreak. The last bit of qualitative open questions were administered through on line and internet connectivity was a challenge. The study only looked at study habits of distance learners in Bachelor of Education studies of University of Nairobi excluding other distance learners and other factors that may affect their completion rate. Therefore, the other researchers should carry out research to fill the gaps opened up by this study.

II. LITERATURE REVIEW

The shudder of the COVID-19 crunch on distance learners affected or in effected by HIV/AIDS' study habits is unusual. It has set the clock back on the achievement of international education goals and inexplicably distance learners. African American institute (AAU) the ADEA commissioned various case studies revealed that HIV/AIDS have undesirable effects on both staff and all learners in the Universities especially in Africa south of Sahara. The negative effects COVID 19 pandemic reduced HIV/AIDS deterred measures as learners affected become afraid to visit hospitals and VCT centers for drugs, guidance, and counselling services. There is evidence that such learners turn to indiscriminate sex with multiple partners despite the lockdowns, which have undesirably affected their study habits (GEM Report, 2020)[3]. Despite of all these limited studies have been done on influence of HIV/AIDS on study habits of distance learners that could improve quality and sustainability of distance education.

The magnitude of HIV/AIDS influence on study habits of distance learners is scantily documented in Universities globally. African universities do not have relevant information regarding the HIV status of their distance learners, mainly due to denial, stigmatization and discrimination (UNAIDS, 2014)[5]. It assumed that distance learners are adults who have information about HIV but this automatically do not translate to safe sexual behavior. Distance Universities like University of South Africa and the Africa Virtual University where effective and predictable learners' support system such as HIV/AIDS guidance and counselling are offer quality distance education has been maintained (Toskaetal. 2019)[6]. Before COVID 19 pandemic spiked, Universities offering distance education in Kenya with effective and predictable advocacy campaigns, such as the "Know your HIV Status" campaigns maintained quality distance education (Republic of Kenya, the Counsellors and Psychologists Act, 2011). The studies by UNICEF (2002) [7]; AWSE (2001) [8]HEADS (2010) [9]; UNAIDS (2014)[5]reveal that despite learners' support offered by Universities offering distance education, to reduce HIV/AIDS infections, many distance learners are reluctant to go for such services.

University of Nairobi's Preventive measures and initiatives put into practice to prevent and control HIV/AIDS infections amongst the learners have not been effective. (University of Nairobi HIV/AIDS Policy, 2003)[10]. The University has integrated HIV/AIDS subject in curriculum provide effective guidance to distance learner to enhance their study habits. Many distance learners who are infected or affected with HIV/AIDS loose interest in their studies, and fail in examinations (University of Nairobi annual report 2013)[11]. Currently, there is no cure for HIV, it has remained silent killer to thousand victims, and it should not be ignored during COVID 19 pandemic. The aspiration of this study is sustainability of quality distance education that can be attained through effective and predictable learners' support, in this case HIV/AIDS guidance and counselling

III. METHODOLOGY

This study adopted a cross sectional descriptive survey research design to plan as well as build the content of the research. The research design was adopted because it can be used to explore the link between the variables (Brook, 2013)[12]. The target population comprised of Distance learners in Bachelor of Education program of university of Nairobi. Hyper-geometric distribution adopted in accordance to Morris (2014)[13]indetermining sample size. The questionnaire used to gather primary data before COVED 19, consisted of both open and close-ended questions. The questionnaires were created based on the five-point Likert-type scales. Qualitative open questions were given to 10% of participants during COVID 19 virtually A pilot study was conducted at Kenyatta University among learners in Bachelor of Education by distance programs. According to Mugenda and Mugenda (2003)[14], the pre-testing sample size should be between 1% and 10% of the study sample size. Therefore, a sample of 32(10% of 319) distance learners were picked from the register using simple random sampling was considered adequate and ideal to reveal inherent weakness in the research instrument.Split half method adopted to test reliability. Data and other information were obtained from fieldwork through cross sectional survey and virtual. This study used both qualitative and quantitative

approaches to analyze and interpret the data. Multiple linear regression model was employed to establish the simultaneous influence of the predictor variable.

IV. RESULTS AND DISCUSSION

IV.I HIV/AIDS Guidance, Counselling and Study Habits of Distance Learners

HIV/AIDS guidance and counselling; are learning processes in nature that empower distance learners affected or infected by HIV/AIDS to cope with health issues and develop healthy sexual behavior in order to achieve sound study Habits. They also facilitate confidence, knowing HIV status and reduction of HIV/AIDS infections to give hope of completion of course. The participants were requested to give their opinions in their level of agreement or disagreement in a Likert scale of 1-5 where strongly agree (SA) =5, Agree (A) =4, Undecided (U) =3, Disagree (D) = 2 and strongly disagree. (SD)=1. The responses presented in Table 1

TABLE 1
HIV/AIDS Guidance, Counselling and Study Habits of Distance Learners

STATEMENTS	SA	A	UD	D	SD	Mean	Std. dev
HIV/AIDS 1	57(17.9%)	109(34.1%)	72(22.6%)	50(15.7%)	31(9.7%)	3.35	1.219
HIV/AIDS 2	69(21.6%)	108(33.9%)	62(19.4%)	57(17.9%)	23(7.2%)	3.45	1.214
HIV /AIDS 3	52(16.2%)	113(35.4%)	64(20.1%)	64(20.1%)	26(8.2%)	3.41	2.093
HIV/AIDS 4	57(17.9%)	115(36. %)	59(18.5%)	69(21.6%)	19(6.0%)	3.37	1.183
HIV/AIDS 5	54(16.9%)	116(36.4%)	69(21.6%)	51(16%)	29(9.1%)	3.36	1.200
HIV/AIDS 6	58(18.2%)	102(32%)	83(26%)	60(18.8%)	16(5.0%)	3.39	1.133
HIV/AIDS 7	56(17.6%)	100(31.3%)	68(21.3%)	71(22.3%)	24(7.5%)	3.29	1.208
HIV/AIDS 8	60(18.8%)	98(30.7%)	86(27%)	60(18.8%)	15(4.7%)	3.40	1.131
HIV/AIDS 9	58(18.2%)	117(36.7%)	63(19.7%)	54(16.9%)	27(8.5%)	3.39	1.205
HIV/AIDS 10	66(20.7%)	110(34.5%)	63(19.7%)	58(18.2%)	22(6.9%)	3.44	1.201
Composite mean & standard deviation						3.380	1.189

NB. HIV/AIDS 1-10 are the indicators of HIV/AIDS Guidance and counselling.

Ten Statements developed to measure the extent to which HIV/AIDS guidance and counselling influence study habits of distance learners in the Bachelor of Education program by distance learning.

Statement (HIV/AIDS 1) 'HIV/AIDS guidance and counselling has empowered me to develop healthy sexual behavior' had a mean of 3.35 and a standard deviation of 1.219. These results indicate that out of 319 participants, 109(34.2%) agreed, 72(22.6%) were undecided, 57(17.9%) strongly agreed, 50(15.7%) Disagreed 31(9.7%) strongly disagreed that HIV/AIDS guidance and counselling have empowered them to develop healthy sexual behavior. The results show that the mean score of 3.35 and standard deviation of 1.219 were slightly lower than the composite mean score of 3.38 and standard deviation of 1.189. The repercussion of these results to the study is that HIV/AIDS guidance and counselling moderately help distance learners to

develop healthy sexual behavior and this may influence their study habits positively. The study contradicts UNAIDS (2014) [5] study finding that designate that even when distance learners are guided and counselled on matters of HIV/AIDS, they still participate in unprotected sex.

Statement (HIV/AIDS 2) 'HIV /AIDS guidance and counselling have given me hope to complete my studies had a mean of 3.45 and a standard deviation of 1.214. The results indicate that out of 319 participants, 108(33.9%) agreed, 69(21.6%) strongly agreed, 62(19.4%) were undecided, 57(17.9%) disagreed and 23(7.2%) strongly disagreed that HIV /AIDS guidance and counselling have given them hope to complete their studies. This result show that the mean score of 3.45 and standard deviation of 1.214 were higher than the composite mean score of 3.38 and standard deviation of 1.189. The implication of these results to the study is that HIV /AIDS guidance and counselling positively inspire distance learners to complete their studies and hence augments their study habits. The result contradicts NACC (2014)[15] which reveal that many distance learners infected by HIV have least concentration on their studies and talk about their zero-status when they fail examinations.

Statement (HIV/A 3) 'HIV /AIDS guidance and counselling have given me encouragement to know my HIV status' had a mean of 3.41 and a standard deviation of 2.093. The result indicates that out of 319 participants, 113(35.4%) agreed. 64(20.1%) were undecided and 26 (8.2%) strongly disagreed that HIV /AIDS guidance and counselling have given them encouragement to know their HIV status. The results show that the mean score of 3.41 and standard deviation of 2.093 were higher than the composite mean score of 3.38 and standard deviation of 1.189. The insinuation of these results to the study is that HIV /AIDS guidance and counselling encourage distance learners to know their HIV status, which may lead to optimistic study habits. This study back-up Kelly (2001) who found that Universities offering distance education involve their learners on HIV/AIDS issues by instituting programs advocacy campaigns, such as the "Know your HIV Status" campaigns.

Statement (HIV/AIDS 4) 'HIV/AIDS guidance and counselling have help me to cope with health issues'' had a mean of 3.37 and a standard deviation of 1.183. The result indicates that out of 319 participants, 115(36.1%) agreed .69(21.6%) disagreed. 59(18.5%) were undecided. 57(17.9%) strongly agreed 19(6.0%) and strongly disagreed that HIV/AIDS guidance and counselling have help them to cope with health issues. These results show that the line item mean score of 3.37 and standard deviation of 1.183 were slightly lower than the composite mean score of 3.38 and standard deviation of 1.189. The implication of these results to the study is that HIV/AIDS guidance and counselling moderately sanction distance learners to cope with health issues and hence there is need to review the methods used for further improvement. These results dispute UNAIDS (2014)[5] study on influence of HIV/AIDS on distance learners' performance, which established that a vast majority of learners in distance education programs have no idea on how HIV is being transmitted or how to protect themselves.

Statement (HIV/AIDS 5) 'HIV/AID guidance and counselling empowered me to cope with stigmatizing to concentrate in my studies 'had a mean of 3.36 and a standard deviation of 1.200. The result indicates that out of 319 participants, 116(36.4%) agreed, 69(21.6%) were undecided, 54(16.9%) strongly agreed, 51(16 disagreed and 29(9.1%) of distance learners strongly disagreed that HIV/AIDS guidance and counselling empowered them to cope with stigmatizing to concentrate in their studies. These results show that the mean score of 3.36 and standard deviation of 1.200 were lower than the composite mean score of 3.38 and standard deviation of 1.189. The implication of the results to the study is that HIV/AIDS guidance and counselling do not help distance learners to cope with stigmatizing to concentration on their studies. The finding contradicts Gaugaad and Rosenkilde (2011) [17] who found out that HIV/AIDS guidance and counselling support services in distance education are powerful intervention component of the HIV/AIDS prevention. In addition, are most effective measure as they tap into the energy of idealism of both adult and youth to concentrate in study?

Statement (HIV/AIDS 6) 'HIV/AIDS guidance and counselling have given me a sense of belonging to study in my University 'had a mean of 3.39 and a standard deviation of 1.133. The results indicate that out of

319 participants, 102(32%) agreed. 83(26%) were undecided. 60(18.8%) disagreed. 58(18.2%) strongly agreed and 16(5.0%) strongly disagreed that HIV/AIDS guidance and counselling have given them a sense of belonging to study in their University. These results show that mean score of 3.39 and standard deviation of 1.133 were higher than the composite mean score of 3.38 and standard deviation of 1.189. The inference of the results to the study is that HIV/AIDS guidance and counselling gives distance learners a sense of belonging to study in their University thereby enhancing positive their study habits. The study supports Wango (2013)[18] who found that learners at the University are vulnerable to HIV/AIDS. In addition, HIV/AIDS guidance and counselling may eradicate stigmatization of those affected or infected to create sense of belonging in the university.

Statement (HIV/AIDS 7) 'HIV/AIDS guidance and counselling encourage me to concentration in study' had a mean of 3.29 and a standard deviation of 1.305. The results indicate that out of 319 participants, 100(31.3%) agreed. 71 (22.3%) disagreed. 68 (21.3%) were undecided, 56(17.6%) strongly agreed and 24(7.5%) strongly disagreed that HIV/AIDS guidance and counselling encourage them to concentration in study. These results show that the mean score of 3.29 and standard deviation of 1.208 were lower than the composite mean score of 3.38 and standard deviation of 1.189. The repercussion of the result to the study is that HIV/AIDS guidance and counselling has not enabled distance learners to concentrate in study, which in turn negatively hamper their study habits. The results contradict the finding of NACC (2016)[15]which revealed that HIV/AIDS guidance and counselling support services gives hoe and training in concentration reading which the bedrock study habits

Statement (HIV/AIDS 8) 'that HIV/AIDS guidance and counselling have enabled me to know my HIV/AIDS statuses had a mean of 3.40 and a standard deviation of 1.131. The result indicates that out of 319 participants, 98(30.7%) agreed, 86(27%) were undecided, 60 (18.8%) both disagreed as well strongly agreed, and 15(4.7%) of distance learners strongly disagreed that HIV/AIDS guidance and counselling have enabled them to know their HIV/AIDS status. The results show that mean score of 3.40 and standard deviation of 1.131 were higher than the composite mean score of 3.38 and standard deviation of 1.189. The inference of these results to the study is that HIV/AIDS guidance and counselling positively enable distance learners to know their HIV/AIDS status thereby enhancing their study habits. These results approve Fotso, Banjo and Akmyemi (2018) [19]who found out that University involve their learners on HIV/AIDS issues by instituting programs advocacy campaigns, such as the "Know your HIV Status" campaigns.

Statement (HIV/AIDS 9) 'HIV/AIDS guidance and counselling have reduced HIV infections in the universities' had a mean of 3.39 and a standard deviation of 1.205. The results indicate that out of 319 participants, 117(36.7%) agreed, 63 (19.7%) were undecided. 58 (18.2%) strongly agreed. 54(16.9%) disagreed and 27(8.5%) strongly disagreed that HIV/AIDS guidance and counselling have reduced HIV infections in the universities. These results demonstration that the mean score of 3.39 and standard deviation of 1.205 were higher than the composite mean score of 3.38 and standard deviation of 1.189. The implication of these results to the study is that HIV/AIDS guidance and counselling offered to the distance learners have reduced HIV infections in the university and hence certainly impelling their study habits. The finding controverts the finding of study conducted African Women in Science and Engineering (AWSE) (2001) [8]on African Universities' that exposed that each day nearly 6000 learners in age bracket of 15 to 49 get infected or affected by HIV/AIDS.

Statement (HIV/AIDS 10) 'HIV/AIDS guidance and counselling has increased my confidence to study had a mean of 3.44 and a standard deviation of 1.305 These results indicate that out of 319 participants, 110(34.5%) agreed. 66(20.7%) strongly agreed, 63(19.7%) were undecided. 58(18.2%) disagreed and 22(6.9%) strongly disagreed that HIV/AIDS guidance and counselling has increased their confidence to study. The results exemplify that the statement mean score of 3.44 and standard deviation of 1.201 were higher than the composite mean score of 3.38 and standard deviation of 1.189. The suggestion of this result to the study is that HIV/AIDS guidance and counselling has increased the confidence of distance learners to study which in turn influence their study habits positively. The result support Buraga and Caballero (2018)[20] who found out that HIV/AIDS

guidance and counselling support services are suitable way to build self-confidence to develop progressive study habits.

Out of the ten statements of HIV/AIDS guidance and counselling; HIV /AIDS guidance and counselling have; given me hope to complete my studies (Statement 2) had the highest mean (mean=3.45). The insinuation of the result is that majority of participants tended to agree unanimously that HIV /AIDS guidance and counselling have given them hope to complete their studies. Variability was lower ($\sigma=1.131$) for Statement 8, 'HIV/AIDS guidance and counselling have enabled me to know my HIV/AIDS status.' The result indicate that the participants were consistent among themselves that HIV/AIDS guidance and counselling have enabled them to know their HIV/AIDS status. The composite mean and composite standard deviation was 3.38 and 1.18 respectively implying that majority of participants were undecided according to Likert scale that HIV/AIDS guidance and counselling influence Study habits of the distance learners. The results support the findings of studies by (Osuji et al. 2018) [21]who found out that HIV/AIDS guidance and counselling influence Study habits of the distance learners.

These findings were further supported by data collected from distance learners through open ended questionnaires in which 319(100%) participants said that they are aware of presence of HIV/AIDS guidance and counselling offered in the University of Nairobi at health centers 'The truth is we fear to go for HIV/AIDS guidance and counselling because of stigmatization'. Since HIV issues are sensitive, we are not able to know those who go to the health center for such services.' (Participant 95, 2019). The majority of those given open question through phone call after COVID 19 break out, agreed that the pandemic has made situation nastiest as they live in dread that have deleteriously affected their study habits. Most of them who are HIV/AIDS Positive no longer visit health centers and some of have stop taking AVR drugs. They miscue the tutorials and HIV/AIDS guidance and counselling they were receiving on campus.

Out of the 319 participants; 312 (97.81%) stated effective HIV/AIDS guidance and counselling services can improve their study habits hence maintaining quality of their distance education. However, 7(2.19%) stated that they have not benefited from HIV/AIDS guidance and counselling services provided to them at the University of Nairobi an indicator that they are victims of ineffective. HIV/ AIDS guidance and counselling.

IV.II Correlation of HIV/AIDS Guidance and Counselling and Study Habits of Distance Learners

Pearson correlation coefficient employed to test the influence between HIV/AIDS guidance and counselling and study habits of distance learners in the Bachelor of Education program by distance learning at 95% level of confidence. Several characteristics of HIV/AIDS guidance, counselling, and study habits analysis based on the following hypothesis; H0: There is no significant relationship between HIV/AIDS guidance and counselling on the study habits of Bachelor of Education by distance learning. The corresponding mathematical model for the hypothesis was identified as follows: Study habits of distance learners = f (HIV/AIDS guidance and counselling). To measure the influence of HIV/AIDS guidance and counselling on the study habits of distance learners at 95% level of confidence.

The null hypothesis, H03: There is no significant relationship between HIV/AIDS guidance and counselling on the study habits of distance learners in Bachelor of Education program by distance learning tested. All the P-values under significant 2-tailed were found to be significant at P-values <0.05. HIV/AIDS guidance and counselling have empowered me to develop healthy sexual behavior (Statement 1; $r=0.503$, P-value=0.000<0.05), HIV /AIDS guidance and counselling have given me hope to complete my studies. (Statement 2; $r=0.213$, P-value=0.000<0.05). 'HIV /AIDS guidance and counselling have given me encouragement to know my HIV status (Statement 3; $r=0.519$, P-value=0.000<0.05). 'HIV/AIDS guidance and counselling have help me to cope with health issues' (Statement 4; $r=0.480$, P-value=0.000<0.05.'HIV/AIDS guidance and counselling empowered me to cope with stigmatizing to concentrate in my studies ;(Statement 5 $r=0.478$, P-value=0.001<0.05).'HIV/AIDS guidance and counselling have given me a sense of belonging to

study in my University' (Statement 6 $r=0.455$, $P\text{-value}=0.000<0.05$). 'HIV/AIDS guidance and counselling encourage me to concentration in study' (Statement 7, $r=0.471$, $P\text{-value}=0.000<0.05$). 'HIV/AIDS guidance and counselling have enabled me to know my HIV/AIDS status' (Statement 8, $r=0.486$, $P\text{-value}=0.000<0.05$). 'HIV/AIDS guidance and counselling have reduced HIV infections in the universities'. (Statement 9, $r=0.409$, $P\text{-value}=0.000<0.05$). 'HIV/AIDS guidance and counselling has increased my confidence to study' (Statement 10, $r=0.474$, $P\text{-value}=0.000<0.05$). The correlation results obtained are indicated in table 2.

Table 2
Correlations of HIV/AIDS Guidance and Counselling and Study Habits of Distance Learners. (n=319)

Statements of HIV/AIDS guidance and counselling		Study habits of distance learners
HIV/AIDS 1	Pearson correlation	0.503*
	sig. (2-tailed)	0.000
HIV/AIDS 2	Pearson correlation	0.213*
	sig. (2-tailed)	0.000
HIV/AIDS 3	Pearson correlation	0.519*
	sig. (2-tailed)	0.000
HIV/AIDS 4	Pearson correlation	0.480*
	sig. (2-tailed)	0.000
HIV/AIDS 5	Pearson correlation	0.478*
	sig. (2-tailed)	0.000
HIV/AIDS 6	Pearson correlation	0.455*
	sig. (2-tailed)	0.000
HIV/AIDS 7	Pearson correlation	0.471
	Sig.	0.000
HIV/AIDS 8	Pearson correlation	0.486*
	sig. (2-tailed)	0.000
HIV/AIDS 9	Pearson correlation	0.409*
	sig. (2-tailed)	0.000
HIV/AIDS 10	Pearson correlation	0.474*
	sig. (2-tailed)	0.000
(overall correlation)	Pearson correlation	0 .501
	sig. (2-tailed)	0.000

*Correlation significant at 0.05 level (2-tailed)

The correlation output table 4.37 demonstrate that all the HIV/AIDS guidance and counselling Statements were statistically significant (P-values under significant 2-tailed were all less than $\alpha=0.05$) against the Statements. Similarly, the overall correlation coefficient for HIV/AIDS guidance and counselling and study habits of distance learners was found to be 0.501 with a p-value of $0.000 < \alpha=0.05$. The result show that there is a significant relationship between HIV/AIDS guidance and counselling on the study habits of distance learners. Thus, the null hypothesis was rejected (H_0 : There is no significant relationship between HIV/AIDS guidance

and counselling on the study habits of learners in Bachelor of Education program by distance learning. This is in agreement with (Graugaad and Rosenkilde, 2011)[17]who found a significant relationship between HIV/AIDS guidance and counselling and the study habits of distance learners.

IV.IIIRegression Analysis of HIV/AIDS Guidance and Counselling and Study Habits of Distance Learners

The rational of using the simple regression model was to establish how educational guidance and counselling as a predictor significantly or insignificantly predicted study habits of distance learners in Bachelor of Education program by distance learning of the University of Nairobi; Table 3 presents the regression model summary table on the HIV/AIDS guidance and counselling influence on the study habits of distance learners in Bachelor of Education program by distance learning of the University of Nairobi.

Table 3
Regression Model Summary Table of HIV/AIDS Guidance and Counselling Influence and Study Habits of Distance Learners

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.501 ^a	0.251	0.249	0.925

a. Predictors: (Constant), HIV/AIDS Guidance and Counselling

The model summary suggests that there is a positive correlation($R=0.501$) between HIV/AIDS guidance and counselling and the study habits of distance learners in Bachelor of Education programs by distance learning of the University of Nairobi and those predicted by the regression model. In addition, 25.1% of the variance in the study habits of distance learners in Bachelor of Education programs by distance learning of the University of Nairobi is explained by HIV/AIDS guidance and counselling. The results are consistent with the findings of study by Nanka, Ezekannagh (2013)[16] who found significant relationships between HIV/AIDS guidance and counselling the study habits of distance learners.

The study sought to establish whether the regression model is best fit for predicting study habits of distance learners in Bachelor of Education program by distance learning in University of Nairobi. The ANOVA results indicated that (F-statistics (1,317) =106.27 is significant at P value $0.000 < 0.05$ implying that the regression model results in significantly better prediction of study habits. From the views of the participants, HIV/AIDS guidance and counselling had positive influence on study habits of distance learners in Bachelor of Education program by distance learning in University of Nairobi. The results are consistent with the findings of other studies done by Graugaad and Rosenkilde (2011)[17] who found that there are significant relationships between the HIV/AIDS guidance and counselling and study habits of distance learners in Bachelor of Education program. The regression ANOVA output statistics results are shown in table 4.

Table 4

An ANOVA of the Regression of HIV/AIDS Guidance and Counselling and Study Habits of Distance Learners

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	90.934	1	90.934	106.27	.000 ^b
	Residual	271.255	317	0.856		
	Total	362.189	318			

a. Dependent Variable: Study habits of distance learners

b. Predictors: (Constant), HIV/AIDS guidance and counselling

The simple linear regression coefficients results indicated that there was significant influence of HIV/AIDS guidance and counselling and study habits of distance learners in Bachelor of Education program by distance learning in University of Nairobi given P-Value $0.00 < 0.05$. The regression model for HIV/AIDS guidance and counselling was $y = -2.55 + 1.001x$. The result indicates that for each unit of HIV/AIDS guidance and counselling support services, study habits of distance learners marginally changed by 1.001 unit. The results are consistent with the findings of studies by Graugaad and Rosenkilde (2011)[17] who found that there are significant relationships between the HIV/AIDS guidance and counselling and study habits of distance learners in Bachelor of Education program. The regression coefficients results are in table 5

Table 5

Coefficients for the Regression of HIV/AIDS Guidance and Counselling and Study Habits of Distance Learners

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.604	0.166		9.643	.001
	HIV/AIDSs Guidance and Counselling	0.482	0.047	0.501	10.309	.000

a. Dependent Variable: Study habits of distance learners

V. CONCLUSION

The multiple linear regression coefficients as well as the Pearson correlation results indicated that there was significant influence of HIV/AIDS guidance and counselling on study habits of learners in Bachelor of Education program by distance learning of the University of Nairobi. The small p-values implies that there is a significant influence of HIV/AIDS guidance and counselling on study habits of distance learners in Bachelor of Education program by distance learning of the University of Nairobi. Therefore, the null hypothesis was rejected (H04: that there is no significance influence of HIV/AIDS guidance and counselling on study habits of learners in Bachelor of Education program by distance learning of the University of Nairobi). The study concluded that

there is significance influence of HIV/AIDS guidance and counselling on study habits of distance learners in Bachelor of Education program by distance learning of the University of Nairobi.

These results were further supported by qualitative data collected online. The same participants identified using unique coding [PARTCS, 2020][23] view summarized as follow:

COVID 19 pandemic has destroyed our moral to study as we live in fear and cannot even go to hospital or University health clinics for drugs. Most of us have lost hope in studies as we live in noisy crowded environment. We spent most of our time watching television and sleeping a lot. A week before online examinations, we started to read in a hurry, memorizing a lot of content because time was against us. During examinations, we could not recall what we had read. We have incomplete assignments and this will slow our progress rate. Internet connectivity is challenge that has made learners' support system unreliable and unpredictable. (PASTCS, 2020)[23].

V.I Recommendations

From the findings of the study, the following recommendations are made for stakeholders in distance education for action and further research.

HIV/AIDS guidance and counselling reliability and predictability in distance education may be achieved in developing countries when Universities develop educational management information system (EMIS) that are sensitive to HIV/AIDS in order monitor its effects on distance learners' study habits. The capacity of university officials in distance education should be strengthened to use information about HIV/ AIDS gathered from distance learners to enhance their study habits. There is need for sensitive care in dealing with distance learners who are infected or affected. Comprehensive HIV/AIDS Preventive education program should be strengthened for all learners in higher institutions. Governments and development associates need to work together to remove technological obstacles by advancing in digital underpinning. In addition, low-tech and no-tech approaches should not be overlooked in providing HIV/ AIDS guidance and counselling for those who have inadequate access to technology now and beyond.

There is a need to sensitize distance learners to make deliberate efforts to seek available HIV/AIDS guidance and counselling support services offered to them. Since HIV/AIDS has no cure support network should be put in place to counteract any other pandemics to sustain quality distance education.

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