

ABSENTEEISM AND ACADEMIC PERFORMANCE
OF LEARNERS AFFECTED BY HIV/ AIDS
IN SELECTED PRIMARY
SCHOOLS IN MULALA ZONE
KIBWEZI DISTRICT
KENYA

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A RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF OPEN AND
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REQUIREMENTS FOR THE AWARD OF BACHELOR
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UNIVERSITY
KIU

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DECLARATION

I Mulinge Mutua BED/ 10010/52/DF declare that the work presented in this report is my own innovation and has never been presented to any university or institution for award of degree or its equivalent and bears the responsibility for its content.

STUDENT: Mulinge Dominic Mutua

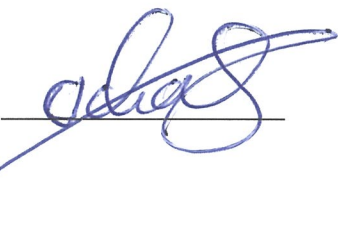
SIGN 

DATE 26/8/08

APPROVAL

This work has been done under my supervision and therefore duly approve it for submission to the university.

SUPERVISOR: MR. OCHAN JOSEPH

SIGN 

DATE 26/08/2008

DEDICATION

I dedicate this research project to all University Students in Uganda, Kenya my Mother land, the East Africa at large and the whole World, most especially Kampala International University.

ACKNOWLEDGEMENT

Above all I thank God for good health and protection, I do humbly thank my parents Mr. Mulinge Suka and Mrs. Maristella Mulinge for this efforts to attain what I have. I do thank Sir Begnine Kerber for making a good teacher out of me.

I do also thank my dear wife for support during my undergraduate programme. Special thanks go to Dr. Sumil for taking me through research writing, Mr. Ochan and Ms Cissy lecturers at Kampala international University for continued direction and good supervision through the writing of this research project.

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ABBREVIATION AND ACRONYMS

HIV – Human Immune Deficiency Virus

AIDS – Acquired Immune Deficiency Syndrome

PLWAS – People living with AIDS

KDHS – Kenya Demographic Health Survey

UNICEF – united Nations Children Education Funds

WHO – World Health Organization

KCS – Kenya Catholic Secretariat

IEP – Individualized Education Programme

DEFINITION OF TERMS

- 1) HIV – the virus that causes immune deficiency in the body
- 2) AIDS – conditions affecting
- 3) HIV/ AIDS affected – one who is experiencing problems either directly or indirectly due to HIV/ AIDS
- 4) Orphans – Without both parents
- 5) Absenteeism – in ability to attend school instructions on a regular basis
- 6) HIV/ AIDS affected learners – Those learners who live with HIV/ AIDS affected relatives or are themselves affected.
- 7) Children heading homes – Children left with the responsibility of taking care of their siblings.
- 8) Stigmatization – Use of vulgar language or acts to diminish one's character

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ABSTRACT

The research looks at the effects of absenteeism on the academic performance of learners affected by HIV/ AIDS. The study was interested in looking performance and ways of supporting these learners. The study was conducted due to the rising number of HIV/ AIDS affected learners and their continued absence from school leading to poor academic performance. The study revolves around two hundred school going HIV/ AIDS affected learners in ten schools within the same academic zone and area. The subjects also include poor teachers from each of the schools totaling to forty the number of teachers, two parents from each school were chosen for an interview. The researcher used observation checklist was by the learner's age, academic, gender and behavioral patterns were observed and recorded by each teacher respondent. The teacher respondents also filled in the questionnaires and carried out an interview on the learners through two parent respondents. The study found out that there was significance impact of absenteeism on academic performance of learners with the most absent learners gradually becoming poor performers in school. The study also found out that with support the learners can perform better academically since many are interested by family problems. It is therefore good for all stakeholders in education to come up and assist those learners who are HIV/ AIDS affected to curb absenteeism and improve their academic performance.

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CHAPTER ONE

1.1 BACK GROUND OF THE STUDY

There has been a major concern world wide on the devastating effects HIV/ AIDS scourge has caused to young children. Most school going children have been orphaned globally and left to find for themselves. Education of children and young people is vital for their development and in such HIV/ AIDS is having serious effects on the sector. This is globally increasing the cost of education and causing vulnerable children miss out on educational opportunities.

In sub-Saharan Africa the AIDS scourge bears the greatest scars. The aggregating factor here in being poverty. The HIV/ AIDS affected children in this region are many and this is greatly affecting their performance to full educational potentials. Stigma is also a major contributing factor. Despite many legal documents in the sub-Saharan region to promote the cause of the vulnerable children very little has been done. For the vulnerable children education is vital since it will aid their psycho-logical development and open doors for future opportunities. It will also help reduce their risks and vulnerabilities for example reducing the risks of contracting HIV infection.

In Sub-Saharan Africa studies show that the maternal orphans among HIV/ AIDS children are more vulnerable than paternal orphans, while children who have lost both parents are most vulnerable of all. Access to education meet barriers not limited to the cost of education. Many families are unable to wholly send children to school because of the costs involved either directly as school fees or indirectly in terms of other expenses including uniform, supplies, food and transport. House hold duties take considerable time which may involve care for sick adults and younger children. It may also be in form of contribution to household livelihood (e.g.) agricultural or wage labour. In which case some children may withdraw from school to do such duties with girls being the most affected.

In Kenya for instance, the escalation of the HIV/ AIDS scourge has affected children to great extends. Apart from the governments' provision of free primary education to all, some families do not even value education hence not a priority especially for girls and

children with HIV/ AIDS. This is mainly because they see survival needs as of higher priority. Many activities have been introduced which seek to improve the access of orphans and other vulnerable children to education which include, reducing school related costs by eliminating school fees or meeting them in different ways, subsidizing other expenses or providing in kind support to schools that admit orphans and other vulnerable children like world food programme rations through school. Changing provision of education through community schools including interacting radio education and vocational training centres, strengthening economic position of orphans and vulnerable through microfinance. Nevertheless, there is still a major problem at the grassroots population which affects the academic performance of HIV/ AIDS affected children. Inclusive of all measures taken, lack of proper guidance, care and cropping indiscipline among vulnerable children cuts them out of good performance in school hence barring them from exploiting their full educational potentials

1.2 STATEMENT OF THE PROBLEM

There has been a major rise in the number of HIV/ AIDS affected learners in Mulala zone. Most of the schools now experience an upsurge in orphaned and vulnerable children. The discipline and academic performance among the affected learners is also seen to deteriorate as time goes by. The area being near the Nairobi – Mombasa highway is contributing factor to this problem poverty and semi- arid conditions in this area lead to prostitution and promiscuity across the gender hence the increased vulnerability to HIV/ AIDS. Notably cultural practices and discrimination against the affected and infected population resulting to poor education of HIV/ AIDS and causes worsens the situation leading to rampant absenteeism Educational provisions in the country supports free education for all at primary level yet other expenses in school accompanied by unsupportive communities make learning of HIV/ AIDS vulnerable learners a problem. Abuse and stigmatization by fellow learners with high level of absenteeism due to lost self esteem could also be leading to poor academic performance. Conclusively there has been a major and drastic poor academic performance among this children, this has prompted the researcher to carry out an investigation to the underlying problems leading to this problems in the zone.

1.3 SCOPE OF THE STUDY

The study covered Kibwezi district, particularly schools within Mulala zone and in primary school section. The area borders the main Mombasa – Nairobi highway and Kenya railway lines. The study area is a semi-arid zone with unreliable rainfall sometimes long spells of draught. The content area of the study examines the increasing HIV/ AIDS related problems and their impact on education. The study will explore absenteeism and look at its relationship with academic performance among the HIV affected learners. This is because it seems the main cause of poor academic performance among this vulnerable learners could be absenteeism.

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVE

To examine absenteeism and its impact on academic performance of learners affected by HIV/ AIDS

1.4.2 SPECIFIC OBJECTIVES

The specific objectives of the study were to:

- (i) Determine the profile of HIV/ AIDS affected learners by age and gender.
- (ii) Find out the levels of academic performance amongst the HIV affected learners.
- (iii) Examine absenteeism and its causes amongst the HIV/ AIDS affected learners.
- (iv) Establish the roles of the school, community and peers in supporting learners affected by HIV/ AIDS.

1.5 SIGNIFICANCE OF THE STUDY

The study analysis obtained would be useful to school administrators. It will enable them deal with the challenges posed by HIV/ AIDS at school level. This will therefore equip them with knowledge in handling the ever increasing number of HIV/ AIDS affected learners and improving their performance.

The study would go along way to assist the local communities in knowing their roles on helping the HIV/ AIDS affected children in their community. The parents and community leaders will come up with strategic plans for this vulnerable members of the community.

The study would assist the ministry of education in planning and implementing plans for the HIV/ AIDS affected learners. This could be through provision of support materials and covering for their expenses other than fees that can be through feeding programmes.

The study would help instill moral support and virtues in the general society, improve lifestyles, cut school drop outs, truancy and improve literacy levels in the society. General knowledge gained from the study will bring all stake holders together to boost education of this vulnerable group of learners.

The study would open up ground for more research in the area and assist other researchers contribute to the knowledge in this area of study.

1.7 REASERCH QUESTIONS

1. What are the causes of absenteeism amongst HIV/ AIDS affected learners?
2. What are the impacts of absenteeism on learners affected by HIV/ AIDS?
3. What are the roles of education stake holders in supporting HIV/ AIDS affected learners?

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Various scholars have raised concern over the rising absenteeism and poor academic among the children affected by HIV/ AIDS. This has come at a time when the AIDS pandemic is eating societies and leaving many orphans. Various researches have been conducted by scholars to this effect.

2.1 BACKGROUND ON HIV/ AIDS AFFECTED LEARNERS

The number of learned affected by HIV/ AIDS in primary schools keeps on rising. According to UNAID report, 2003 there are thirteen million HIV/ AIDS orphans globally with sub-Saharan Africa contributing five million of these children. According to the report HIV/ AIDS had spread faster and death rate gone high as a result. The report estimated those living with the scourge at 37.8 million globally and the figures growing by day.

The Kenya demographic health survey, 2003 showed that the country had 1.1 million PLWAS and a national prevalence of 9.4%. The prevalence was high in towns at 10% while the rural area had 6%. The survey estimated 500 deaths due to HIV/ AIDS a day and the orphaned children at 1.3 million. The KDH survey, 2003 also reflected the vulnerability of HIV infection among school going children at 3.5% for girls and 0.5% for boys within the maturity age of between 12years to 19 years.

According to Kamau , 2006, the situation of HIV/ AIDS cases had deteriorated due to risky behaviours across the communities, cultural practices such as circumcision and genital mutilation among girls, burial practices, use of un sterilized instruments and blood exchange through transfusion. These practices were noted as the main dangers that posed the Kenyan society with increased orphans. Primary school action for better health (PSABH), 2004 promotes the giving of information to vulnerable groups like children as a way of helping the affected. Discouraging discrimination, addressing poverty, education

level improvement, care of orphans and human rights were also highlighted as means of avoiding vulnerability.

2.2 PROFILE OF HIV/ AIDS AFFECTED LEARNERS BY GENDER

According to a recent report by United Nations Secretary General's Task Force on Women, Girls and HIV/ AIDS, 2003 Sub-Saharan female population translates to two thirds of young living with and affected by HIV/ AIDS. The report shows that gender disparity was fueling HIV/ AIDS infection because many women and girls cannot negotiate safe sex or turn down unwanted sexual advances. The report points that while young people between the ages of 15 - 24 years age group young were at risk of contracting HIV/ AIDS, girls were especially vulnerable. Another factor revealed was the social – cultural norms calling for passive and ignorant social realities of sex where men are taught to dictate terms of sexual relationships. The report points ensuring best education possible for girls to enable making informed decisions as a first imperative to turn round the pandemic.

According to another study by United Nations Children Education Fund (UNICEF), 2004 gender, sexuality, lack of equality among boys and girls led to more effects of HIV/ AIDS on girls than boys. The United Nations Secretary General, Kofi Annan cited the need for a real shift in how women were perceived and treated by communities. He quoted the report as a testimony to the hopes and a fear of a generation of women and girls.

2.3 ACADEMIC PERFORMANCE AMONG HIV/ AIDS AFFECTED LEARNERS

According to World Health Organization (WHO) 1997, ill health affects attendance, retention, cognitive development and academic performance. There is strong evidence that poor nutrition and health in early childhood severely affects cognitive development in later years. Recent studies also reveal negative relationship between health and nutritional status affect learners' school achievement. This points to the importance of early childhood care and schools' role in promoting good health programmes in order to improve the academic performance of learners at school. HIV/ AIDS learners are vulnerable to these conditions that basically affect learners due to the exposure to poor care. The conditions lead to absenteeism that is a major cause of poor academic performance. For instance, according to a school deworming in Kenya, reduced absenteeism among treated pupils by 25% and

improved academic performance as well. The cognitive skills requires making choices in respect of HIV/ AIDS and behavioral change appear to be closely linked to levels of education, but schools must find flexible ways to meet the needs of learners already affected by HIV/ AIDS either directly or indirectly. Bwibo 2004, states that academic performance among orphans can be improved by provision of food and hygiene at schools.

2.4 CAUSES OF ABSENTEEISM AMONG HIV/ AIDS LEARNERS

2.4.1 POVERTY

HIV/ AIDS is a condition with a lot of social consequences. HIV/ AIDS makes poverty worse. According to Babendrieir, (2000) the effects of HIV/ AIDS is easier to measure in economic terms. Expensive drugs, scarce economic resources, limited funds for health care are some of the major impacts leading to poverty. According to Babendrieir poor children are not likely to get education due to demanding economic implications. This could result from lack of food, schools fees and falling morals leading to absenteeism, poor academic performance and social vices.

2.4.2 STIGMATIZATION

According Babendrieir “Aids Stigma” in the society may lead to absenteeism among the affected learners. The society views the HIV/ AIDS affected people as sinners and punishment from God. The language used by the other learners and teachers may even lead to acute absenteeism among the learners.

2.4.3 CHILDREN HEADING HOMES

According to Ndurumo 2002, children have experienced many socio – economic factors that affect learning. Among this are the children who head homes. This could be as a result of HIV/ AIDS bereavement rendering them orphaned. Such children may not be able to attend school well as they care their siblings resulting to acute absenteeism.

2.4.4 CHILD LABOUR

According to Kenya Catholic Secretariat 2005, many children especially those affected by HIV/ AIDS were coerced into child labour as they tried to fend for themselves. These

happened in turns as they also gave room for education. Such children if not supported usually dropped out of school.

2.5 SUPPORTING HIV/ AIDS AFFECTED LEARNERS

2.5.1 ROLE OF SCHOOL

According to Gichuru, 2006 the school needs strategies laid down in order to support and encourage positive behaviour formation and care for HIV affected learners. In this case the school should identify and support development of talents and gifts in this learners that would encourage them come to school and earn a living later in life. The school should also help children cope with future challenges and give them encouragement, these would involve helping them make health and positive choices. Lack of motivation to HIV/ AIDS affected learners is also a major cause of absenteeism, confidence and morale building will help them reach high goals and remain optimistic in life. The learners may not understand the role of education in their life the school will therefore help them appreciate the role of education.

2.5.2 ROLE OF COMMUNITY

The community nurtures its children into useful citizens who will take over leadership in various fields in growth of nations. According to Gichru, the community through existing cultural, religious, societal set ups can make positive development of their HIV/ AIDS affected children The community should therefore offer support financially, morally, so that the burdens of these affected children is not heavy on them. For instance fees, levies at school level should be waived for HIV affected learners and bursaries given to them. The community should also provide equal opportunities for both the female and male children affected by HIV/ AIDS this will be by participation in initiatives that creates enabling environment and support based on gender.

2.5.3 ROLE OF PEERS

The peer group of a young person plays an important role in shaping their thoughts, feelings and behaviour. This is especially true as young people mature and start spending more time with friends. According to Gichuru, 2006 when young people start interacting

with their peers who display health attitudes and behaviours they themselves are more likely to lead a more positive and healthy life.

According to Gichuru the main purpose of peer support is to help young people support and encourage their peers. This will happen by:

- ❖ Providing positive experiences for young people which contribute towards their personal development
- ❖ Supporting HIV/ AIDS affected learners making more informed choices about their sexual behaviour and relationship through skill development.
- ❖ Providing ways in which young people can communicate better to parents, teachers, community and each other.
- ❖ Increase discussion on sexual health in the context of HIV/ AIDS.
- ❖ Allow young people to talk about their aims and goals in life.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This study utilized all tools of research to arrive at valid and sound generalization of findings

3.1 RESEARCH DESIGN

The study was quantitative, standardized tools in this case a questionnaire interview guide and checklists were used. The data collected were analyzed using statistical methods to arrive at valid and sound generalization of findings.

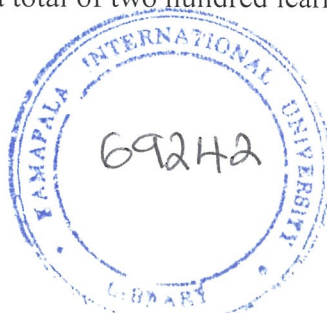
3.3 STUDY AREA AND TARGET POPULATION

The study was carried in Kibwezi district, Mulala zone with ten schools as the target. The schools are in a ten kilometer radius bordering the Nairobi – Mombasa road. The area has a high population in schools with each school having over four hundred pupils. The area experiences many problems related to HIV/ AIDS.

3.4 SUBJECTS

The population involved in the study was all those learners affected by HIV/ AIDS either through lose of their parents or even infected with the virus. These learners are increasing in size and also result their academic levels are also determining fast.

The respondents were teacher working in ten schools whereby fourty teachers will be selected in each school based on age and sex teachers. There were two female teachers and two male teachers with categories based on teaching experience of between five to twenty years. In total forty teachers participated. This is because teachers directly deal with the problems. Two parents form each of the ten schools will participate with gender balance considered totaling to twenty the number of parents involved in the study. The parents represent the outside community that takes care of the affected learners. The study involved twenty HIV/ AIDS affected learners from the ten schools a total of two hundred learners.



3.5 INSTRUMENTS

The instruments used to gather information will be questionnaires, observation checklist and interviews. The questionnaires are reliable and valid and will be able to give a clear picture of the situation. The observation checklists were filled by the teachers basing on already existing data on tests administered and the learners behavior. Interviews were administered to the learners' behaviour. Interviews were administered to the two parents in each school. The different tools were administered to respondents individually to ensure originality of information. The order of administration of tools was the checklist, followed by the questionnaire the interview. This would ensure reliability and validity in the case of tools used.

3.6 DATA COLLECTION PROCEDURE

Permission to conduct the research sought from the university administration of Kampala International university institute of open and distance learning. The letter was taken to the school of respective schools and the ministry of education office upon which permission was granted. The researcher then distributed the research tools to the already sampled schools for data collection. Research assistance helped in distributing collecting the tools after the study.

3.7 DATA ANALYSIS

The data collected were organized and analyzed by use of statistical and descriptive methods. This contained both qualitative and quantitative type of data collected numerical statements represented by tables, bar graphs and pie charts used

1.6 LIMITATIONS OF THE STUDY

There were financial problems resulting from the printing cost of questionnaires, fare to the distant schools and buying some research material and photographs, maps. The time for conducting the research was limited due to a busy schedule in work place and pressure of work at home. Unwillingness by some respondents to participate in the research was also a problem since the researcher wanted over forty questionnaires and interview guides to come up with good conclusions.

The language used in the questionnaires was also a problem. Due to literacy levels some of the questions were not well answered and this led to problems when compiling data.

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents research findings on the impact of absenteeism on academic performance of HIV/ AIDS affected learners in selected schools in Mulala zone, Makueni District, Kenya. The researcher discusses the findings in detail to identify the extent to which absenteeism has affected the learners' academic performance.

4.1.1 Distribution of learners by background

Table 1: The targeted learners from mixed backgrounds

CATEGORY	FREQUENCY	PERCENTAGE
POOR	168	84%
MIDDLE	24	12%
RICH	8	4%
TOTAL	200	100%

Source: Primary data 2008

In respect to the table it is clear that majority of the learners came from poor background forming a large percentage of learners involved in the study. This may be attributed to the poor population in the area. The middle class and the rich family backgrounds form a small percentage. The scourge therefore tends to be more on the poor population since many of the learners come from this category.

4.1.2 Distribution of learners by age

Table 2: distribution of learners by Age

CATEGORY	FREQUENCY	PERCENTAGE
7 – 10 YRS	96	48%
11 – 13YRS	65	32.5%
13 – 15YRS	24	12%
16YRS – ABOVE	15	7.5%
TOTAL	200	100%

Source: Primary data 2008

By age distribution among the HIV/ AIDS affected learners the largest percentage of 48%, was amongst the lower primary learners ranging between 7 – 10 yrs. It seems the problem of HIV/ AIDS is more on the younger population of parents and reducing as we move towards the older children and elder generation of parents.

4.1.3 Distribution of learners by gender

Table 3: Distribution of learners by gender

CATEGORY	FREQUENCY	PERCENTAGE
GIRLS	134	67%
BOYS	66	33%
TOTAL	200	100%

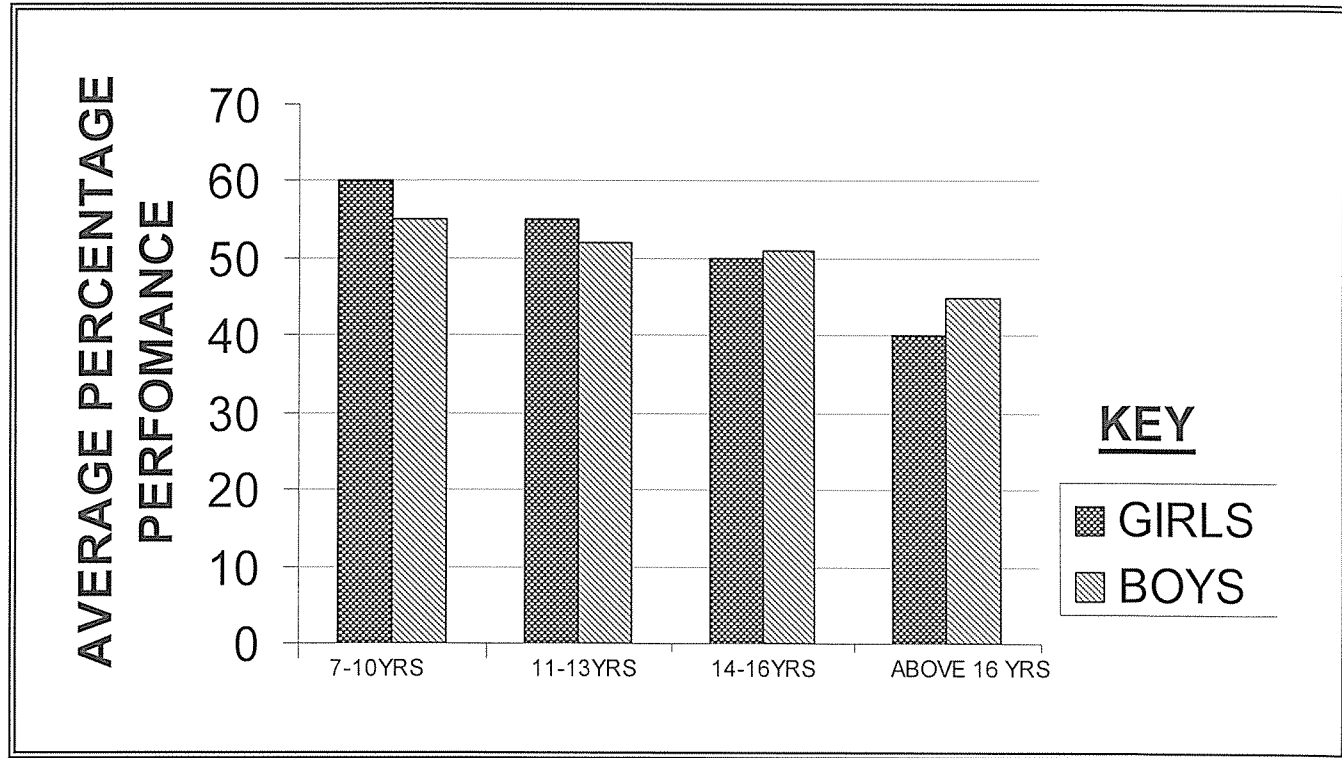
Source: Primary data 2008

In respect to the table, the largest population of HIV/ AIDS affected learners are girls forming 67% of the population of the total number of learners chosen for the study. This could probably be attributed to the generally large female population in the society. The girls population is relatively high in the schools and form a large percentage of active learners.

4.2 Academic performances of HIV/ AIDS affected learners

The graph below is a reflection of the 2007 academic results of both HIV/ AIDS affected girls and boys in the ten chosen schools.

Figure 1: Average academic performance of learners affected by HIV/AIDS's



Source: Academic results 2008

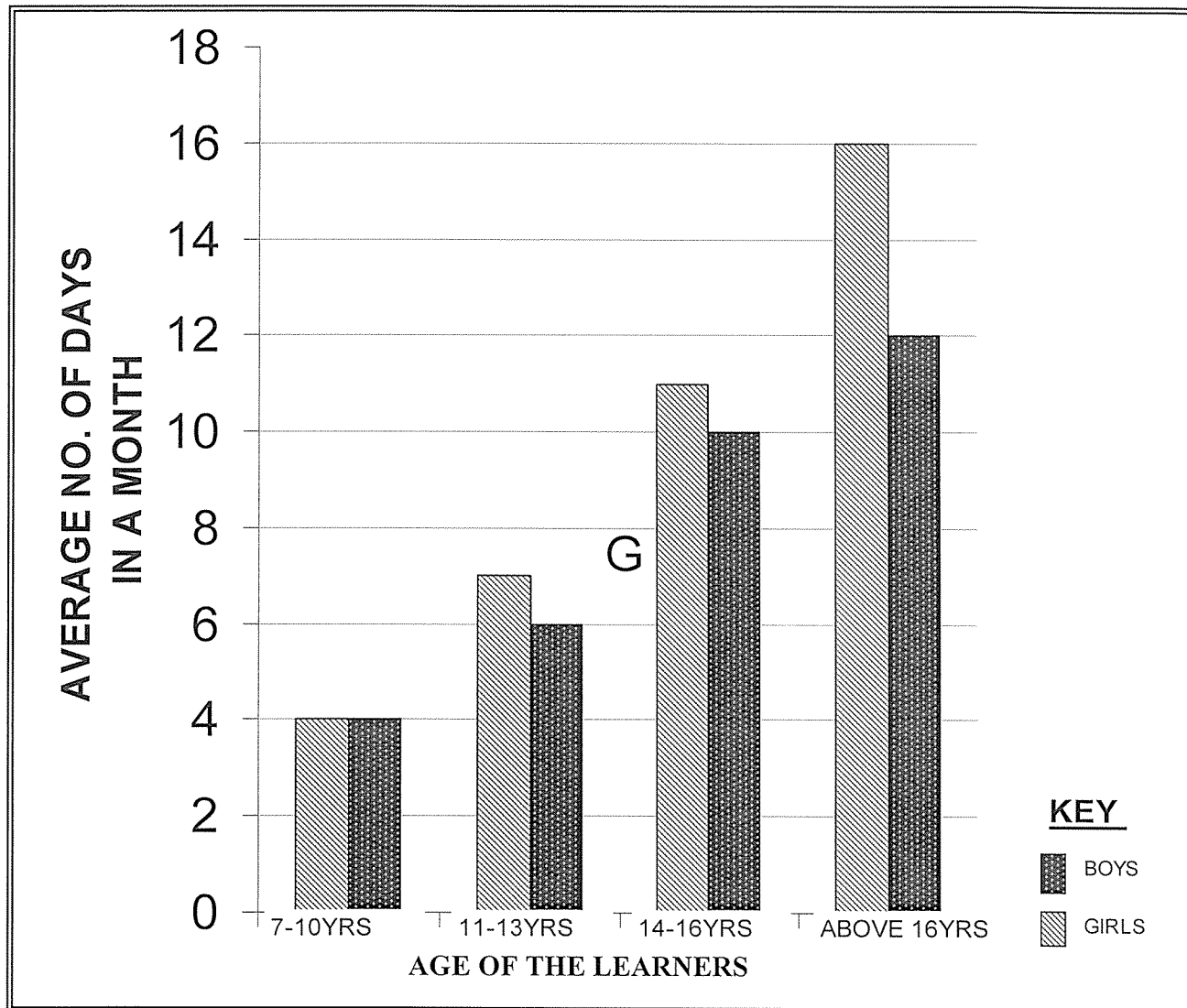
In respect of the graph above the performance among HIV/ AIDS affected learners at a lower age of 7 – 10 yrs seems to be behind. Girls perform better academically with an average of 60% with boys dragging behind with an average of 57%. But significant drop can be noted as the age of learners increase. The drop among the girl child is the greatest recording a low of 41% from 60% while boys drop by 10% to 47%.

This drop in performance could probably be attributed to factors that seem to affect both the boy and girl. But the effect is being more on girls. This could be probably attributed to family responsibility attached to the girl child and external influence among the girl child attributed to cultural aspects and changes leading to absenteeism.

4.3 Level of absenteeism among HIV/ AIDS affected learners

The graph below shows the average days learners are absent in school in respect to both boys and girls.

Figure 2: Absenteeism levels among HIV/ AIDS affected learners



Source: attendance register

In respect to the above graph most of the learners between the ages of 7- 10years in both sexes attend school well with only few cases of absenteeism averaging to four times in a month.

By the ages of 11 – 13years the number of girls absent drastically increase compared to the boys. This absenteeism shows increasing rate with an average of 16 days recorded in a month for girls above 16 years. Comparably the increase in boys is even with the highest number a twelve days at the age of 16years and above. This compared with the academic performance in the previous graph 4.2 seems to give reason for poor performance academically. The increased absenteeism in girls could be attributed to more family responsibilities at the mentioned age and heading families leaving no room for school attendance.

4.3.1 Causes of absenteeism

Table 4: Causes of absenteeism

CATEGORY	FREQUENCY	PERCENTAGE
Family duties	46	23%
Child labour	36	18%
Nursing the sick	40	20%
Hospitalization	10	5%
Stigmatization	62	31%
Truancy	2	1%
Others	4	2%
Total	200	100%

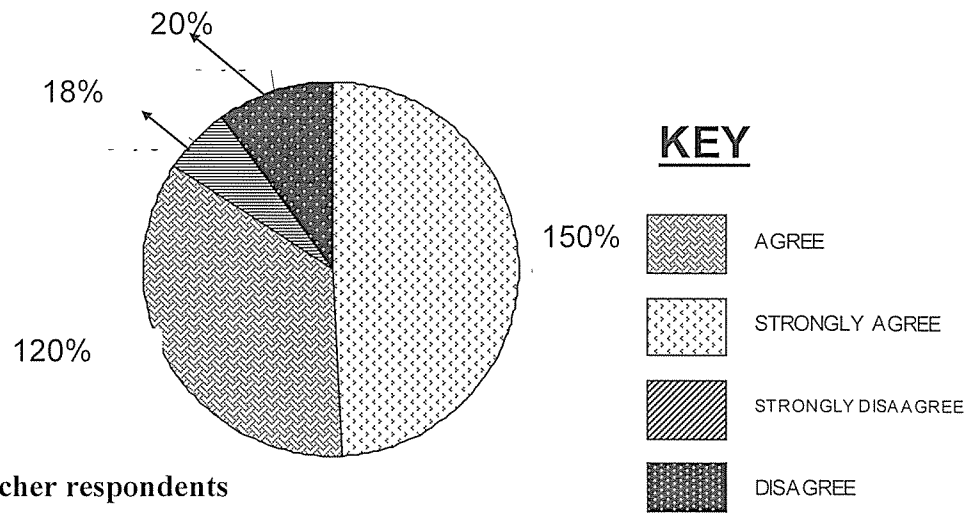
Source: Primary data 2008

Surprisingly the table content above is a true representation of real problems leading to absenteeism. The biggest percentage of HIV/ AIDS affected learners dislike the school environment as a result of stigma from their peers and even teachers. As expected truancy did not take the large part of the reason for lateness, these shows the learners do not exhibit truant characteristics but instead community reaction and perception on them makes them shy from school. Family duties also take a high toll of learners. This is expected because of the sick weak parents who together form a high stake of the reasons.

Hospitalization wit 5% as a reason is noted among the learners between 7 – 10 years who are affected by common diseases related or unrelated t o HIV/ AIDS.

Most of the factors mentioned attracted the same learners and the table was reached on after taking average frequencies fro the total number of learners.

Figure 3: Teacher responses

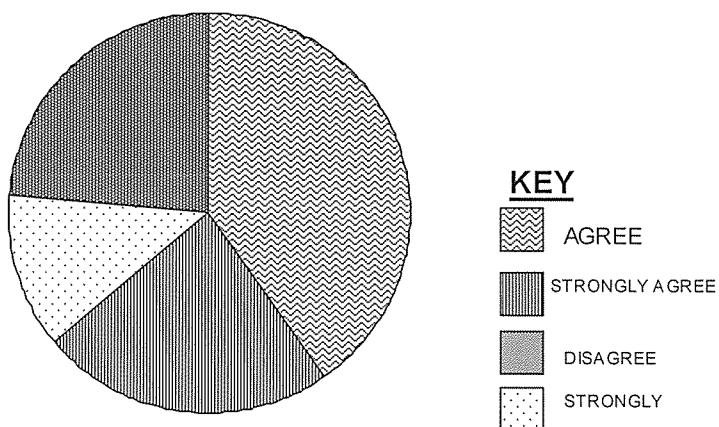


Source: teacher respondents

The above results from the teachers shown by a pie chart tended to support their argument that many of the HIV/ AIDS related learners were prone to absenteeism with majority agreeing with 270% stake on the pie chart.

4.4 School support to HIV/ AIDS affected learners

Figure 4: On support by school



Source: Teacher Respondent

As in the pie chart it is notable that majority of the teachers agreed that there was good support offered to HIV/ AIDS learners in school to enable them learn well. Although a reasonable number 180 on the chart disagreed on accessibility of supporter to these learners.

4.5 Parent support to HIV/ AIDS affected learners

Table 5: Parental support

CATEGORY	FREQUENCY	PERCENTAGE
Agree	10	25%
Strongly disagree	4	10%
Disagree	18	45%
Strongly disagree	8	20%
TOTAL	40	100

Source: Primary data 2008

From the majority of the respondents disagreed on support for parent community support to HIV/ AIDS affected learners forming 65% of the respondents while only 35% said there

was support from the community. This showed the need of more support from the community on the touch on their social aim school life to enable them persue their studies.

4.6 Peer support to HIV/ AIDS affected learners

Table 6: Peer support

CATEGORY	FREQUENCY	PERCENTAGE
Agree	16	40%
Strongly agree	4	10%
disagree	2	5%
Not sure	18	45%
TOTAL	40	100%

Source: Primary data 2008

From the results the above table shows a large number were unsure of any peer support given to the HIV/ AIDS learners amounting to 45% of the respondents. This showed that there was stigmatization and fear of the HIV/ AIDS affected learners among the school peers. Though there was reasonable number amounting to 50% the number who agreed there was support, compared to those who denied support to all. These improved support could be attributed to ongoing awareness and campaigns.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

In this chapter the research dwells on summary of findings as well as the conclusions on the study. On the other hand recommendations according to analysis of the problem will be provided to help manage the issue.

5.1 Summary

After critical analysis of the presented in chapter four of this study, the study therefore takes a stand that absenteeism among HIV/ AIDS affected learners impacts negatively on academic performance of the learners.

Since numerous studies have been carried out on the thorny issue of HIV/ AIDS affected learners many professionals need to find out better ways of addressing the issue of absenteeism amongst such.

There is a growing concern o the academic performance of learners. Education seemingly is an alternative way out of the escalation of the HIV/ AIDS in our results of the study the age, gender issues and HIV/ AIDS need to be addressed by all.

It id the duty of every stake holder to help in supporting the HIV/ AIDS affected learners. Segregation and stigmatization experienced in the school and community is at high levels and this affects academic performance of the learners.

5.2 CONCLUSION

The HIV/ AIDS affected learners should be fairly treated and given a chance to exploit academics and talents. This should be by way of involving them as full members of community in all activities that promote intellectual development.

Among the HIV/ AIDS affected learners the girl child is the most affected. This is because of the cultural beliefs attached to the girl child. The nature of work also done by the same taking care of the family seems to play a big role in jeopardizing the situation.

By the virtue of their situation HIV/ AIDS affected learners are vulnerable to abuse by the members of the community. For instance men may seek sexual favours in return for support hence making the problem more advanced.

The government and NGO's should come in to save these generation of children by supporting their academic efforts and this would boost their academic performance.

Absenteeism and truancy among HIV/ AIDS affected learners can be curbed by commitment by stake holders to alleviating a future problem by working hand to hand with the school community.

The problems of child labour, abuse and stigmatization are community made and can be done away with by educating community members on their effects to the community as a whole.

The number of HIV/ AIDS affected learners who finish school by the right age are few given the number of problems that arise through out their school life.

5.3 RECOMMENDATIONS

The study therefore identified pressure in the following area, if discussed the situation will improve.

5.4.1 Absenteeism

Proper guidelines should be made to help in curbing absenteeism and encouraging school going. This is by giving positive rewards to HIV/ AIDS affected learners. Punishment and use of vulgar language by teachers and pupils on this learners should be discouraged in schools.

Feeding programmes would very much cater for the needs of the learners. This would also serve to create equality and encouragement school attendance. The parents and the community should introduce such programmes in school.

Child labour should be discouraged and implementation of bill of rights and children acts to annex those who are bound to abuse children. This would encourage learners to go to school.

Boarding facilities and schools be build to curb the problems arising from day schooling. This would cater for the needs of the learners and improve academic performance.

5.4.2 Academic performance

The academic performance among HIV/ AIDS affected learners should be uplifted to help then in future. The schools should draw guidelines in assisting the learners with special needs within their schools through proper guidance and counseling and individualized education programmes (I.E.P)

Remediation and positive rewards will assist the learners who have been abset and should therefore be introduced in the school.

Clubs targeting talent areas of HIV/ AIDS learners should be introduced in schools to assist in tapping the intellectual capabilities.

The government and stakeholders should introduce a programme of supporting the learners with textbooks, exercise books and writing materials so as to avoid leaving out the poor learners out.

Use of good teaching methods that mixes with love support and care for HIV/ AIDS affected learners will help them like school improve academic performance.

5.4.3 Community

The problem of HIV/ AIDS should be reduced through rigorous campaigns against social vices that may cause it. This is to avoid its escalation and impact on community goals.

Support by all members of community to their sick members and HIV affected families will help reduce the problem that affects the learners.

The church should preach religious morality, good governance and good neighborhood so that members of the community learn virtues that assist them.

Community projects that assist the HIV/ AIDS affected learners should be accepted and supported in order to help them.

5.4 Suggestion

- The researcher proposes this area for further research
- Whether boarding facilities can help reduce problems related to HIV affected learners.
- Why community perception on HIV/ AIDS related learners is negative.

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APPENDIX I

RESEARCH QUESTIONNAIRE

Dear respondent,

I kindly request you to answer by filling the questionnaire on absenteeism and academic performance of learner affected by HIV/ AIDS. Your responses will be appreciated and your information treated with confidentiality. Much regards

Instructions

1. Do not write your name on the questionnaire
2. Fill as instructed

QUESTIONNAIRE FOR TEACHERS

SECTION A: PERSONAL INFORMATION ON TEACHERS (TICK APPROPRIATELY)

- 1) GENDER: MALE ☐ FEMALE ☐
- 2) AGE: 20-25 ☐ 25-30 ☐ 30- 35 ☐
 35-40 ☐ 40 ABOVE ☐
- 3) EDUCATION LEVEL: O LEVEL ☐ A LEVEL ☐ COLLEGE ☐
- 4) PROFESSIONAL QUALIFICATION: P1 ☐ AT4 ☐
 DIP ☐ GRADUATE ☐
- 5) TEACHING EXPERIENCE: 5YRS ☐ 10-15YRS ☐
 15-20YRS ☐
- 6) RELIGION: CATHOLIC ☐ PROTESTANT ☐
 MUSLIM ☐ OTHER ☐

SECTION B: QUESTIONNAIRE QUESTIONS (TICK APPROPRIATELY)

- 1) Are there hiv/ aids affected learners in your school
Yes ☐ No ☐ Not Sure ☐
- 2) What are the family backgrounds of HIV/ AIDS affected learners?
Very poor ☐ poor ☐ middle ☐
rich ☐
- 3) Which child is the most affected by HIV/ AIDS by age?
5-8yrs ☐ 8-11yrs ☐ 11-14yrs ☐
15 Above ☐
- 4) Which group of learners is most affected by gender?
Girls ☐ Boys ☐
- 5) HIV/ AIDS affected learners perform well academically?
Agree ☐ Strongly ☐ Disagree ☐
Strongly Disagree ☐
- 6) HIV/ AIDS affected learners are prone to absenteeism?
Agree ☐ Strongly Agree ☐ Disagree ☐
Strongly Disagree ☐
- 7) Why are HIV/ AIDS affected learners most of the time absent from school?
Family Duties ☐ Truancy ☐ Child Labour ☐
Nursing Sick ☐ Hospital ☐
Stigmatization ☐
- 8) The school supports HIV/ AIDS affected learners.
Agree ☐ Strongly Agree ☐ Disagree ☐
Strongly Disagree ☐
- 9) The parent community supports HIV/ AIDS affected learners.
Agree ☐ Strongly Agree ☐ Disagree ☐
Strongly Disagree ☐
- 10) The HIV/ AIDS affected learners receive peer support.
Agree ☐ Strongly Agree ☐ Disagree ☐

Not Sure ☐

SECTION C (FILL BY WRITING)

11) In which ways can hiv/ affected learners be assisted

A) _____

B) _____

C) _____

12) Can absenteeism among hiv/ aids affected learners be curbed (in what ways)

A) _____

B) _____

C) _____

13) In which ways can academic performance of hiv/ affected learners be improved

A) _____

B) _____

C) _____

INTERVIEW GUIDE FOR PARENTS

- 1) Are there HIV/ AIDS affected children in the community?
- 2) How many learners are affected by HIV in the community?
- 3) What are the challenges faced by the HIV/ affected learners?
- 4) In which ways can the community assist HIV/ AIDS affected learners?
- 5) Do you have a programme for assisting the HIV/ AIDS affected learners?
- 6) Which members of the community can be called to assist the HIV/ AIDS affected learners?
- 7) Can proper support lead to permanent change to the lives of HIV affected learners?

APPENDIX II

Letter of Introduction



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OFFICE OF THE DIRECTOR

INSTITUTE OF OPEN AND DISTANCE LEARNING (IODL)

DATE: 15th Aug. 2007

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR Mulinge D. Mutua

The above named is our student in Institute of Open and Distance Learning (IODL), pursuing a Diploma/Bachelors degree in Education.

He/She wishes to carry out a research in your Organization on:

Absenteeism and academic performance of learners affected
by HIV/ AIDS

Case Study:

The research is a requirement for the award of a Diploma/Bachelors degree in Education.

Any assistance accorded to her regarding research will be highly appreciated.

Yours faithfully,

MR. MUHWEZI, JOSEPH
HEAD, IN-SERVICE

APPENDIX III

Map Of Kenya Showing Kibwezi District

