APPROVAL

This research entitled HIV AIDs and academic performance was carried out under my supervision and is declared ready for submission for the award of a bachelor degree.

Signature

Date: 3/07/2012

Ike Odongo

SUPERVISOR
DEDICATION

I dedicate this research report to my beloved wife- Anena Jackline Ochola(Mrs.); my Children - Adokorach Miriam, Ojok Brameld, Agenorwot Patience and Adyero Jemma ; my Sisters- Awor Nighty and Abalo Poline; my Brothers- Ochola James Christopher and Alunyu Peter; my friends- Obol David , Apiyo Catherine Okot , Kinyera Justine, Adong Mary Stella, Atim Vicky, Aele, Harriet, Opeto Bony, Adonga Charles. May the Almighty God Bless you abundantly.
ACKNOWLEDGEMENTS

I would like to give glory to God the almighty for sustaining and caring for me through all these three years of my study.

I would like to express my sincere heartfelt appreciation to the following for their generous materials, moral supports and advice to:

The entire administration and lecturers of Kampala International University who made it possible for me to undergo this training through the in-service programmes. My special honoured gratitude goes to my research supervisor - Mr. Odongo Mike who offered me technical inputs during the course of this research Mr. Kilama Alfred with his endless supports in data collection. My dear parent- the late Nesaneri Okwera and Susan Ayiko Okwera (Mrs.) who stood for my early education. My wife Jackline Ochola (Mrs.) who stood by my side when I was at the university. My uncles - Rev. John Ochola and Mr. Okech Ochola, my brothers and sisters, my mother and father in-law- Mrs. Vento Lakony and Mr. BB Lakony, respectively, Lawpony Catherine Ogwal Lawino, the late Mr. Obur James.

Furthermore, I extend my gratitude to my District Education Officer, Senior Education Officer and District Inspector of Schools - Mr., Ben Okwamoi, Madam Joyce Lanyero and Mr. Christopher Ocan respectively who not only encouraged me but also supported me both morally and materially during my study.
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ABSTRACT

The purpose of this study was to find out the effects of HIV/AIDS on pupils' performance in Bardege Division, Gulu Municipality.

In order to generate a comprehensive finding, 80 respondents participated in this research study. Out of this 20 were teachers, 10 were pupils affected with HIV/AIDS, 10 were parents, 15 were NGOs handling AIDS/HIV services, 20 were the local community, and 05 of them were the key informants.

The study was conceived among others to investigate the relationship between stigmatization, absenteeism, late coming, illness, and performance of pupils affected with HIV/AIDS.

The study findings indicate that HIV/AIDS has a negative effect on pupil's education. The results of the findings suggest that AIDS orphans and the vulnerable pupils have disadvantages in school performances in comparison to their peers from the same community who did not experience AIDS-related challenges like illnesses in their family. AIDS affected pupils have the lowest academic marks based on the reports of both pupils and teachers. Educational expectation was significantly lower among AIDS affected children than compassion children from teachers' perspective. AIDS affected pupils were likely to exhibit aggressive, impulsive, and anxious behaviors than non-AIDS victims. The findings also indicate that AIDS relief and assistant program for pupils affected with AIDS should go beyond school attendance and make efforts to improve their school performance and education aspiration.

In an effort to reverse the negative effects of AIDS on the affected pupils, it was suggested that there is need to come up with strict laws on stigmatization, constant guidance and counseling of the affected children, love should be shown to them, provision of scholastics materials, need for trained personnel in every primary school, and finally, needs for affirmative action to be extended to cover AIDS victims in regards to employment policy.
CHAPTER ONE
INTRODUCTION

.0 Introduction.
This chapter examined the following information of study: background of the problems statement, general objective, specific objectives, research questions, scope of the study, significance of the study, limitation of the study and conceptual framework.

.1 Background of the study.
HIV/AIDS is a serious health and development problem in the world according to the WHO report of 2005. The report indicates that globally, 38.6 million people were living with HIV/AIDS and over two million children were living with the disease while around 350,000 Children according to the report were being infected yearly. The report further shows that 15 million children were estimated to have been made orphans globally out of which 11.6 million children live in the sub Sahara Africa and 1.2 million children being Ugandan children.

In UNAID report (2010) observes that, over 33 million people were living with HIV/AIDS and over 2.5 million children were living with HIV/AIDS with the disease worldwide While according to the WHO report (2011) on HIV/AIDS, over 42 million people globally were found to be living with HIV/AIDS out of which 29.4 million people live in sub Sahara Africa with many children having the disease.

At the GDA International symposium held in Dar-as-salaam, Tanzania in 2004 as indicated in the ESWAPI report of April to June 2004, it is found that, the public sector response to HIV/AIDS in Uganda, according to the MOH report of July 2008 HIV/AIDS is reported to be a major socio-economic and health challenge since it was discovered by Dr. Rugaba Anthony in 1982 at Kasensero in Rakai District while in Northern Uganda, according to the Joint United Nation Program, in the report on HIV/AIDS of April 2009, the spread of the disease increased due to the displacement of people to camps where many young children especially girls contracted the disease.
2 Problem statement

Gulu like other districts in Uganda is faced with a number of problems. HIV/Aids cut across the globe and its effect is severe in developing countries. In Uganda and Gulu in particular, HIV/Aids has had profound effect on community. Like WHO (2005) puts it, over 29.4 million people in Africa are affected. A number of people in Gulu are affected and this has led to untold suffering to the people. Many have become orphans and widows. A number of them are traumatized and others have gone to the street.

Despite the fact that the government of Uganda have made several attempt to curb down the spread of HIV/AIDS through creation of awareness, advocacy for abstinence, safe male circumcision and distribution of condoms, the research done by organization such as TASO, AMREF and NSA 2011 shows that the disease is on the increase and the purpose of the study was to examine the impact of HIV/AIDS on the performance of children in schools in gulu municipality.

1 The purpose of the study.

The purpose of this study was to investigate the effect of HIV AIDs on the academic performance of pupils in Gulu municipality.

2 Background of the study.

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4.0 Specific objectives of the study.
The study was guided by the following specific objectives;

4.1 To examine the effect of stigmatization on academic of HIV positive pupils in gulu municipality.
4.2 To find out how physical illness affect academic performance of pupils in gulu municipality.
4.3 To assess the extent to which lack of scholastic material affect academic performance of HIV AIDs pupils in gulu municipality.

5.0 Research questions.
This study was directed by understated research questions;

5.1 What are the effects of stigmatization on academic performance of pupils in gulo municipality
5.2 How does illness affect academic performance of pupils in gulu municipality
5.3 To what extent does lack of scholastic material performance of pupils in gulu municipality?

6 Scope of the study
The study was carried out in bar dege division. Gulu mnunicipality. Gulu is located in northern Uganda. It is one of the heavily hit districts as a result of the long termed war in northern Uganda especially LRA war.

The study was further focus on stigmatization, positive living and lack of scholastic materials and how they affect academic performance of pupils in Gulu municipality.
7 Significance of the study.

7.1 Government

The outcome of this study was to help government to come out with programs to help children living with HIV/AIDS

7.2 Schools Management.

The outcome of this study was to help school administration to come out with activities that will help in creating awareness on HIV/AIDS and fight AIDS related problem normally experienced by people living positively like stigmatization, lack of proper feeding and negative attitude on people living with HIV/AIDS

7.3 Parents

The outcome of this study was to help to encourage parents and guardians to send their children who are HIV positive to school

7.4 Children.

The outcome of this study was to help to fight stigmatization among children and also to make them to treat those other children who are living with HIV/AIDS as children who are useful in the community

8 Limitation of the study

8.1 Time was a limiting factor since the study was conducted during school days when the researcher is supposed to attend to lessons

8.2 The study also be limited by finance to cater for feeding, lunch, transport and buying logistics like papers

8.3 Weather was also a limiting factor since the study was conducted during rainy season.
2.1 Stigmatization leads to poor performance because a child would feel lonely and will not concentrate.

2.2 Positive living makes a child to have a lot of worries hence making a child to fail to concentrate leading to poor performance.

2.3 Absenteeism makes a child to miss lessons leading to poor performance of a child.

2.4 Orphanhood makes to lack many learning materials hence the performance of the child.
CHAPTER TWO
LITERATURE REVIEW

.0 Introduction.
This chapter covered theoretical framework, conceptual framework and the actual review of related literature.

.1 Theoretical framework
This study was based on Carl Rogers (2009) theory of personality development of 1961 as indicated in a text entitled supporting children in the Era of HIV/AIDS which states that people grow in a positive way as long as they are supported by other people around them. The theory was also in connection and in support of Albert Bandura theory of personality development as indicated in a text entitled Fundamental of psychology which states that adult influences the behavior of the young and young people normally identify themselves with the adult and imitate the behavior of adult they admire.

The study also looked at social identity theory by Tasfal (1982) as put down in fundamental of psychology which states that in an effort to enhance self-esteem, people usually think of their own group favorably and the other group in certain state is usually disliked.

But for the purpose of this particular study, the study was based on Carl Rogers’s theory. This theory in part contends that, the need to provide support for a positive living is fundamental. This was in line with the researcher’s interest of examining the effect of HIV/Aids on children’s performance.
3. Actual review of related literature

3.1 Stigmatization and performance of pupils.

According to the report compiled by Action Aid from some schools in Bushenyi district in 2006, HIV positive children and teachers were found to be physically present at school but absent in mind due to the worry and the feeling that others are pointing fingers at them.

The report by ESWAPI of June 2007 shows that those who do not have access to proper medical care are stigmatized because HIV/AIDS opportunistic infections keep attacking them. They show signs and symptoms of HIV/AIDS quickly because of lack of treatment.

According to the report by ESWAPI of July 2008, discrimination and stigmatization of children with HIV/AIDS discourage them from attending school even when they are feeling strong enough to come to school.

The Uganda AIDS commission et al (2000) report on National Strategic framework for HIV/AIDS activities in Uganda indicates that stigmatization of children and teachers leads to desperation and loss of interest in their studies and jobs. This is compounded by lack of counseling services which specifically target teachers and children.

According to Irwin and Simon (1994) on life span development, people often look for others to blame about HIV/AIDS. They ask themselves “who is responsible or whose fault is it?” for example children might blame their father for infecting their mother.
According to STD/ACP (2002) report on HIV/AIDS surveillance of June from the Ministry of Health Kampala, self stigma can make children and adult to resist disclosure of HIV status and fail to begin living positively.

AIC Report of (2011) presented during the celebration of World AIDS day in Lira sub-County shows that there is a lot of stigma and discrimination and there is need to advocate for zero stigma and discrimination

3.2 Positive living and performance of pupils.

According to the report released by MOH in Uganda (2000), 870,000 children were found to be living with HIV/AIDS with one million dying yearly while the research that was carried out by AMREF in 1999 in Soroti, about 42% of pupils in P.7 had begun having sex putting them at high risk of contracting HIV/AIDS.

According to the report released by MOH in Uganda (2004), over 25,000 children were found to be born with HIV/AIDS while 7,000 young people globally were being infected daily.

The research that was done by TASO Uganda and population Council Nairobi in 2007 on addressing the sexual and reproductive health needs of adolescents perinatally infected about being HIV positive, 57% were worried very much about people finding that they are HIV positive 51% were worried about disclosing their HIV status to friend. 61% have never disclosed to friends, 80% were worried very much about infecting some one else with HIV/AIDS and 76% were much worried about becoming pregnant or getting some one pregnant
Gisela and Bodenastein (2005), there is a growing number of school children in school system that is living with HIV/AIDS. This means that you have to understand their special needs and opportunities which include HIV testing to ascertain their status, ARV treatment and participation in impacting behavior change, nutrition and support.

The WHO genacis reports on Uganda (2003) shows that young adult who are alcoholic are seven times more likely than non drinkers to have sex hence most likely to contract HIV/AIDS

HIV positive and those affected by HIV/AIDS are very many for example a child whose parents or older sibling is HIV positive might face increased responsibility and could drop in the performance or out of school.

According to the WHO Report (2005), 38.6 million people with many children inclusive were found to be living with HIV/AIDS and over 50% of them found in the sub Sahara Africa. MOH in Uganda Report of (2002), 10% of children age less than 15 years were found to be HIV positive with 14% of babies and children to have contracted from their mother while 2% contracted it from skin piercing instruments or contaminated blood.

The MOH Report of (1992) shows that about one of every three women attending antenatal clinic in Kampala, Mbarara and Gulu tested HIV positive.

According to STD/ACP (2000) on HIV/AIDS, living positively is vital for people who are HIV positive people who are living positively continue to live constructively although they have HIV. People with HIV need to test for TB as soon as they have tested positive.
According to MOES (2004) PIASCY, on helping pupils to stay safe, HIV testing is one way young people can protect themselves from HIV/AIDS.

Shlley, et al (1999) shows that increased sexual abstinence among children and school adolescent, abstinence is the best way for children to protect themselves from HIV/AIDS. It is cheap, available to every one and is 100% protective against sexual transmission of HIV/AIDS. Pupils who are sexually active needs to know that they can stop having sex for now.

According to the UNAID report (2010) presented during the celebration of World AIDS day, there are over 33 million people living with HIV/AIDS out of which 2.5 million people are children.

3.3 Absenteeism and performance

According to the report by Action Aid Uganda on HIV/AIDS and teachers and children’s absenteeism dynamics in the school environment it revealed that, absenteeism was common in both primary and post primary educational institutions. The report is of a study that was conducted in Bushenyi, Katakwi and Kampala Districts.

The ESWAPI report of July 2005 shows that some infected and affected children and teachers have been absent for more than two schools terms and have not received any adequate help to enable them to resume school normally.

In the report by ESWAPI of August 2006, HIV/AIDS have had a severe impact on the education sector by keeping several children and teachers away from school for many days with some being absent for more than a term.
According to UAC report (2000) on the national framework for HIV/AIDS activities in Uganda, a learner may be physically present in the school but spiritually absent hence can not concentrate.

In the UPE stakeholders hand book, HIV/AIDS is a serious challenge causing many children and teachers to suffer poor health and frequently absent themselves.

In Irish Aid report of May 2008 shows that some children after testing and realizing or knowing that they are HIV positive start to absent themselves from the school.

3.4 Orphan hood and performance
The MOH Uganda report (2008) shows that Uganda has about 2 million orphans and about 14% children have lost a parent and 9% have lost both parents. The report further shows that, the percentage of orphans whose parents died of AIDS range from 23% in Soroti to over 80% in Masaka with some of these children already infected with HIV/AIDS. The report also shows that half of children in AIDS affected household are in school and half of orphans are taken care of by their grand parents who are often too old, weak and poor to give the necessary care.

According to the STD/ACP (2002) HIV/AIDS surveillance report of June, Some of the orphans are discriminated against by their relatives who also seize their property.

According to Irwin and Simon (1994) on life span development, without parental love, orphans are likely than non orphans to be poor, marry early and become infected with HIV/AIDS.
The USAID (2011) report released on world AIDS day, HIV/AIDS have left million orphans in the world.

According to the Christian Aid Uganda (2011), there are so many children who have been made orphans by HIV/AIDS and many of them are living with disease.
CHAPTER THREE

METHODOLOGY

0 Introduction.

This chapter explained the methods and procedures which was involved in the research. It included research design, population of the study, sampling methods, data collection instruments, procedure for data collection, data analysis, reliability and validity and research gap.

1 Research design.

The study used descriptive research design using qualitative method of collecting and analyzing data because of fathering new information on the effect of accountability on promotion of education service of both government and private schools, generating more qualitative information basing on other research studies conducted. However, the study was predominantly qualitative though it used quantitative methods as well.

2 Population of the study.

This included both respondents from government and private primary schools who are staff, administrators or Headteachers, school management committees, teachers, pupils and District officials.

3 Sampling methods.

From the study to obtain the sample size, the understated sampling strategies were applied to attain the required respondents for the study as tabled below.
Table 1: Showing population size

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Total No</th>
<th>Sample</th>
<th>Method to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>District officials</td>
<td>4</td>
<td>4</td>
<td>Purposive Sampling</td>
</tr>
<tr>
<td>Head teachers</td>
<td>8</td>
<td>8</td>
<td>Purposive Sampling</td>
</tr>
<tr>
<td>School management committee</td>
<td>30</td>
<td>28</td>
<td>Simple random sampling</td>
</tr>
<tr>
<td>Teachers</td>
<td>30</td>
<td>28</td>
<td>Simple random sampling</td>
</tr>
<tr>
<td>Pupils</td>
<td>40</td>
<td>36</td>
<td>Simple random sampling</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>112</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Data collection methods.

For successful collection of data for this study, various methods was applied. However, the ones which stood out to be prominent were; questionnaire, interviewing literature review and Observation.

**Questionnaire**

This was designed with both closed and open ended questions. Respondents responded to those various questions for the researcher to capture data he anticipated. The questionnaire was administered by the researcher and research assistants so as to explain questions that were not clearly understood by respondents which might be exhibited physically and seen through observation.

**Interviewing**

The study was conducted by face-to-face interviewing of all respondents. The researcher employed structural interview for the respondents as well as oral interview. The researcher intends to use this method because of:
Limited time available to conduct the study and allows the researcher to control research environment. Its flexibility as it allows probing for specific answers and rephrasing questions for more clarity.

Observation

Observation as a method was applied by the researcher where he used his own naked eyes to observe the PLE results for the previous and the development of physical structures in the schools.

Data collection instruments

The researcher designed and used two sets of questionnaires for the district officials / head teachers and teachers. The questionnaire was sent to the respondent earlier to give ample time to effectively respond to the items. Interview guide for members of school management committee and pupils were also used to prompt for historical facts and pupils daily experiences at school on effects of accountability on academic performance. These tools contained both open ended and closed ended questions.

Observation guides of anecdotal records was designed inform of a check list to help the researcher find out the reality on information given in the questionnaire and interview schedule. The observation check list was used to check on physical structures such as library classroom, staff houses and school sanitation.

The checklist described the interaction in narrative form without note taking but soon after observation the researcher recorded important issues independently.
Another research instrument that was used was the focus group discussion. The researcher presented the research questions to the pupils to discussed and come up with appropriate answers.

6 Procedure for data collection

The researcher upon submitting completed proposal to the supervisor was issued a letter from KIU. This letter was then submitted to the DEO / CAO and another copy was issued to the researcher to introduce him to the field.

7 Data Analysis

The data was collected, checked carefully with a view of ensuring consistence and correctness which were grouped according to specific objectives of the study. The analysis of the data was presented in tables with frequencies and percentages which were assigned. Also Statistical analysis method was used as well to analyze data.

8 Reliability and Validity.

For the research reliability and validity, after the collection of raw data with the relevant research instruments, there was editing and arrangement of data into respective population of study. Codable variables was coded inform of numbers, ideas, opinions and suggestions that could not be coded were listed down.

Reliability. Prior to the data collection, pre-testing of questionnaires was carried out to measure the ability to explain to the respondents what kinds of information were required of them as far as qualitative contents are concerned.

Validity. The pre-testing helped the researcher to estimate the time required for various activities that were carried out in the field. Also helped to identify and explain questions
those respondents could not have understood fully. And to ascertain whether all questions meant the same thing to all respondents.

**Editing.**

Each response was checked for consistency, accuracy and completeness. Editing was done on the spot soon after the interview and observation since responses were easily remembered for the purpose of detecting errors and Omissions. This led to uniformity of answers given by the respondents.

**Coding**

This was the process of classifying answers into meaningful categories so as to bring essential meaning. This done using open ended questions and by picking some interview Schedules at random to determine the appropriate and exhaustive response categories that came up.

**Ethical consideration**

The study was conducted with a lot of confidentiality of the respondents’ views and identity of individual responses in the finding.
CHAPTER FOUR
PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter portrays how data were collected, presented, analyzed and interpreted so as to obtain sense out of the study.

The study majorly aims at investigating the effects of HIV/AIDS on pupils performance in Bardege Division, Gulu Municipality.

In carrying out this study 80 respondents participated in providing the relevant information on the research topic cited.

Table 1: Showing the number of Respondents

<table>
<thead>
<tr>
<th>S/N</th>
<th>Respondents</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Teachers</td>
<td>20</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>Pupils</td>
<td>10</td>
<td>12.5%</td>
</tr>
<tr>
<td>3</td>
<td>Parents</td>
<td>10</td>
<td>12.5%</td>
</tr>
<tr>
<td>4</td>
<td>NGOs</td>
<td>15</td>
<td>18%</td>
</tr>
<tr>
<td>5</td>
<td>Local Community</td>
<td>20</td>
<td>25%</td>
</tr>
<tr>
<td>6</td>
<td>Key Informants</td>
<td>15</td>
<td>07%</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>80</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above revealed that there were 80 respondents interviewed. These respondents were categorized into six groups: Teachers accounting for 25%, pupils 12.5%, parents 12.5%, NGOs 18%, local community 25% and the key informants 07%.
1.0 Parents' responses

Out of the 80 respondent, 10 parents were interviewed according to the different categories of the research questions and the findings are tabulated below:

1.1 Research question 1. Do you know a child affected with HIV/AIDS in this parish in the school?

Table 2: Showing the knowledge of parents on the existence of child affected with HIV/AIDS in their locality.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>09</td>
<td>90%</td>
</tr>
<tr>
<td>No</td>
<td>01</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2: above revealed that 09 (90%) of the parents interviewed responded that they have children affected with HIV/AIDS in their locally, while only 01 (10%) denied the Knowledge of children affected with HIV/AIDS in their locally in school.

Pie chart showing the knowledge of parents on the existence of child affected with HIV/AIDS in their locality.
1.2 Research question 2: Does this child have both parents alive?

Table: 2 showing orphan status of pupils

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One parent alive</td>
<td>03</td>
<td>30%</td>
</tr>
<tr>
<td>Both parents dead</td>
<td>07</td>
<td>70%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>10</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 2: above reflects that out of the ten (10) parents interviewed, 03(30%) responded that these children affected with HIV/AIDS have only one parent alive while 07 (70%) of the pupils have lost both of their parents due to HIV infection.

The chart showing Parents response on whether children affected with HIV/AIDS face stigma.

- □ One parent alive
- □ Both parents dead
1.3 Research question 3: Are these pupils schooling

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>09</td>
<td>90%</td>
</tr>
<tr>
<td>No</td>
<td>01</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table shows that 09 pupils affected with HIV/AIDS in the studied area are studying. This accounted for 90% of responses while only 10% of the pupils affected are not studying.

e chart Showing whether the children affected with HIV/AIDS one studying or not.

1.4 Research question 4. Do children affected with HIV/AIDS face stigmatization while in school?
Table 4: Table showing parents response on whether children affected with HIV/AIDS face stigma

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>07</td>
<td>70%</td>
</tr>
<tr>
<td>No</td>
<td>03</td>
<td>30%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table shows that 70% of parents interviewed indicated that the affected children face the problem of stigmatization while 30% of the parents responded that the affected children do not face stigmatization while in school. The greater percentage seems to suggest that there is stigmatization faced by children affected with HIV/AIDS while in school.

Pie chart showing parents response on whether children affected with HIV/AIDS face stigma
1.5 Do children affected with AIDS attend school regularly

Table 5: Table showing parents response on children’s attendance at school

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>03</td>
<td>30%</td>
</tr>
<tr>
<td>No</td>
<td>07</td>
<td>70%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 5: above reveals that 30% of the parents interviewed responded implying that children affected with HIV/AIDS attend school regularly while 70% responded “NO” implying that children affected with do not attend school on a regular basis.

Pie chart showing parents response on whether children affected with HIV/AIDS face stigma
1.6 Suggest the possible ways of helping children affected with HIV/AIDS learn effectively so as to improve on the academic performance?

Table 6: Showing suggestions by parents on how to help children affected with HIV/AIDS in Improving on their Academic Performance.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant guidance and counseling</td>
<td>06</td>
<td>60%</td>
</tr>
<tr>
<td>Home visit by medical workers</td>
<td>01</td>
<td>10%</td>
</tr>
<tr>
<td>Raising their self esteem</td>
<td>02</td>
<td>20%</td>
</tr>
<tr>
<td>Incorporating them with their peers</td>
<td>01</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table suggests that out of the 10 parents interviewed, 6 of them proposed constant guidance and counseling of children affected with HIV/AIDS in an attempt to improve on their academic performance. This accounts for 60% responses, while 10% proposed home visit by medical personnels, 20% proposed raising of their self esteem and 10% proposed incorporating them among their fellow peers in all sorts of activities.

Bar graph Showing suggestions by parents on how to help children affected with HIV/AIDS in improving on their academic performance.
2.0 Responses by the local community

Out of the 80 respondents, 20 community members were sampled and interviewed on the effects of HIV/AIDS on the performance of pupils in Bardege Division, Gulu Municipality. This accounts for 25% responses. The findings were tabulated in reference to the different research questions set.

1.1 Research question 1. Are you aware of any child affected with HIV/AIDS in this area who is studying?

Table 7: Showing the local communities' knowledge of children affected with HIV/AIDS

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>No</td>
<td>04</td>
<td>20%</td>
</tr>
<tr>
<td>Not sure</td>
<td>01</td>
<td>05%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table show that 75% of the local community interviewed indicated that they are aware of the existence of children affected with AIDS in their community, 20% of the local community responded that they are not aware of children affected with HIV/AIDS in their locality while 5% declined that they cannot tell whether there exist children affected with HIV/AIDS or not in their area.

Pie chart showing the local communities Knowledge of children affected with HIV/AIDS
2.2 Does these children affected with HIV/AIDS in your community have parents alive?

Table 8: Showing the orphan status of children affected with HIV/AIDS

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents dead</td>
<td>18</td>
<td>90%</td>
</tr>
<tr>
<td>One parent dead</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table revealed that 90% of the local community sampled for the study responded that most of the children affected with AIDS have lost both parents and 10% of the children affected with AIDS have lost at least one parent.
2.: Can you please tell me the ill health status of these children in respect to AIDS.

Table 9: showing HIV status of the children within the sampled community

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>HIV-</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>Can't tell</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

The research findings reflected in the above table shows that 75% local community interviewed responded that children whose parents died of AIDS are HIV+, 15% are HIV- while 10% of them are uncertain of the sero status of these children who lost their parents to HIV/AIDS.

The chart showing HIV status of the children within the sampled community

![Chart showing HIV status](chart.png)
How regular do these children affected with HIV/AIDS fall sick?

Table 10: showing how regular the HIV+ Children fall sick.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>Often</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Always</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>Can't tell</td>
<td>01</td>
<td>05%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is noted from the above table that 70% of the pupils affected with AIDS within the sampled community fall sick always, while 10% rarely fall sick, 15% fall sick sometimes and 5% have uncertain health status.

Bar graph 10: showing how regular the HIV+ Children fall sick.
Table 11: showing how children affected with AIDS relate with their peers.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freely</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>Aggressive</td>
<td>05</td>
<td>25%</td>
</tr>
<tr>
<td>Have Low Self Esteem</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>Isolated</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above shows that only 10% of the Pupils affected with HIV/AIDS can associate freely with their peers, 25% exhibited aggressive behaviours while with their fellow peers, 50% exhibited low self esteem and 15% are usually isolated.

Bar graph showing how children affected with AIDS relate with their peers

suggest how best children affected with HIV/AIDS can be helped so as to raise their morale in order to enhance their academic performance?
Table 11: showing the suggested strategies to assist pupils living with HIV/AIDS in achieving their academic potentiality

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent check up of their Health</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>Guiding and counseling constantly</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>Showing them love</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>Need for food relief by NGOS</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 11: above depicts that 10% of the local community interviewed suggested frequent check up of pupils' health and the best way of helping the children affected with AIDS attain their full academic potentials, 65% suggested guidance and counseling as the desired option of helping these children realize better academic performance, 10% suggested showing love to children and 15% proposed the provision of relief in terms of food so that when they leave home for school they go with a high moral needed for improved academic progress.

A graph showing the suggested strategies to assist pupils living with HIV/AIDS in achieving their academic potentiality.

---

**Graph:**
- **Frequent check up of their Health:** 10
- **Guiding and counseling constantly:** 65
- **Showing them love:** 10
- **Need for food relief by NGOS:** 15

**TOTAL:** 100%
3.0 Responses by non-governmental organizations

In carrying out this research study, 15 NGOs have been sampled for the purpose of this study. The results of the findings have been tabulated in accordance with the different research questions.

3.1 Research question 1: Does your organization offered HIV/AIDS related services to children?

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>78%</td>
</tr>
<tr>
<td>No</td>
<td>02</td>
<td>22%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table depicts that 78% of the NGOS interviewed offer HIV/AIDS services to the young children at school going age while 22% of the NGOS sampled do not offer HIV/AIDS related services to young children.

Pie chart Showing the response by NGOs whether they offer AIDS related services or not
3.2 State the types of services offered by your organization?

Table 13: showing the various services offered by NGOS

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief Services</td>
<td>03</td>
<td>20%</td>
</tr>
<tr>
<td>Guidance and Counseling</td>
<td>10</td>
<td>66%</td>
</tr>
<tr>
<td>HIV testing</td>
<td>01</td>
<td>07%</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>01</td>
<td>07%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows that 20% of the services offered by the NGOS interviewed is relief services, 66% is guidance and counseling, 7% is HIV testing and 7% is sponsorship.
3.3 comment on the nature of services offered by the organization?

**Table 14: Showing the Nature of Services offered by NGOS interviewed**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.Good</td>
<td>04</td>
<td>26%</td>
</tr>
<tr>
<td>Good</td>
<td>10</td>
<td>66%</td>
</tr>
<tr>
<td>Fair</td>
<td>01</td>
<td>08%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

3.4 What is the altitude of the community towards services offered by your organization?

*Pie chart showing the Nature of Services offered by NGOS interviewed*
Table 15: Showing the community's altitudes towards various services offered by NGOs under study.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>13</td>
<td>86%</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Can't Tell</td>
<td>02</td>
<td>14%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above show that 86% of the NGOs interviewed told the researcher that the communities have a positive attitude towards the services they offered, while 14% of them said that they cannot judge the attitude of the community towards their service.
suggest the best strategies that can be used to help children affected with HIV in school realize better performance.

**Table 15:** Showing suggestions by NGOs on how best pupils’ at school can be assisted so to achieve better academic performance.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Home Visit</td>
<td>03</td>
<td>20%</td>
</tr>
<tr>
<td>Guidance and Counseling</td>
<td>08</td>
<td>52%</td>
</tr>
<tr>
<td>Provision of relief food</td>
<td>03</td>
<td>20%</td>
</tr>
<tr>
<td>Showing them love</td>
<td>01</td>
<td>08%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The above table reflects that 20% of the NGOs interviewed suggest home visit as a way of helping children affected with HIV, 25% suggested guidance and counseling, 20% proposed provision of relief food, and 8% suggested showing love as the best option of helping those children affected with HIV to perform well at school.

**Bar graph** Showing suggestions by NGOs on how best pupils’ at school can be assisted so to achieve better academic performance.
4.0 Responses by teachers.

For the purpose of this study, 20 teachers were interviewed and the results was punctuated with the research questions and tabulated.

4.1 Research question 1: Are there cases of children affected with HIV/AIDS in this school?

Table 16: Showing the responses by teachers on the existence of pupils affected with HIV in their schools.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>No</td>
<td>01</td>
<td>05%</td>
</tr>
<tr>
<td>Can't tell</td>
<td>04</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table above reveals that out of the 20 teachers interviewed, 75% responded that there exists pupils affected with HIV/AIDS in their school with 5% responded "No" implying that there is no pupils affected with HIV/AIDS in their school while 20% declined that they cannot tell whether pupils affected with HIV/AIDS is in their school or not.

Chart showing the responses by teachers on the existence of pupils affected with HIV in their schools.
4.2 State the effects of their health status on children's performance?

Table 17: Showing the effects of HIV on children performance at school.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Trauma</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>Dropping out of school</td>
<td>10</td>
<td>35%</td>
</tr>
<tr>
<td>Low self esteem</td>
<td>20</td>
<td>50%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

It is noted from the above table that out of the 20 teachers interviewed, 03(15%) of them cited psychological trauma as one of the effects of HIV/AIDS on pupils performance, 07(35%) cited dropping out of school as an effects of HIV/AIDS on pupils, while 10(50%) cited low self esteem as one of the profound effect of HIV/AIDS on pupils performance.

| The chart showing the effects of HIV on children performance at school |

4.3 Research questions 3: Are there cases of stigma experienced with children affected with HIV/AIDS in this school?
Table 18: showing teachers’ responses on the existence of stigma in their school.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
<td>75%</td>
</tr>
<tr>
<td>No</td>
<td>03</td>
<td>25%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Out of 20 teachers interviewed, 17 (75%) of them asserted that there is existence of stigma among the children affected with HIV/AIDS in their school while 03 (25%) denied the existence of stigma among the children affected with AIDS in their school.
4.3 Research questions 4: How does stigmatization affect the performance of children affected with AIDS/HIV in this school?

Table 19: showing teachers responses or the effects of stigma on pupils' performance

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Self Esteem</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>Absenteeism</td>
<td>04</td>
<td>20%</td>
</tr>
<tr>
<td>Isolation</td>
<td>05</td>
<td>25%</td>
</tr>
<tr>
<td>Low Academic Marks</td>
<td>08</td>
<td>40%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

It is reflected from the above table that 15% of the teachers within the study area responded that stigmatization by pupils affected with HIV/AIDS lead to low self esteem, 20% of the teachers mentioned absenteeism as one the effects of stigma on the children affected with AIDS, while isolation was accounted for by 25% and 40% attributed low academic marks of children affected with AIDS as a result of stigma.

Bar graph showing teachers responses or the effects of stigma on pupils’ performance

Low self esteem  Absenteeism  Isolation  Low academic marks
Research question 4: May you please mention some of the behaviours exhibited by pupils affected with HIV/AIDS

Table 20: Showing behaviours exhibited by pupils affected with HIV/AIDS

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>Shy</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>Low Self Esteem</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>Isolated</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

It is depicted from the above table that 65% of the children affected with AIDS show aggressive behaviours, 15% are always very shy, 10% have a very low self esteem and 10% are always isolated from others. This is in accordant with the research finding provided for by the teachers in the study area.

Bar graph showing teachers responses or the effects of stigma on pupils' performance
Research question 5: Comparing the performance of children affected with HIV/AIDS to those not affected by the disease, which one has better performance?

Table 21: Indicating the variation in performance of pupils affected with HIV/AIDS and those free of HIV/AIDS.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV free children</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>HIV affected children</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No sign of finance difference</td>
<td>05</td>
<td>25%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Out of 20 teachers who participated in the research study, 15(75%) asserted that HIV free pupils have a better performance than the counterpart who are HIV affected while 05(25%) of the teachers stated there is no significance different in performance between these two groups of pupils. But however, none of these teachers asserted that the HIV infected pupils are competitive with the HIV free pupils.

Bar graph Indicating the variation in performance of pupils affected with HIV/AIDS and those free of HIV/AIDS.
Research question 6: Can you suggest the strategies that can be put in place to help improve the performance of children affected with AIDS?

Table 22: Showing the suggestions by teachers on how best HIV affected pupils can be helped so as to improve on their school performance

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raising their morale by loving them</td>
<td>03</td>
<td>15%</td>
</tr>
<tr>
<td>Guiding and counseling</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>Paying home visit</td>
<td>02</td>
<td>10%</td>
</tr>
<tr>
<td>Provision of relief food</td>
<td>05</td>
<td>25%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is observed from the above table that 15% of the teachers interviewed, suggested loving the affected pupils as one of the way it can help to improve on their performance, 50% suggested guidance and counseling, 10% suggested following these pupils up to home and 25% suggested the provision of relief food as one of the solution of improving the performance of children effected with AIDS.

Bar graph Indicating the variation in performance of pupils affected with HIV/AIDS and those free of HIV/AIDS.
Response by pupils affected with HIV/AIDS

Research question 1: Has the sickness/death of your parent(s) affected your studies?

Table 22: Showing the responses of pupils whether they were affected by the death of their parent(s) or not.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>07</td>
<td>70%</td>
</tr>
<tr>
<td>No</td>
<td>02</td>
<td>20%</td>
</tr>
<tr>
<td>Can’t Tell</td>
<td>01</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is revealed from the above table that out for the ten (10) pupils interviewed, 07(70%) of them were affected negatively by the death/sickness of their parents which greatly impacted on their performance. 2 out of 10 said that they were not affected in any way because they knew it would happen and so they were prepared for the outcome while 10% declined that they cannot tell the effects of the death/sickness of their parent(s) in any way.
5.2 Research questions 2: May you please state some ways by which the sickness / death of your parent(s) affected your performance

Table 23: Showing the different ways by which the death of the parent(s) of pupils affected their performance

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low self esteem due to the missed parental care</td>
<td>03</td>
<td>30%</td>
</tr>
<tr>
<td>Frequent absenteeism</td>
<td>05</td>
<td>50%</td>
</tr>
<tr>
<td>Lack of financial support</td>
<td>02</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table depicts that out of 10 pupils interviewed, 03(30%) experience low self esteem due to the death of their parents from AIDS, 50% miss school frequently, 20% lack financial support due to the lost of the bread winner in the family.

Research question 3: List down the different ways how the illness /death of your parent(s) affected your studies?
Table 24: Showing the different ways illnesses affect the performance of pupils

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of morale towards studies</td>
<td>02</td>
<td>20%</td>
</tr>
<tr>
<td>Irregularly in attendance</td>
<td>05</td>
<td>50%</td>
</tr>
<tr>
<td>Late coming at school</td>
<td>03</td>
<td>30%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The above table shows that 20% of the pupils lose morale in studies due to constant illnesses due to their HIV status, 50% of the pupils are irregulars in school attendance while 30% of these pupils come to school late for studies.

Chart showing the different ways illnesses affects the performance of pupils

- Loss of morale towards studies
- Irregularity in attendance
- Late coming at school
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

1 Introductions

This chapter looks at the discussion of the findings, summary, conclusion, recommendations and areas for further research in the future.

2.0 Discussion

2.1 Community awareness of pupils affected with HIV/AIDS

The research findings show that 90% of the parents who participated in providing information on the research topic responded that they have the knowledge of pupils affected with AIDS in the schools for their study. 75% of the local community interviewed told the researcher that they are aware of pupils studying in school and are affected with AIDS. 75% of the teachers involved in the study stated that they are aware of the existence of AIDS victim in their schools.

2.2 Orphan status of children affected with HIV/AIDS

The study revealed that 70% of pupils under study are total orphans after losing all their parents to AIDS while 30% are pupils who have either lost one parent or both parents are alive but living positively.

2.3 Stigmatization and performance

The study findings suggest that 70% of pupils affected with AIDS are stigmatized in varying degrees by either their fellows pupils or teachers to some extent. These categories of pupils exhibit aggressive behaviors low self esteem and isolation sometimes, therefore affects their performance negatively in compassion n to non victims.
2.4 Absenteeism and performance

Majority of the pupils captured in the study are orphans who have lost their parents to AIDS. This therefore makes them vulnerable and faced with most of the family responsibilities. This also makes them irregular in attendance hence affecting their performance negatively in compassion with the non affected pupils.

2.5 Late coming and performance

The study finding further indicates majority of the pupils sampled for the purpose of this survey are never punctual in comparison to the counterpart, the non AIDS victim. This may be due to a lot of assignments they have to accomplish at home before going to school. This is due to the lost of the bread winner in the family. Hence this has a negative impact on their performance at school.

2.6 Illness and performance

AIDS victims are prone to many illnesses in the name of optimistic infections. Pupils who are AIDS victims do face the same types of illnesses. In most cases those children fall sick regularly.

This therefore has adverse effect on pupils’ attendance and performance. The survey also found out that most of the AIDS victims have low academic makes compared to the counterpart who are non AIDS victim. This therefore makes the researcher to conclude that illnesses have negative impacts on pupils’ performance.

3.0 Summary of the findings

The study findings suggest that all the sampled schools have at least children affected with AIDS /HIV.

This was evidenced by a 90% response by the entire community and majority of these pupils are orphans.

The study further revealed that the affected pupils are negatively affected by stigma, frequent illnesses, late coming and absenteeism. All these aspects have adverse effects on pupils performance.
According to the research findings, it was suggested that there is need to raise the moral of the pupils affected with AIDS by showing love to them, and constant guidance and counseling of these pupils. This is to be done in a bid to improve on their academic performance.

4.0 Conclusion

Following the study conducted, the following conclusion can be drawn.

i) HIV/AIDS has a negative impact on pupil’s performance. 
   This is because these pupils are stigmatized, they fall sick regularly, always come to school and often absent from school.

ii) Majority of pupils affected with AIDS are orphans where some have lost both parents and other are single parents. 
    All these state of affairs make pupils vulnerable

iii) Since education plays an important role in child’s development it is therefore worthy to conclude that AIDS has a serious negative effect on pupils’ performance. 
    It has generally been suggested that there is need for constant guidance and counseling of these pupils so to raise their morale and esteem for studies and life generally.

5.0 Recommendations

i) There is need for the stakeholders involved in education sectors more especially where pupils affected with AIDS are, to come up with a very strict measure to arrest stigmatization among children affected with AIDS. Also campaigns against stigmatization to be strengthened.

ii) It is also recommended that AIDS affected pupils be closely monitored, constantly guided and counseled, and love shown to them

iv) Being vulnerable, pupils who are AIDS victims need to be supported in all spheres of life. Relief aids should be given to these categories of pupils and should go beyond school attendance in a bid to improve their school performance and education aspiration.
v) People with good gestures and well-wishers should come up with ideas of providing some scholastic materials, eg exercise books, papers, pens, text books, to mention but a few. All these are just to motivate and encourage them in their studies.

vi) The government or any civil society organization should come up with a policy of instituting a trained counselor in all primary schools to attend to the affected/infected pupils to help raise their esteem in a bid to improve their academic performance.

vii) Government should come up with a policy of extending the affirmative action to cover the HIV/AIDS victims in order to boost their morale hence improve their performance in academic and leadership skills.

viii) Government should come up with employment policy which caters for the children affected with HIV/AIDS to enable them get employment easily.
APPENDICES

Appendix A: Questionnaire Guide for Teachers

Topic: “The effects of HIV/AIDS on pupils’ performance in Bardege Division, Gulu Municipality”.

Dear respondents,

Your are kindly requested to assist in answering the questions in this questionnaire. The purpose of the questionnaire is to enable the researcher be availed with information needed for achieving the depth of the research topic above.

All information on the questionnaire is purely for academic purpose only and shall be treated with utmost confidently. Therefore; you are kindly requested to respond to these questions below very honestly.

Instructions:

1. Attempt all parts of the questions
2. Answer the questions by either ticking the right option box or by filling in the blank spaces as the case may be.

1. (a) Name of the school
   (b) Grade of the school
   (c) Year(s) in service

2. (a) Are there cases of children affected / infected by HIV/AIDS in this school?
   Yes  No  Can’t tell

   (b) If yes, does this affect their education?
   Yes  No  Can’t tell
(c) Can you please tick the option in the box below, which of them being the serious effects/impacts of parental death or illness due to HIV/AIDS on children’s education.

i) Psychological trauma/reaction
ii) Dropping out of school
iii) Lack of parental educational support to the child

3. Are there cases of stigma experienced with children affected with HIV/AIDS?
   Yes ☐   No ☐

4. If yes, how does this affect their performance at school? Can you please state them in the spaces below.

5. Can you rank the following in their order and degree of its effect on academic performance
   1. Stigmatizations .................................................................
   2. Absenteeism .................................................................
   3. Late Coming .................................................................
   4. Illnesses .................................................................
   (iv) Others (specify) .................................................................

3. a) Do you think HIV/AIDS has any serious effects on pupils’ school performance?
   Yes ☐   No ☐   Can’t tell ☐

b) Can you please state some of the effects of HIV/AIDS on pupils’ school performance?
   i) .................................................................................................
   ii) .................................................................................................
   iii) .................................................................................................
4. Mention some of the behaviors exhibited by children coming from family affected by HIV/AIDS in one way or the other.

i) ...........................................................................................................................................
   ...

ii) ...........................................................................................................................................
   ...

iii) ...........................................................................................................................................
   ...

iv) ...........................................................................................................................................
   ...

5. Comparing the performance of children from HIV/AIDS background to those not affected by the disease, which one has a better performance?

(i) Non – HIV/AIDS affected children ☐

(ii) HIV/AIDS affected children ☐

(iii) No significance difference ☐

6. What are the strategies that can be used to overcome problems faced by children affected by HIV/AIDS which can lead to improvement of their school performance?

(i) ...........................................................................................................................................
   ...

(ii) ...........................................................................................................................................
   ...

(iii) ...........................................................................................................................................
   .

(iv) ...........................................................................................................................................
   ...

Thanks for your Co-Operation
Appendix G:

MAP OF UGANDA SHOWING POSITION OF GULU DISTRICT

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  - Distrikt Gulu
  - Wikipedia:WikiProjekt_Uganda/Formatvorlage_Distrikt_von_Uganda