EFFECTS OF HIV/AIDS ON ACADEMIC PERFORMANCE IN SELECTED PRIMARY SCHOOLS IN KABARNET ZONE, BARINGO DISTRICT, KENYA

BY

JEMUGE N.JOHNSTONE

BED/15486/71/DF

A RESEARCH PROJECT SUBMITTED TO THE INSTITUTE OF *OPEN AND DISTANCE LEARNING IN PARTIAL* FULFILMENT OF THE REQUIREMENT FOR AWARD OF A BACHELOR IN EDUCATION OF KAMPALA INTERNATIONAL UNIVERSITY

AUGUST, 2009

DECLARATION:

I, **Jemuge N.Johnstone,** declare that this research project is my original work and has never been submitted for any academic award. Where the works of others have been cited acknowledgment has been made.

Signature.....

Jemuge N.Johnstone

Date....18-02-09.....

APPROVAL

I certify that the work submitted by this candidate was under my supervision. Her work is ready for submission, to be evaluated for the award of a Bachelor of Education at Kampala International University.

Supervisor.....

Ssekajugo Derrick

Date.....18/12/09

DEDICATION

This research work is dedicated to my husband Harun Kibet Yator and children Cynthia, Alvin and Roy for their moral support and much encouragement during my study.

ACKNOWLEDGMENTS

My gratitude goes to my supervisor for the advice and guidance while I was writing this project and also for providing useful references in order to improve the quality of this project.

Special gratitude to my parents Mr. & Mrs. Johnstone Kutto for their support and understanding all through

To my friends Mrs. Kiptum, Mr Kipsang and Mrs. Kiprono

TABLE OF CONTENTS

DECLARATION: ii
APPROVAL iii
ACKNOWLEDGMENTS iv

CHAPTER ONE 2
INTRODUCTION 2
1.1 Background to the study 2
1.2 Statement of the problem 3
1.3 Objectives of the study 4
1.5 Scope of the study 4
1.6 Significance of the study 5
1.7 Limitations of the study 5

CHAPTER TWO 6
REVIEW OF RELATED LITERATURE 6
2.0 Introduction 6
2.1 The impact of HIV and Aids on the education sector 6
2.2 Strategies for addressing for HIV and prevention within the educational sector 8
2.3 Effects of education at the country level 9

CHAPTER THREE 11
RESEARCH METHODOLOGY 11
3.0 Introduction 11
3.1 Research design 11
3.2 Population of study 11
3.3 STUDY SAMPLE 11
3.4 RESEARCH INSTRUMENTS 11
3.5 RESEARCH PROCEDURE 12
3.6 DATA ANALYSIS AND INTERPRETATION 12

CHAPTER FOUR 13
4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS 13
4.1 Introduction 13
4.2.0Teachers Bio-data 14
TABLE 2 14
4.3.0 Pupils Bio-data 15
4.4 Pupils analysis 16
PERCENTAGE 16
RESPONDENT 16
FREQUENCY 17
4.5.0 Teachers analysis 17
FREQUENCY 18
FREQUENCY 18

CHAPTER FIVE **19**
DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS 19
5.1 Discussion of the findings 19
5.2 Conclusions 22
5.3 Recommendations 23
5.4 Areas of further studies 25

REFERENCES 26

APPENDIX I 28
PROPOSED BUDGET 28
APPENDIX II 29
TIME FRAME 29
APPENDIX III 30
QUESTIONNAIRE 30

ABSTRACT

This study was intended research was to analyze the impact of HIV/Aids on the education sector in Kenya. All the respondents. In review of related information, all secondary sources were revisited as this could give a clear picture of what the whole study was be handled.

The study employed a qualitative approach or method which allowed a collection of comprehensive intensive data and provided an in-depth study on why strategies and measures in place had not produced the desired results.

One of the main findings of this study is the confirmation that uneducated girls face greater risks of HIV/AIDS, sexual exploitation and child trafficking. They are also less likely to have healthy children and less likely to send their children to school.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The HIV and AIDS pandemic is bringing in its wake profound modifications in education systems and is threatening the capacities of countries to achieve Education for All(EFA) objectives.

In regions affected by HIV and AIDS, the demand for formal education as is practiced today declines, the educational supply decreases, the quality of education drops, and the inequality of opportunity for girls' increases. The global capacity of the educational administration to operate effectively is also diminishing.

Education systems are endeavoring to react to the HIV and AIDS epidemic but there has been scarcely any systematic data collection so far. It is absolutely imperative to have precise information rapidly and to implement effective interventions in the education sector.

Nearly two-thirds of all people living with HIV are found in sub-Saharan Africa, although this region contains little more than 10% of the world's population. HIV and AIDS have caused immense human suffering in the continent. The most obvious effect of this crisis has been illness and death, but the impact of the epidemic has certainly not been confined to the health sector; households, schools, workplaces and economies have also been significantly affected.

During 2006 alone, an estimated 2.1 million adults and children died as a result of AIDS in Sub-Saharan Africa. Since the beginning of the epidemic more than 15 million Africans have died from AIDS.

There is consensus within and outside Sub-Saharan Africa that a viable administrative state is essential for coping with challenges facing the continent today. The civil service forms the backbone of state administration. It is responsible for carrying out the will of the legislative, executive, and judicial branches of government. Major disruptions in the

effective and efficient working of the civil service threaten the very foundation of society. Teachers play a critical role in education and developing e social capital of the state. If teachers are unable to teach, then students cannot learn, creating a situation threatening future growth and development.7 HIV/AIDS affects civil servants and teachers in Sub-Saharan Africa, as it continues to metastasize there.

Like the general population, African civil servants and teachers are not immune to HIV/AIDS. Several indicators demonstrate the toll HIV/AIDS exerts on the civil service and teaching workforce in various Sub-Saharan African states. Education is one of the most effective tools to combat the spread of HIV/AIDS, because it helps generate better information and greater awareness pandemic.

School children who are infected and affected by HIV/AIDS experience unique problems that are bound to impact their learning negatively if not addressed. They are stigmatized and not easily accepted by other pupils for fear of infection. They lack parental/guardian care and are often a burden to willing relatives.

Those that are sick require specialized caring, attention and medical treatment. Some have experienced trauma as they witnessed their parents dying of HIV/AIDS MOEST (2004). These and many others related problems are often not appreciated by care providers and the community at large. The purpose of this research is was to establish whether teachers possess the capacity to meet the special needs of learners infected and affected by HIV/AIDS in a classroom situation.

Specifically the research considered the impact of HIV/AIDS on the educational sector in Kenya.

1.2 Statement of the problem

Many people are dying of AIDS and other related ailments, it has increased both the number of orphans and poverty in the country and threatens to stall national development. HIVAIDS scourge has become a social problem because it is affecting every aspect of the

Kenyan society, hence the need to examine its implications on the education sector in Kenya.

1.3 Objectives of the study

1.3.1 General objective

The general objective of this research was to analyze the impact of HIV/Aids on the education sector in Kenya.

1.3.2 Specific objective

The aim of this research was to;

- Examine the impact of HIV/AIDS on the education sector.
- Identify the effect of strategies for addressing HIV and AIDS prevention within the education sector.
- Examine the extent to which these strategies are implemented and the obstacles encountered.

1.4 Research questions

- How has HIV/AIDS affected the education sector?
- How effective are the preventive measures in the education sector?
- What challenges are encountered in the implementation of the prevention strategies?

1.5 Scope of the study

The research was carried out in Kangeta Zone, Igembe district. The respondents to the research were pupils and teachers in selected primary schools.

The study was based on the implications of HIV/AIDS on the education sector in Kenya. The research was carried out between April 2009 and August 2009.

1.6 Significance of the study

The findings of the study are of significant importance to all education stakeholders in Kabarnet Zone for their efforts to meet the needs of HIV/AIDS victims in the classroom.

The researcher was able to get first hand information on the implications of HIV/AIDS on the education sector in Kenya.

The research was of great help to other students in the institute of open and distance learning who wish to enhance the same later.

1.7 Limitations of the study

In conducting this study, a number of challenges were encountered, including:

Some respondents were unwilling to freely share the information. This was mainly true at the local level because of fear of not knowing whether the information could go to their superiors with repercussions. Nevertheless, the researcher tried and overcame these limitations to collect sufficient and representative data to reach the desired conclusions.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter gives reference to what other scholars have written about HIA and AIDS. The literature review in my study concerned the implications of HIV/AIDS on the education sector in Kenya. The literature review will help the researcher with data compilation, statistics analysis as well as in understanding the problem. The materials used in the review included magazines and journals on implications of HIV/AIDS, newspapers articles and education related websites over the internet.

2.1 The impact of HIV and Aids on the education sector

The relationship between AIDS and the education sector is circular – as the epidemic worsens, the education sector is damaged, which in turn is likely to increase the incidence of HIV transmission. There are numerous ways in which AIDS can affect education, but equally there are many ways in which education can help the fight against AIDS. The extent to which schools and other education institutions are able to continue functioning will influence how well societies eventually recover from the epidemic.Gregson, S., Waddell, H. & Chandiwana, S.(2001)

Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.

A decline in school enrolment is one of the most visible effects of the epidemic. This in itself will have an effect on HIV prevention, as a good basic education ranks among the most effective and cost-effective means of preventing HIV.

There are numerous barriers to school attendance in Africa. Children may be removed from school to care for parents or family members, or they may themselves be living with HIV. Many are unable to afford school fees and other such expenses – this is particularly a problem among children who have lost their parents to AIDS, who often struggle to generate income.

Studies have suggested that young people with little or no education may be 2.2 times more likely to contract HIV as those who have completed primary education. In this context, the devastating effect that AIDS is having on school enrolment is a big concern. In Swaziland and the Central African Republic, it has been reported that school enrolment has fallen by 25-30% due to AIDS.

2.1.1 The Impact on Teachers

HIV/AIDS does not only affect pupils but teachers as well. In the early stages of the African epidemic it was reported that teachers were at a higher risk of becoming infected with HIV than the general population, because of their relatively high socio-economic status and a lack of understanding about how the virus is transmitted. This trend appears to have changed, as evidence increasingly shows that the more educated an individual is, the more likely they are to change their behaviour. But HIV and AIDS are still having a devastating affect on the already inadequate supply of teachers in African countries; for example, a study in South Africa found that 21% of teachers aged 25-34 are living with HIV.

Teachers who are affected by HIV and AIDS are likely to take increasing periods of time off work. Those with sick families may also take time off to attend funerals or to care for sick or dying relatives, and further absenteeism may result from the psychological effects of the epidemic.

When a teacher falls ill, the class may be taken on by another teacher, may be combined with another class, or may be left untaught. Even when there is a sufficient supply of teachers to replace losses, there can be a significant impact on the students. This is particularly concerning given the important role that teachers can play in the fight against AIDS. One example is the benefits that a good teacher can give to children who have lost their parents to AIDS:

The illness or death of teachers is especially devastating in rural areas where schools depend heavily on one or two teachers. Moreover, skilled teachers are not easily replaced. Tanzania has estimated that it needs around 45,000 additional teachers to make up for

those who have died or left work because of HIV and AIDS. The greatest proportion of staff that have been lost, according to the Tanzania Teacher's Union, were experienced staff between the ages of 41 and 50.

2.2 Strategies for addressing for HIV and prevention within the educational sector

The HIV/AIDS pandemic has crippled many African nations for years – stifling economic development, eroding the ranks of the civil service and limiting the success of educational systems.

2.2.1 Effects of education at the individual level

According to Kelly (2000), education has a critical role to play in mitigating the effects of HIV/AIDS, providing "knowledge that will inform self-protection; fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self-protection; promoting behaviour that will lower infection risks; and enhancing capacity to help others to protect themselves." Blanc (2000) argues that education promotes both logical and different ways of thinking, which allow better educated people to take action in protecting their health. De Walque offers a different spin on the same conclusion: that as a result of their investment in their future, better educated individuals have stronger incentives to protect their health.

A Global Campaign for Education report (2004) states that without education, young people are less likely to understand the information regarding HIV/AIDS education provided, and less confident in accessing services and openly discussing the HIV epidemic. Kilian (1999) and Blanc (2000) support this idea that school attendance may directly affect access to health services and exposure to health interventions.

The World Bank (2002) states that education protects against HIV infection through information and knowledge that may affect long-term behavioural change, particularly for women by "reducing the social and economic vulnerability that exposes [them] to a higher risk of HIV/AIDS than men", including prostitution and other forms of economic dependence on men.

Gregson et al. (2001) conclude in their research that participation in well functioning community groups has a negative correlation with HIV prevalence rates for young women in rural eastern Zimbabwe. They conclude furthermore that "the school setting can both facilitate the development of community group formation and provide students with easy access to it." Thus, not only do schools provide the education, knowledge and life skills for decreased vulnerability to HIV infection, but they also provide the environment for communities to be able to protect themselves.

2.3 Effects of education at the country level

In this qualitative examination of the effect that educational attainment is expected to have on HIV prevalence rates, there is a more fundamental, extensively researched question to consider: what are the effects of educated populations on the socio-economic development of a country? Education's effect is felt not only on literacy, but also on the "promotion of democratic and tolerance values, and increased productivity...and better health" (Roundtable on Human Resources Development, March 2002).

The World Bank reports that better-educated populations lead to higher economic growth. The recently released report, Teach a Child, Transform a Nation (2004) by the Basic Education Coalition, which includes CARE, International Youth Foundation, Save the Children and Women's Edge, also finds a negative correlation between education and important indicators, for example, health statistics such as infant mortality and fertility rates. An analysis of African data by the former World Bank chief economist, Lawrence Summers showed that children born to mothers who had received five years of primary education were on average 40 percent more likely to survive to age five (Summers, 1994). Multi-country data show that educated mothers are around 50 percent more likely to immunize their children than are uneducated mothers (Gage, Sommerfelt and Piani,1997).

Another multi-country study indicates that doubling the proportion of women with a secondary education would reduce average fertility rates from 5.3 to 3.9 children per woman (Subbarao and Raney, 1995).

While the overwhelming evidence in support of the positive impact of education on such health indicators would allow us to logically conclude that education imparts similar influences on HIV infection, the correlation of levels of education and HIV prevalence rates is more complex and requires further empirical studies.

Education's impact on HIV knowledge

It is important to point out that education not only affects changes in sexual behavior, but also predicts level of knowledge about the disease. A study based on data from the 1998–1999 National Family Health Survey (NFHS) of India found that the higher the level of education of women, the more likely it is that they will have greater awareness of and accurate knowledge on AIDS. Another significant result from this analysis was the importance of informal learning in rural areas: women's knowledge of AIDS depended on interaction with people of equal or higher education levels (Aggarwal, 2004).

A study undertaken in Nepal (Reproductive Health Matters, 2003) confirmed these results: there was a significant correlation between women's level of education, both formal and informal, and their knowledge of HIV/AIDS.

While the positive correlation between level of education and accurate HIV/AIDS knowledge is significant, this does not necessarily reflect a negative correlation between HIV/AIDS knowledge and prevalence rates. In fact, some studies suggest otherwise. The latest research by De Walque (2002) shows that the role of education in reducing HIV prevalence among young adults cannot necessarily be attributed to exposure to HIV prevention classes. His research on Ugandan 18-29 year olds shows that most would have left school by the time school-based HIV prevention classes began in 1996. Thus, it appears that general schooling, not these classes, is what makes the most profound impact on young people's sexual behaviour. Despite such evidence, accurate HIV/AIDS knowledge remains an important and effective component of the comprehensive strategy to protect individuals against infection.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section entails the methods used to collect the data necessary to answer the research.

3.1 Research design

The methods chosen allowed a collection of comprehensive intensive data and provided an in-depth study on why strategies and measures in place had not produced the desired results.

3.2 Population of study

The populations of the study were teachers and pupils in selected primary schools of Kabarnet Zone, Baringo district.

3.3 STUDY SAMPLE

With regard to above, the study employed stratified sampling,

Sampling as follows: -

- For pupils – 30 of the sample suffice.
- Teachers- 30 teachers in the selected schools.
- Administration - at least the head teacher or his deputy in each selected school.

3.4 RESEARCH INSTRUMENTS

QUESTIONNAIRE

Primary data was collected by use of questionnaire and interviews, filled by relevant parties to obtain ideas on what constitute the implications of HIV.These were designed in both open and closed ended form. The method ensured a high proportion of responses and higher returns rate.

INTERVIEW METHOD

This took face-to-face interactions with the representative of the management of the schools. Secondary data will be obtained from the Ministry of Education, magazines, annual report records and other researches done. This gave other information required in the research.

3.5 RESEARCH PROCEDURE

The researcher had an introductory letter from the University and presented it to the area authority to obtain permission for study. This gave directive to the local administrators at grass root level for acceptance. After acceptance by the authorities the major task of collecting data begun immediately.

3.6 DATA ANALYSIS AND INTERPRETATION

The information collected was edited then analyzed to create consistency and completeness. After collecting the questionnaires they were edited for completeness and consistency across the respondents to locate omissions. Information obtained from the research study was presented and analyzed using bar charts, narratives, and statistical figures. That is:-

Descriptive statistics: These were used to measure central tendency, variability and relationship between variables. It included proportions, mean scores and percentage.

Summary statistics: These were used in the presentation of analysis. It included use of mean & percentages, summarized tabulations and frequency distribution.

CHAPTER FOUR

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction

This chapter deals with the analysis of the data as given in the questionnaire and the interviews. The research findings were based on sample size comprising of Kaptimbor primary school, Mumol primary school, Kamgoin primary school, Kiboi primary school, Kapropita primary school and Kapsogo primary school. The respondents were the teachers and pupils from the schools. The summary of the collected data for each factor is presented by the use of tables to give a clear picture of the scores of responses that were gathered.

The following is the response rate in percentage of the sample planned and the actual responses.

TABLE 4.1 Response rate

Type of response rate	Sample planned	Actual response	Response
Teachers	30	28	75%
pupils	30	21	84%
Total	60	49	82%

Source; primary data (2009)

Therefore the response rate:-

$$\frac{\text{Actual number responded} \times 100}{\text{Planned number responded}} = \frac{49 \times 100}{60} = 82\%$$

After compiling the interview data and the questionnaire the interpretations of the implications of HIV/AIDS on the education sector is seen below and since the main theme of the research was to find out the implications of HIV/AIDS on the education sector, most of questionnaires and quantitative analysis will be based on the questionnaire answers.

4.2.0 Teachers Bio-data

4.2.1 Age of Respondents

The results of the field study on age respondent from the selected school where 28 teachers responded revealed that 79% (ii) of the respondents were below 39 years, while 21% of respondents were above 39 years. This is an indication that the sample comprised young professionals are spearheading education growth in Kenya as shown below.

The table below shows % age distribution in years

Age bracket	Frequency	% Age	Cumulative % age
23-30	8	29	29
31-38	14	50	50
39-above	6	21	21
TOTAL	**28**	**100**	**100**

Source;primary data(2009)

4.2.2 Respondents work Experience

The results of the field study on years of work-experience showed that 20% of the respondents ranged between 1-5 years and 40% of the respondents having 5-10 while 40% had 5 and above years of work experience. This signifies that information was collected from teachers with long term experience are represented by 78% of the sample.

TABLE 2

YEARS	NO.OF RESPONDENTS	NO.OF RESPONDENTS (%)
1-5	2	22%
5-10	3	39%
10-above	3	39%
Total	**28**	**100**

Source primary data(2009)

4.3.0 Pupils Bio-data

Out of the 50 target pupils, only 41 responded. The researcher deemed this as adequate and sufficient for the purpose of data analysis since it represented 84%.

4.3.1 Distribution by school

PRIMARY SCHOOL	Frequency	Frequency (%)
Kaptimbor	3	14
Mumol	1	5
Kamgoin	3	14
Kiboi	4	19
Kapropita	7	33
Kapsogo	3	14
Total	**21**	**100**

Source; primary data (2009)

From the table above it can be seen that the research focused on all pupils in the school. T

4.3.2 Distribution by gender

GENDER	FREQUENCY	PERCENTAGE (%)
Male	12	57
Female	9	43

Source;primary data(2009)

The research was carried amongst the sexes as seen from above.

4.3.3 Age of Respondents

The results of the field study on age respondent from the selected school where 21 pupils responded revealed that 39% (ii) of the respondents were 14 years and above, while 39% of respondents were between 12-13 years, while 22% were between 10-11%. This is an indication that the sample comprised of all the target sample of pupils as shown below.

The table below shows % age distribution in years.

Age bracket	Frequency	% Age	Cumulative % age
10-11	2	22	22
12-13	3	39	39
14-above	3	39	39
TOTAL	**21**	**100**	**100**

Source; primary data(2009)

4.4 Pupils analysis

Table 4.2.5

Summary of response on whether HIV/AIDS was impacting on the education sector

RESPONDENT	FREQUENCY	PERCENTAGE
YES	21	100
NO	0	0
TOTAL	**21**	**100**

Source; primary data (2009)

All the respondents who responded said that HIV/AIDS was impacting negatively on the education sector in Kenya.

Table 4.2.6 Summary of response on whether preventive measures in place were Effective

RESPONDENT	FREQUENCY	PERCENTAGE
Great extend	7	33
Very Great extend	3	14
Lower extend	4	19
Very low extend	7	33
TOTAL	**21**	**100**

Source; primary data (2009)

According to table 4.2.6 it clearly shows that preventive measures have been effective to a great extent according to 33% of the respondents., 14% said effects

to great extend (19%) said to a lower extend said to lower extend while (33%) said that affects to a very low extend

Table 4.9 Summary of response on whether there are challenges encountered in the implementation of prevention strategies

RESPONSE	FREQUENCY	PERCENTAGE
Very high	12	57
Moderate	5	24
Low	3	14
Very low	1	5
TOTAL	**21**	**100**

Source; primary data(2009)

According to the majority of respondents (57%) responded that there were challenges encountered in implementation of prevention strategies, (24%) said they were moderate while (14%) and 5% responded they were low and very low consecutively.

4.5.0 Teachers analysis

Table 4.15 summary of response whether HIV/AIDS is impacting on the education sector

RESPONDENT	FREQUENCY	PERCENTAGE
Yes	28	100
NO	0	0
Total	28	100

Source; primary data (2009)

From the above table all the respondent said that the socio-economic factors influence a student on drug abuse.

Table 4.16 summary of response on how effective are the preventive measures to caution pupils against HIV/AIDS.

RESPONSE	FREQUENCY	PERCENTAGE
Very effective	10	36
Effective	12	43
Very low effect	6	21
No effect at all	0	0
Total	28	100

Source: primary data(2009)

From the table above majority of response (43%) said that the preventive measures were effective while (36%) said that it was very effective while the remaining (21%) said that it had very low effect.

Table 4.17 summary of response on whether there are challenges encountered in the implementation of prevention strategies.

RESPONDENT	FREQUENCY	PERCENTAGE
NO	4	14
YES	24	86
TOTAL	**28**	**100**

Source; primary data(2009)

From the above table majority of respondents (86%) said that there were challenges especially to them as teachers in implementing the policies from the ministry of education since the information from the ministry of health was missing. While (14%) said there were no challengers encountered.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion of the findings

One of the main findings of this study is the confirmation that uneducated girls face greater risks of HIV/AIDS, sexual exploitation and child trafficking. They are also less likely to have healthy children and less likely to send their children to school. Estimates indicate that there are around 115 million children out of school worldwide, the majority of them girls and millions of them affected by HIV/AIDS.

Another finding of the study is that drug abuse is a major contributor to HIV/AIDS transmission

The promotion of student self-esteem and a positive school atmosphere should permeate any HIV/AIDS prevention program. An emphasis on active learning, higher academic standards, and individualized instruction can help maintain students' focus on their own education.

Dealing with potentially dangerous substances and issues of intrusion and invasion of personal freedom necessitates a thorough and updated knowledge of relevant laws. Firm, consistent policies against drug and alcohol abuse lend credibility and seriousness to assistance programs. It is also important to involve students in peer support groups and student-organized, drug-free social activities.

The best plans are comprehensive, long-term, and integrated into overall school curricula and policy. They respond to the diverse needs and particular characteristics of each school district and each student. And, as Sagor(1999) reminds, we must restructure our institutions "to focus on youth's legitimate need for self-esteem and usefulness... we must make peace with our children."

Evidence shows that early in the AIDS epidemic, there was a positive correlation between levels of education and HIV prevalence. What is less evident is whether this correlation is a global pattern or country-specific, i.e. countries where the epidemic has had a later start

could initially experience the same positive correlation between level of education and HIV prevalence at the population level, and over time show evidence that the higher educated respond more quickly to the epidemic through sexual behaviour changes than the less educated. It would be interesting to see the evidence and analysis correlating education and HIV prevalence over time in countries with earlier incidences of HIV, such as the Democratic Republic of Congo and Rwanda, compared with the evidence from countries with late incidences of HIV.

While the influence of a secondary education seems to have a greater impact than primary education on decreasing HIV infection levels, there is no specific breakdown of the impact that each additional year of education (for primary school and secondary school) has on HIV rates. In addition, further research and analysis on the percentage of primary school students who enter secondary school would be relevant.

While there has been much research on the differential impact of education on males and females, there has been relatively little on rural and urban sub-populations. The evidence available indicates a less negative correlation between education levels and HIV prevalence for rural populations. In any case, these sub-populations need further examination.

There is strong evidence of the positive effect of mothers' levels of education on the health of their children. It may be interesting to examine the effect of mother and father education levels, and their impact on the HIV infection levels of their children, although this may be difficult to research and correctly attribute. A higher parental educational level/lower child infection rate would have interesting implications in terms of producing a compound effect of decreasing prevalence rates.

The research available seems to indicate that DHS survey evidence and other surveillance data collected between "1990-1995/6" constitutes the "early evidence", showing no correlation or a positive correlation between education and HIV prevalence.

Unfortunately, it is difficult to be more precise because the time range does not determine which year or years were the turning points towards negative correlation. This may be a limitation in making conclusive statements concerning the available research.

While educating young people, especially girls, is critical to mitigating the epidemic, the harsh reality is that tuition and other school fees may hinder many students from receiving a primary education. There is a global push for universal primary education (Millennium Development Goal, no. 2) and some countries are putting Universal Primary Education (UPE) on their national agendas. Development partners, in partnership with others, needs to work with governments to maintain UPE in place, not only as a Millennium Development Goal, but also as a strategy for combating the epidemic.

There needs to be closer scrutiny of both general education curricula, which are often overloaded and outdated, and HIV prevention curricula, and whether they will both live up to the challenge of educating a generation growing up in the era of AIDS. HIV prevention curricula need to be taught within an environment of frank discussion and concrete learning. Some research has shown that this has not been the case in many countries, however. General education curricula need to incorporate subjects "relevant to the most important issues of their lives and [which] equip them to address health, social and economic issues with accurate, practical information", as recommended by participants from a US Agency for International Development (USAID) Colloquium on HIV/AIDS and Girls' Education (25-26 October 2000). WFP, with others, should advocate for education curricula which address the needs of this generation of young people.

Moreover, there has been much evidence and literature indicating the destructive impact of the epidemic on the education system as a whole. HIV/AIDS is rapidly decimating both the supply of educators and the demand for education by young people. Therefore advocating higher levels of education as a strategy for stemming future HIV infections may place even greater pressure on a system on the brink of collapse. WFP should partner with NGOs and other

As Vandemoortele and Delamonica conclude, the face of AIDS is changing. While evidence from the early 1990s showed a positive correlation between levels of education and HIV prevalence, recent evidence presented in this review indicates otherwise – the less educated are becoming increasingly vulnerable to HIV infection. While the effect of education on sexual behaviour such as condom use, multiple sexual partnerships and the age of first sexual experience may differ depending on the affected sub-population, and while all the evidence correlating levels of education and HIV prevalence is not yet conclusive, higher levels of educational attainment are increasingly correlate with safer sexual behaviour and thus lower HIV prevalence rates.

With the changing face of AIDS, an appropriate response to this recent evidence would be to increase the educational opportunities available to young people, particularly for those children least likely to receive them.

Despite the fact that "sustaining and building upon existing education services will be extremely difficult and will require extensive resources. the attempt has to be made and will pay dividends in reducing HIV transmission, morbidity, mortality, as well as in underpinning more positive development strategies.(Gregson and Waddell, 2001). To this end,The Ministry of Education has an important role to play: focusing on educating children of some of the poorest and highest AIDS impacted regions of the world by increasing enrolment and attendance in school through school feeding programmes, and working collaboratively with governments, donors and NGOs to achieve this objective.

5.2 CONCLUSIONS

Recognize the seriousness and increase the priority placed on HIV/AIDS as a social problem: develop a series of drug indicators of the many problems that countries, organizations of the United Nations system and other public and private institutions deal with, addictive disorders have historically not been ranked in the first place.

While awareness is increasing, decision makers require better data: good policy and programmes require good analysis. No single measurement or data aggregate can reflect

the complex nature of drug abuse problems, but basic indicators are needed for planning and action. All estimates are in some ways incomplete, but an incomplete estimate used well is better than none at all.

What is the social and economic drain of HIV/AIDS? Answers to this question are needed to facilitate policy planning. Current efforts to prepare estimates of costs, now under way in some countries, should continue, providing models for the assessment of costs at both the national and international levels. These estimates should include direct and indirect cost elements involving health, crime, education, poverty and employment impacts.
International agencies have a wealth of expertise on HIV/AIDS, and their combined experience gives a unique opportunity to tackle complex problems. A mechanism of collaboration is needed to focus cooperation of international agencies on selected drug abuse problems. An example of a suitable area for collaborative work by agencies is drug abuse by children in the developing world: use of marijuana, volatile solvents, glues and other cheap intoxicating substances must be prevented.

Widespread throughout the world, this kind of problem needs the active collaboration of agencies such as UNICEF, ILO, and UNESCO, "0, and the World Bank. Other examples of problems suitable for this type of international collaboration are drug abuse, crime and violence, preventive education and integrated rural development as they pertain to drug abuse, and AIDS.
Under the umbrella of UNDCP, the combined expertise of key organizations of the United Nations system and other organizations could develop models for uniquely effective interventions.

5.3 RECOMMENDATIONS

The resulting recommendations given in this report are based on the lessons that have been learned from planning, managing and implementing the project highlighted above. The policy recommendations provide a sound basis for further policy planning and development in the field of drug abuse prevention. They are summarized as follows:

To ensure continuity, and to achieve the desired objectives, appropriate and relevant legislation should be adopted.

Policy makers should invest in the provision of information about and training in evaluation methods, and appropriate tools, in order to disseminate evaluation principles and practice throughout a country.
When possible, agencies directly or indirectly involved with the HIV/AIDS problem should engage in multi-sectoral and inter-institutional collaboration to pool resources and develop a common strategy.

Governments should promote the decentralization of HIV/AIDS prevention, and should strengthen the technical capacity of Municipalities and local authorities to tackle the HIV/AIDS problem. Appropriate levels of funding and support should be made available to those non-government organizations that are better placed to implement policy through practice.
Local and national experts, and the target groups, should be consulted and involved in any planning and decision-making processes relevant to policy and the development of programmes and projects. A range of programmes, consisting of universal, selective and indicative components, need to be developed in order to serve the needs of different target groups, depending on the nature and extent of the AIDS pandemics

.

As part of the work in prevention of HIV/AIDS, employment, recreational and educational opportunities need to be provided to young people to increase their choices for a healthier life style.Drug abuse and HIV/AIDS prevention, and health education in general, should be part of the national school and college curriculum

.

Individuals, as well as organizations, should be provided with relevant training in HIV/AIDS prevention practices, in order to enhance their capacity to deliver efficient and effective programmes within a country.

5.4 AREAS OF FURTHER STUDIES

While the influence of a secondary education seems to have a greater impact than primary education on decreasing HIV infection levels, there is no specific breakdown of the impact that each additional year of education (for primary school and secondary school) has on HIV rates. In addition, further research and analysis on the percentage of primary school students who enter secondary school would be relevant.

More research into the prevalence and social dimensions of HIV/AIDS needs to be commissioned to enable funds to be directed where they are most needed.

REFERENCES

Caldwell, J. C., Orubuloye, I.O. & Caldwell, P. 1999. Obstacles to Behavioural Change to Lessen the Risk of HIV Infection in the African AIDS Epidemic: Nigerian Research. Resistances to Behavioural Change to Reduce HIV/AIDS Infection, 113-124.

Crampin, A., Glynn, J.R., Ngwira, B.M., Mwaungulu F.D., Ponnighaus J.M., Warndorff D.K. & Fine P.E. Trends and measurement of HIV prevalence in northern Malawi. AIDS 2003. 17:1817-1825.

De Walque, D. 2002. How Does the Impact of an HIV/AIDS Information Campaign Vary with Educational Attainment? Evidence from Rural Uganda. Washington, DC., USA, The World Bank Development Research Group.

De Walque, D. 2002. How Does Educational Attainment Affect the Risk of Being Infected by HIV/AIDS? Evidence from Uganda and Zambia. Chicago, USA, The University of Chicago.

Gage A.J., Sommerfelt, E. & Piani, A. 1997. Structure and Childhood Immunization in Niger and Nigeria. Demography Household, 34(2): 295-309.

Gregson, S., Waddell, H. & Chandiwana, S. 2001. School Education and HIV Control in Sub- Saharan Africa: From Discord to Harmony? Journal of International Development, 13(4): 467-485.

Hargreaves, J.R. & Glynn, J.R. 2002. Educational Attainment and HIV Infection in Developing Countries: A Systematic Review. Tropical Medicine and International Health, 7(6):489-98.

Kelly, M.J. 2002. Defeating HIV/AIDS through Education. Paper for Presentation to the National Conference on HIV/AIDS and the Education Sector – An Education Coalition Against HIV/AIDS, Midrand, South Africa, 31 May 2002.

Kilian, A., Gregson S., Ndyanabangi B., Walusaga K., Kipp W., Sahlmuller G., Garnett G.P., Asiimwe-Okiror G., Kabagambe G., Weis P. & von Sonnenburg, F. 1999. Reductions in Risk Behaviour Provide the Most Consistent Explanation for Declining HIV-1 Prevalence in Uganda. AIDS, 13: 391-398.

Smith-Estelle A. & Gruskin, S. 2003. Vulnerability to HIV/STIs among Rural Women from Migrant Communities in Nepal: a Health and Human Rights Framework. Reproductive Health Matters, 11(22): 142.

Vandemoortele, J. & Delamonica, E. 2000.The Education Vaccine against HIV. Current Issues in Comparative Education, 3(1).

Waithaka, M. and Bessinger, R. 2001.Sexual Behaviour and Condom Use in the Context of HIV Prevention in Kenya. Nairobi, Kenya, Population Services International.

APPENDIX I

BUDGET

NO.	ACTIVITY	COSTS	
		Kshs	Ushs
1.	STATIONARY	3,000	100,000
2.	TYPING AND PRINTING	3,500	62,500
3.	TRANSPORT	2,500	75,000
4.	MEALS	1,500	70,000
5.	PHOTOCOPY	2,500	37000
6.	INTERNET AND AIRTIME	2,000	25,000
7.	MISCELLANEOUS	5,000	125,000
TOTAL		27,500	424,500

APPENDIX II

TIME FRAME

ACTIVITY	PERIOD	OUTPUT
Proposal writing	13/4/2009	Proposal submission for approval
Field customization	May 2008	initial information collection
Developing instruments	June 2008	Developing of instruments
Data collection	June 2008	Coding and entering of data
Data analysis	July 2008	Analyzing and interpretation of data
Preparation of report	August 2009	Submission of dissertation

APPENDIX III

QUESTIONNAIRE

My name is Joyce Wambeti Kiunga, a student from Kampala International University, Institute of Open and Distance Learning.

Am collecting data in relation to HIV impact on education sector in Kenya, I request for your cooperation and I promise not to take much of your time.

Please note that we do not mention people's names to ensure privacy and confidentiality.

TICK WHERE APPROPRIATE

1) SEX: MALE ( ) FEMALE ( )

2) MARITAL STATUS:

MARRIED ( )

SINGLE ( )

EDUCATIONAL LEVEL:

- SECONDARY LEVEL ( )
- UNIVERSITY LEVEL ( )
- PRIMARY LEVEL ( )

PART TWO: Impact of HIV on the education sector in Kenya.

1) Does your school accommodate HIV+ students?

YES [ ]

NO [ ]

2) For how long has it been in implementation?

.....

3) Do you get any financial support from the ministry of education?

YES [ ]

NO [ ]

4) Are there teachers affected by HIV who are still in practice?

YES [ ]

NO [ ]

5) Is there stigmatization in your school?

YES [ ]

NO [ ]

6) What happens incase stigmatization is reported?

.....

.....

.....

7) Is the implementation of the HIV/AIDS policy from the ministry of education helpful?

.....

.....

8) How is the school coping with the HIV impact?

.....

.....

9) Why does HIV affected pupils dropout out of primary education?

.....

.....

10) Has the government done enough to minimize the effects of HIV?

.....

.....

THANK YOU