EFFECT OF HIV/AIDS ON ACADEMIC PERFORMANCE OF SECONDARY SCHOOL STUDENTS IN KABAROLE DISTRICT.

A CASE STUDY OF KIBIITO SUB-COUNTY.

BY

NANFUMBA DANIEL

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APRIL 2019

DECLARATION A

I certif	y that th	is researc	ch project	is my	original	work	and	has	never	been	presented	for	an	award
of a de	gree or a	any other	academic	purp	oses in ar	ıy oth	er ur	niver	sity.					

DATE 10 /04 | 2019
SIGN
NANFUMBA DANIEL

This project has been submitted for examination with my approval as the University of

Kampala International University Supervisor

DATE 10M04/2019

SIGN.....

Miss. SHIDA SUZAN

Senior lecturer

Department of Sciences with Education Kampala International University.

DECLARATION B

I certify that this research project is my original work and has never been presented for an award of a degree or any other academic purposes in any other university.
DATE
SIGN
Nanfumba Daniel
This project has been submitted for examination with my approval as the University of
Kampala International University Supervisor
DATE
SIGN
Miss.Shida Suzan
Senior lecturer

Department of sciences with Education Kampala International University.

DEDICATION

To the Almighty Allah for His support and encouragement that kept me focused during the tenure of study at Kampala International University.

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ACRONYMS AND ABBREVIATIONS

AIDS Acquired immunodeficiency syndrome

ARVs Antiretroviral

CEE Centre for Environment Education
CIS Council of International Schools

CLWHA Children living with HIV/AIDS

C.R.C Convention on the Rights of a Child

SSE Secondary School Education

D.E.O District Education Officer

E.C.D Early childhood development

HIV Human Immune Virus

MDG Millennium Development Goals

MOH Ministry of Health

NASCOP National AIDS STIs Control Program

NGO Non- governmental organizations

PIASCYPresidential initiative on AIDS strategy for communication to youth

PLWHA People living with HI V/AIDS

SPSS Statistical Package for Social Sciences

SRII Sexual and Reproductive Health

STIs Sexually Transmitted Infections

UNICEF United Nations International Children's Emergency Fund

UNA United Nations Aids

UN United Nations

UNAIDS The Joint United Nations Program on HIV/AIDS

UNESC United Nations Educational, Scientific and Cultural Organization

WHO World Health Organization

VCT Voluntary Counseling and Testing

ABSTRACT

The effect of HIV/AIDS on secondary school students in Kibiito sub-county Kaborole district. The research adopted a case study design targeting a number of 4 schools. The Centre has four secondary schools both public and private. The researcher employed purposive sampling technique. The data was then analyzed using percentages, pie charts, tables, bar graphs and frequency distribution techniques using SPSS Version 16. The study established that Students with HIV/AIDS have challenges ranging from absenteeism occasioned by their attendance to medical care as well as caring for their aging and ailing parents. This eventually forces them to drop out of school when their parents die. The study recommends that Students living with HIV/AIDS should be supported by the government through provision of free secondary school education to ease the burden on parents. Child headed families should be eradicated by identifying orphans and initiating consultation development funds to help them with bursaries to reducepoverty.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

In this chapter, the historical perspective, the conceptual perspective and the theoretical perspective of the study is given, a statement of the research problem is made, the objectives of the study are spelt out, research questions are posed; the significance of the study captured, followed by the scope and limitations of the study and the conceptual framework shown.

1.1.1 Historical perspective,

The Human Immunodeficiency Virus (HIV) that leads to Acquired Immune Deficiency Syndrome (AIDS) is the most severe epidemic facing the entire world today. Once a person developed AIDS, a variety of other ailments occur because the body is incapable of combating other germs or virus that causes diseases. The origin of the virus is unknown. According to the World Bank (1999) report on the impact of HIV/AIDS in education in Uganda, the impact is likely to be felt more in terms of reduced supply and demand for education service, though it is not well documented.

HIV/AIDS epidemic will also reduce the demand for education Uganda. Families that are affected will have fewer resources available for medication and school fees. Consequently, few children will be able to afford or complete schooling. Girls are likely to be affected more because they are forced out of school more than boys to take care of sick family members, or to work in order to make up for lost family income.

Over the last decade, HIV/AIDS has become the most devastating pandemic in Uganda plus the whole world at large which has led the government to declare it as a national disaster and on 1st December it was made an international day for HIV/AIDS. According to World Vision (2000), the effect of HIV/AIDS has been felt by countries and has had devastating effects on the development of the economy, education and agricultural sectors. In the education sector, for example learning has been negatively felt when teachers die. As a result, this affects children because they stay for some days without being taught. In other cases, students do not concentrate in class due to their parents sickness or death or being stigmatized in school because of being sick.

1.1.2 Conceptual perspective,

According to Rachel and Ramney (1987), Kombo and Tromp (2006), a conceptual framework is a set of ideas and principles taken from relevant fields of inquiry and used to structure subsequent presentation.

The effects of HIV/AIDS have been felt by the infected students as they undergo the learning process. This is contributed due to a number of factors like, the students' attendance to regular health care services due to frequent illness and caring for their ailing relatives hence resulting into absenteeism leading to poor performance as he /she misses classes. Fear of free interaction with both teachers and students by the infected students this leads to low self-esteem and confidence leading to absent mindedness hence hindering active participation in their learning process. Discrimination by both teachers and students, this results to student's isolation and self-pity hindering the students active participation in class which a times leads to school dropout. Opportunistic infections like losing weight, rough skin also leads to being absent minded especially when the teacher is teaching and these impacts negatively on their classroom performance hence poor grades in progressive terms.

1.1.3 Theoretical perspective,

The study is modeled on John Dewey (1952) theory that children are vulnerable. Dewey emphasized that childhood is an important phase of human growth and development and that children are born with an intrinsic potential to learn (KIE Module, 2009). Dewey explained that child labor and discrimination did not allow children access education. He emphasized that education should prepare children to live in the society. Education for children should provide social skills. Dewey's theory applied in this thought that children are vulnerable persons in the society and therefore should be given an opportunity to develop and learn in order to a successful future generation. This is important in our country Uganda in order to achieve vision 2030. Inspite of their status, children need to be assisted in order to participate fully in classroom activities. Dewey observed that orphans should be assisted as much possible. Teachers and the community should not discriminate against students living with HIV/AIDS during classroom activities.

1.2 Statement of the problem

Today, Uganda has a vision to plummet the infections to zero. Uganda's fight against HIV/AIDS has been on for almost 30 years. There was a very high rate of HIV infection experienced in Uganda during the 1980s and early 1990s. Today, the country has a vision to plummet the infections to zero, using the 90, 90, 90 strategy. The 90, 90, 90 is an ambitious treatment target that was launched by UNAIDS and other partners. It is aimed at diagnosing 90% of all people living with HIV, provide antiretroviral therapy (ART) for 90% of those diagnosed, and achieve viral suppression for 90% of those treated by 2020.

According to Uganda Population-Based HIV impact assessment UPHIA report of 2016, the national prevalence of HIV/AIDS was at 6% as compared to 30% in the early 1980's when many Ugandans were getting to know about the disease. The report also indicated that the country has made a lot of progress in the national HIV response. For instance, among women and men, HIV prevalence declined from 8.3% and 6.1% in 2011 to 7.5% and 6% in 2016 respectively. According to the acting director general of the Uganda AIDS Commission, Dr Nelson Musoba, and Uganda was a success story in the early phase of the epidemic. We reduced the HIV prevalence from 18% in the 1990s to 6.4% by 2005. The mainstay of our efforts was prevention. In June 2017, through PIACY the President launched the Presidential fast track Initiative to end AIDs as a public health by 2030.

The initiative highlights five areas of focus: Engaging men in HIV prevention to close the gap on new HIV infections especially among adolescent girls and young women, accelerating implementation of test-and-treat to achieve 90:90:90 especially among men, consolidating progress on elimination of mother-to-child transmission of HIV, ensuring financial sustainability for the HIV response, ensuring institutional effectiveness for a well-coordinated multi-sectoral response. The UNAIDS country director, DrKarusaKiragu-Gikonyo says Uganda is doing well in eliminating HIV/AIDS in the country and that with continuous efforts, the epidemic will be history by 2030. Most of these organizations involved in HIV and AIDS are not funding sources but rather implementing partners. The external funding sources for HIV and AIDS have been reducing and now remain limited. The AIDS Trust Fund will help minimize on the dependency on foreign assistance.

1.3 Purpose of the Study

The purpose of the study was to investigate the effect of HIV/A1DS on academic performance of Secondary school students in Kibiito Sub-county Kabarole district, Uganda.

1.4 Research Objectives

The study objectives are as below;

To examine the effect of HIV/AIDS on the performance of students in Kibiito Sub-county Kabarole district.

To examine the factors that contribute to poor performance among secondary students living with HIV/AIDS in kibiito Sub-county Kabarole district.

To show how HIV/AIDS has impacted the learning process in response to the performance of secondary students within Kibiito Sub-county Kabarole district.

To suggest the possible solutions on how HIV/AIDS vulunerable students can improve on their performance in schoolswithin Kibiito sub-county Kabarole district.

1.5 Research Questions

The study was guided by the following research questions:

What are effects of HIV/AIDS on the performance of secondary students in Kibiito Sub-county Kabarole district?

What are the factors contributing to the poor performance among children living with HIV/AIDS in Kibiito Sub-county Kabarole district?

How HIV/AIDS has impacted the learning process in response to the performance of secondary students within Kibiito Sub-county Kabarole district?

What arethe possible solutions on how HIV/AIDS vulnerable students can improve on their performance in schoolswithin Kibiito sub-county Kabarole district?

1.6 Scope of the study

1.6.1 Geographical scope

This study took place in Kabarole district in four schools whichare Kibiito high school, River side SSS, Kibiito girls school within Kibiito Sub-county in Kaborole district will be interviewed to have valid data or information. 1.6.2 Time scope

This research took a duration of three months that is from January – march 2019 when the data will be collected and analyzed

1.7 Significance of the study:

- i. This study acts as my partial fulfillment to the award of a degree in bachelors of Science with education of Kampala international university.
- ii. This study will be used by Kampala International University as a sign that I am eligible to be awarded a degree in bachelors of Science with education.
- iii. This study will be used by the teachers to establish the effect of HIV/AIDS on the performance of secondary school students and recommend possible solutions.
- iv. It may also be used by the Ministry of Education Science and Technology in order to establish the best interventions to help the students affected by HIV/AIDS pandemic.
- v. The NGOs and other organizations may benefit from the findings in order to levy the strategies on interventions on learner's performance in Kibiito Sub-county Kabarole district.

1.8 Scope of the study

The study was based on specific area, which is Kibiito Sub-county Kabarole district. This was among many villages in Uganda which may not be necessary give a clear representation of what goes on in all villages in Uganda. The population covered in this research comprised of four schools that are in one way or the other infected or affected by HIV/AIDS and their views could vary compared to different counties in Uganda.

CHAPTER TWO REVIEW OF RELATED LITERATURE

2.0 Introduction

In this chapter it starts with introduction, and then it is splinted into four different sections that correspond to the research objectives that illustrate the impacts of HIV/AIDS globally, HIV/AIDS in Uganda context and prevalence per district. It also explores the education for all and millennium development goals, the effect of HIV on families and communities, situation of children living with HIV/AIDS performance in class,

HIV/AIDS demands for education; students learning process in relation to HIV/AIDS. In addition it also includes challenges facing students with HIV/AIDS, strategies to access formal education for students living with HIV/AIDS and learner's performance in S.S.E classroom in Uganda. The chapter concludes with interventions, decline of HIV/AIDS, theoretical and conceptual framework.

2.1.0. Factors that examine the performance of students living with HIV/AIDS.

2.1.1 Education for All and Millennium Development Goals

The growing number of children who are made vulnerable by HIV/AIDS threatens the achievement of Education for All (EFA) and Millennium Development Goals (MDG). Policy recommendation assign schools key roles in meeting the needs of vulnerable children, but there is a wealth of evidence about how vulnerable children are while in their communities. The case study of school and vulnerable children in Uganda, Malawi and Zimbabwe shows that although schools are materially and symbolically well positioned to serve an institution base to meet the needs of vulnerable children (VC), schools are not accountable for these children and have not reorganized or built capabilities to meet their spiritual needs.

2.1.2 Situations of children living with HIV/AIDS performance in class

According to Dakar conference for all (2000) education in a world with HIV/AIDS cannot be the same as education in a world without AIDS. The study stipulates that in many countries today, children and adolescents are growing up amidst multiple challenges exacerbated by the direct or indirect threat of HIV/AIDS infection. The conference further cited that the challenges facing Sub-Saharan Africa are particularly dramatic. In this region, 90% of all of all HIV infections are found, one third of the student then do not attend school and the number continues to increase.

The conference further stated that numerous international normative text and global agreement have reaffirmed the basic right to education for all (Jomtien, 1990).

2.1.3 HIV/AIDS and demand for education

Enrolment figures have declined as HIV/AIDS spread. The overall demand for general education, for vocational and tertiary education has dropped. This has implication on learner participation in that most classes have no teachers while others have large classes and this makes it difficult for the teacher to give attention to all the children especially slow learners. The conference further cited that AIDS has reversed progress in reducing infant and child mortality, drastically affecting the actual population entering school in the most affected areas.

According to UNICEF (2004) the number of young people dropped out of school has increased, and school attendance has dropped due to various HIV related phenomena affecting students such as having to cope with personal illness, caring for family member's trauma related to illness and sudden death of a member of the family. Discrimination and stigma decline financial support from parents and the need to work to earn some income adversely affects the infected persons. The estimated 10 million orphans exacerbate such problems under 15 years of age in the African region. A few incentives should be introduced in order to attract student to come to school. Lack of essential learning resources and basic needs result in poor performance in class. Studies have shown that evidence about the value of education has spread as parents perceive the early death of their children as likely and thus are unwilling to spend their limited resources on education and this has implication of students living with HIV/AIDS to dropping completely out of school.

2.2.0. The factors that contribute to the poor performance among students with HIV/AIDS.

2.2.1 The effect of HIV on families and communities

HIV affects students in ways that can diminish their childhood and as a result limit their choices and opportunities for successful survival throughout their life. Circumstances surrounding an individual's life coupled with social context in family and community they live in during childhood can increase the probability that they will one day be exposed to and infected by HIV. In order to develop appropriate means to enable protect people either children or adults against infection and or being affected by HIV/AIDS, adequate measures must be put in place.

2.2.2 HIV/AIDS students' performance in SSE

According to AIDS Support Organization TASO, high death and mortality rates of teachers, administrators and children have severely affected the supply of educational services in schools. Teaching time and quality education are more thematic in the most affected countries as both teachers and pupils are irregular due to HIV related reasons. In such schools, stopgap solutions such as group teaching may become a more common way of coping with this situation. This is because group teaching do not allow for effective students performance in classroom.

2.2.3 The students learning process in relation to HIV/AIDS

According to world education forum (2006), social interaction may change among children, teachers and communities due to discriminatory attitude and behaviour towards HIV/AIDS infected individuals. The forum continues to say that young girls may face increased risk of sexual exploitation at school and in the community especially where they are regarded as 'safe' because these children are perceived to be free from infections. This may traumatize the children or they may become pregnant and drop out of school. The studies further state that teachers and other education personnel are not generally well informed nor well prepared for dealing with HIV/AIDS related issues in their own lives apart from the classroom. However, technology has the potential to overcome geographical distance in order to empower teachers and learners through information, and bring the world into the classroom. This is done through the media such as Television, Internet and Newspapers.

2.3.0. Challenges facing Students with HIV/AIDS

Ayieko (1998) observed that the affected students undergo serious times in their learning process. Some of these children especially girls drop out of school in order to care and provide for their orphaned siblings they too are vulnerable to HIV/AIDS. Studies show that children living with HIV/AIDS result in considerable disruptions in the learning process. The studies further reveals that social interaction is a problem due to discriminatory attitudes and behaviour towards HI V/AIDS infected individuals, (Ayieko 1998).

According to Achoka (2005), children born of infected parents suffer immensely. They lack proper dietary needs, medical care, clean habitats and these are essential requirements for active performance in classroom situation. Such children are predisposed and are disadvantaged in

accessing to secondary school from conception to primary school age. They suffer improper growth due to financial difficulties of their parents and this may affect their cognitive development hence low performance in classroom learning process. Central Bureau of statistics Republic of Uganda (2006) cited that children, who are born to infected parents, die at the tender age of less than five years or encounter stunted growth which is an impediment to learner's performance in classroom learning process.

2.4.0. Strategies to access formal education for children only with HIV/AIDS (CHWA)

Preventing HIV/AIDS infection and dealing with the fear and discrimination derived from the epidemic requires careful attention to a range of cultural, social, religious, health and education issues, as well as the ethical and moral ramifications of interventions. HW/AIDS is linked to issues that are at the heart of education, such as human rights, the status of women discrimination, personal relationships, community development, social responsibility and Health World Vision (HIV, 2003). The studies further cited that to achieve sustained control over HIV/AIDS, a multi sectoral analysis of its impacts is reacquired and integrated responses must be developed. However, the focus of this strategy session is first to analyze the need for education sector and then identify process and measures that can facilitate education process of the affected children.

UNICEF (2007) stipulated that a 3 year pilot began in April 2007 in partnership between the Child-to-Child Trust and UNICEF will support programmes in a small number of countries worldwide to increase enrolment to standard one in primary schools and to minimize increased drop out, particularly among disadvantaged communities, where students have no opportunities to attend secondary schools. According to a project called Child to-child approaches caring in homes (KANCO, 2007) enable secondary school students to meet the needs of students during a critical period in their development and preparedness for school. The goal is to increase both the student's readiness for school and the schools readiness to foster optimal learning environments for its growing students.

According to Uganda AIDS NGOs consortium (KANCO, 2007) students with behavioral problems are those who require a different kind of intervention and stimulation, understand that it will take them a longer period of time to achieve their potential and may require more parenting effort. This means that with love, the,' are likely to participate in the learning process.

The studies further said that the student project also help individual children to achieve their potential in their areas of strength. This creates a conducive learning environment even for student living with HIV/AIDS KANCO (2007) continued to say that students play should be emphasized in learning because children learn to interact, communicate, make adjustments, learn to tolerate and share through playing together.

2.5 HIV/AIDS and learner performance in SSE classroom in Uganda

According to World AIDS Day (Daily Nation, 2009), Uganda wins United Nations praise and wants to put more people on ARV drugs. Emerging evidence indicates that current HIV interventions are saving lives and showing the rate of new infection in Uganda and several other countries. This has an implication that most people will be on ARV drugs (300,000 to 480,000 in the next two years). According to UN data released in 2007, Uganda was among a handful of countries that have reduced the number of AIDS related deaths by 25% in the last eight years. The Uganda national AIDS strategic plan seeks to reduce new HIV infections by 50% in the next five years. This will lead to high enrolment rate in secondary schools.

2.6 Research Gap

By 2007 about 3.3 million people worldwide were infected with the pandemic, but more people are living longer due to the availability of drugs (UN report 2007). This is so with child mortality rate and mobility laws contributing to high participation in classroom enrolment. The increase emanates from the fact that their parents do not die leaving students to learn in SSE centres. These challenges motivated the researcher to conduct a study in Kibiito Sub-county Kabarole district.

2.7 Theoretical framework

The study is modeled on John Dewey (1952) theory that children are vulnerable. Dewey emphasized that childhood is an important phase of human growth and development and that children are born with an intrinsic potential to learn (KIE Module, 2009). Dewey explained that child labor and discrimination did not allow children access education. He emphasized that education should prepare children to live in the society. Education for children should provide social skills. Dewey's theory applied in this thought that children are vulnerable persons in the society and therefore should be given an opportunity to develop and learn in order to a successful future generation. This is important in our country Uganda in order to achieve vision 2030.

Inspite of their status, children need to be assisted in order to participate fully in classroom activities. Devey observed that orphans should be assisted as much possible. Teachers and the community should not discriminate against students living with HIV/AIDS during classroom activities.

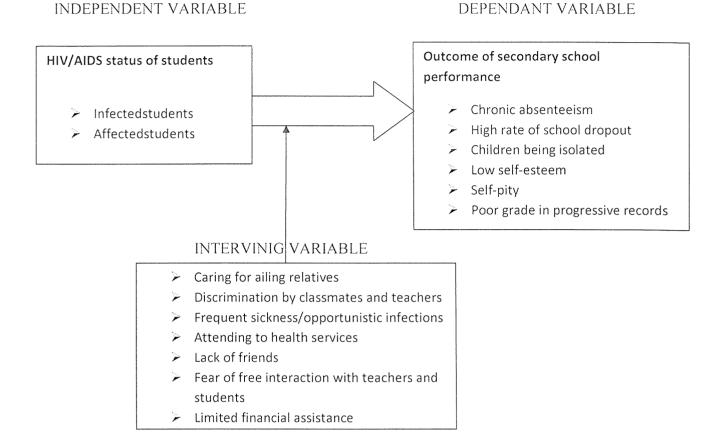
2.8 Conceptual framework showing perceived effect of HIV/AIDS on learner performance on SSE classrooms

According to Rachel and Ramney (1987), Kombo and Tromp (2006), a conceptual framework is a set of ideas and principles taken from relevant fields of inquiry and used to structure subsequent presentation.

Conceptual framework involves forming ideas about relationship between variables in the study and showing these relationships graphically (Mugenda and Mugenda, 2003).

The effects of HIV/AIDS have been felt by the infected students as they undergo the learning process. This is contributed due to a number of factors like, the students' attendance to regular health care services due to frequent illness and caring for their ailing relatives hence resulting into absenteeism leading to poor performance as he /she misses classes. Fear of free interaction with both teachers and students by the infected students this leads to low self-esteem and confidence leading to absent mindedness hence hindering active participation in their learning process. Discrimination by both teachers and students, this results to student's isolation and self-pity hindering the students active participation in class which a times leads to school dropout. Opportunistic infections like losing weight, rough skin also leads to being absent minded especially when the teacher is teaching and these impacts negatively on their classroom performance hence poor grades in progressive terms.

Figure 1: Perceived impact of HIV/AIDS on Secondary scholars' performance in class room.



Source: Wangi Pauline(2013)

Figure 1: This is the conceptual framework of how HIV/AIDS affects the performance of students in classroom.

It explains the effect of HIV/AIDS on both the infected and the affected students basing on the various factors like low self-esteem, self-pity, poor grades in progressive records, lack of friends which results into poor performance in school by the vulnerable students

2.14 Summary of reviewed literature

This section reviews literature on the effects of HIV/AIDS on secondary school performance. It has discussed the global view on the effect of HIV/AIDS on student education and rationale for caring for orphans and vulnerable students in order to access education like other children. Studies on how HIV/AIDS has impacted negatively on education performance are discussed, especially among Ugandan children. It has come out clearly that in order for classroom performance of these children to improve, it is imperative that parents, government, teachers and the community at large to work together and hence need to investigate the effect of HIV/AIDS on learner performance among secondary student.

CHAPTER THREE RESEARCH METHODOLOGY

3.0 Introduction

This chapter covered the research design, target population, sample size and sampling procedures, research instruments, validity of the instruments, reliability of the instruments, data collection procedures and data analysis techniques.

3.1 Research design

The study employed a case study design. A case study design is an intensive investigation of issues at hand done systematically and objectively. This design is used because it provides an indepth look at the individual or a single entity and Paton (2006) stipulates that a case study seeks to describe a unit in content and holistically.

3.2 Population size

This study comprised of 125 people whom of which include 15 teachers and 50 students with their respective parents, depending on the report I got from the Dean of students in the three different schools basing on their medical checkups.

3.3 Sample and sampling procedures

To ensure that the various categories of secondary school were represented, the researcher employed purposive sampling technique where the researcher selected the sample based on purpose of research. According to Robert. Krejcie and Daryle.W.Morgan as a way of increasing demand for research has created a need for an efficient method of determining the sample size(s) needed to be a representation of a given population (125).

From the calculation, a sample size of 115.3 was obtained that was approximated to 115 people in the study as described below:- 15 teachers were selected since they are few in number and 50students each with at least one of his or her parents making a total of 115 people.

3.4 Research instruments

The study used observation checklists for students, questionnaires for teachers and interview schedule for parents. The questionnaire had two sections. Section one gathered demographic

information of the respondents while section two gathered information on the effects of HIV/AIDS on performance. The observation schedule was used to collect data on behaviour of the Secondary scholars in class by the researcher.

3.5 Pilot study

The researcher conducted a pilot study in order to pre-test the instrument just before the actual data collection. This was done in a neighboring secondary school with similar environment. The secondary schools that I am to carry out my research are; Kibiito high school, River side SSS, Kibiito girls whereby the researcher had a free group discussion with a teacher. Then researcher submitted the instrument to the supervisors who were experts in the area so as to investigate the validity and reliability of the instrument to be used. Then the researcher visited the sampled secondary school where the instrument was distributed to the teachers. After sometime the instrument was collected. The pre-test was done to test the validity and reliability of the data.

3.6.1 Validity of the instruments

According to Kombo and Trump (2006), validity of a test is a measure of how well a test measures what it's supposed to measure. In order to ensure the validity of these instruments, the questions on the questionnaires were constructed in a manner that the response only provided answers to the research questions. The research was validated through application of content analysis.

3.6.2 Instrument Reliability

Reliability of measurements concerns the degree to which a particular measuring procedure gives similar results over a number of repeated trials. It also refers to the consistency of an instrument to yield similar results at different times. The researcher used test re-tests type of method in order to establish the reliability of the instruments. Test re-test method is applied where a test is given to respondents then after sometime given again and gives the same results. The researcher made a comparison between answers obtained in the two sets of questionnaires administered.

A Pearson's product moment formula for the test re-test was used to compute the correlation coefficient in order to establish the extent to which the content of the questionnaire is consistent in relating the same responses every time the instrument is administered.

3.7 Data collection procedures

The study used observation checklists for student questionnaires for teachers and interview schedule for parents. Before the collection of any data from the target population, an authorization letter was sought from the Kampala International University.

Department of Educational Communication and Technology, to help the researcher be allowed to collect the expected data in the school she was going to sample. After that, the researcher contacted the District Educational Officer to seek permission of conducting the study before the commencement of data collection. The researcher then made appointments with the heads of the sampled institutions on when to visit and collect data. On the material day, the researcher, upon visiting the institutions created a rapport with the teachers and administrator questionnaires to them. The researcher also filled the observation schedule as the teacher gives the instructions.

3.8 Data Analysis Techniques

Data analysis is the process of bringing meaning to raw data collected (Mugenda and Mugenda, 1999). After the data was collected there was cross-examination to ascertain their accuracy, completeness and identify those items wrongly responded to, spelling mistakes and blank spaces. Qualitative data was then entered into the computer for analysis using the Statistical Package for Social Sciences (SPSS) version 16.0. This processes the frequencies and percentages, which was used to discuss the findings. Tables, Pie charts and Bar graphs were used to present the data while descriptive statistics such as percentages and frequencies were used to answer research questions. Qualitative data was analyzed thematically. Data from the observation schedules was analyzed into themes.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

Chapter four presents the study findings broken down in the following thematic subsections which are: Demographic characteristics of the respondents, questionnaire respondent rate, results from observation of the children living with HIV/AIDS during classroom learning processes and the results of the interview schedules conducted among parents of children living with HIV/AIDS (CLWHAs) and questionnaire results of effects, opinion of respondents on how HIV/AIDS affect CLWHAs performance in class.

4.1.1 Questionnaire Return Rate

Questionnaires were distributed to both public and private schools. The total number of questionnaires given to teachers was 15, of which all were filled in and returned giving a response rate of 100%. The number of questionnaires given to parents was 50, of which all were filled and returned giving a response rate of 100% also. This indicated the findings of the study valid as Gay (1992) contends that a sample of 10 to 20% of target population is acceptable for any descriptive research.

4.1.2 Demographic characteristics of the respondents

After the data was collected it was grouped according to age and gender in order to find out the type of teachers teaching in secondary classes.

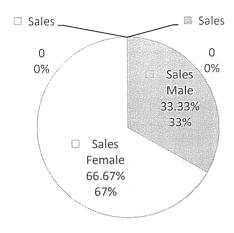
4.2 Secondary school teachers' gender by category

The study findings revealed that majority 66.67% (n=10) of the teachers were females while minority 33.33% (n=5) were males as shown in Figure 1 below.

These findings concurs with a study done by Akwara, P and Otieno, H in 1998, in a survey of children in especially difficult circumstances in Uganda where only 30% of preschool teachers were males.

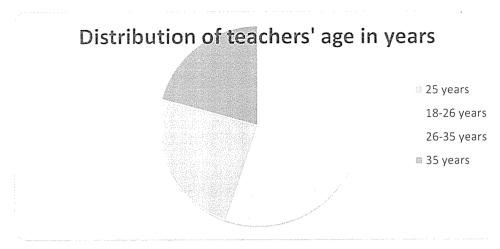
Figure 2: Distribution of Secondary school teachers' gender by category

Distribution of teachers' gender by category



The study findings revealed that majority of the respondents 66.67% were between ages 18-26 years, 13.33% between ages 26-35 years and between ages years and below. The minority 6.67% of the teachers were between age 35 years and above as shown in Figure 2 below. This means that most secondary school teachers are young while a few in numbers are above the youth bracket, which is 31 to 40 years. The fact that only 6.67% were above 35 years was an indication that very few aged persons teach in secondary school classes. This showed a positive gesture especially that energetic and youthful males and females steer its growth and development manage the sub sector.

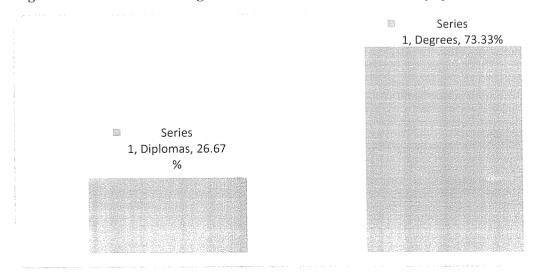
Figure 3: Distribution of secondary school teachers' age in years



4.3 Highest level of education attained by qualification

The study results showed that all of the respondents had attained primary and high school level of education. 73.33% had bachelors as the highest level of education attained while 26.67% had attained diplomas as shown in Figure 3 below. Good grades and higher academic achievement is an indicator of one's potential towards problem solving. In the teaching career, an individual with academic achievement can completely implement best practices of education, offer quality guidance and counselling skills and ultimately influence what learners get to learn. Such characteristics are able to boost participation of students with HIV/AIDS in secondary school classrooms. To determine this, the study documented highest educational and professional qualifications of respondents.

Figure 4: Distribution of highest level of education attained by qualification



4.4 Teachers' duration in current preschool

The study findings revealed that 66.67% of the teachers had duration of 3-5 years in their current secondary school, 220.00% had 1-2 years while 13.33% greater than 10 years as shown in

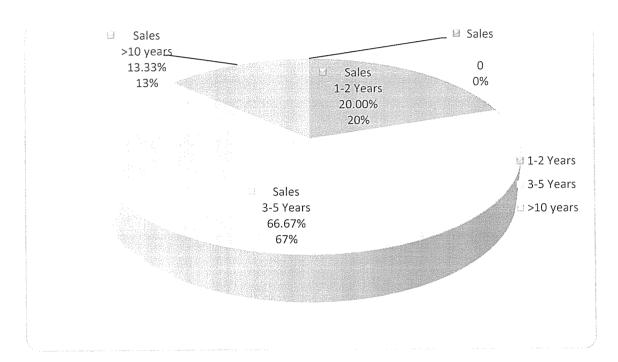


Figure 5: Distribution of duration in current secondary school in years

Objective one sought to examine the performance of children living with HIV/AIDS in SSE classrooms.

4.5 Classroom learning process as per the teachers

The researcher found out that children living with HIV/AIDS performed poorly. The majority of the teachers indicated that the CLWHs were stressed 24% traumatized, 17% looked stigmatized, 16% and had low if esteem 14% as shown in Table 1 below and these led to their poor classroom performance. These revealed that the teachers have effective student behavior assessment skills.

Table 1: Classroom learning process as per the teachers

Students	Percentage		
	(%)		
Valid Look traumatized	17		
Stressed	24		
Look stigmatized	16		
Look self-esteem	14		
Look depressed	12		
Sickling	7		
Lonely	5		
Withdrawn	5		
Total	100		

4.6 Behavioral observations during classroom learning process

The researcher found out that majority of the respondents 18% looked traumatized, 17% were absent minded in class due to HIV related attention deficit and trauma, 15% looked sickly and 14% had poor performance in class and were in stress. There was no child with marked deficiency diseases like kwashiorkor and marasmus. 7% were active in role plan. Only 6% participated in games. Only 4% interacted with other students as shown in table 2 UNICEF (2000) indicates that HIV/AIDS induces anxiety through trauma, discrimination and stigma, which affect students' concentration in class during the learning process.

Table 2: Behavioral observations

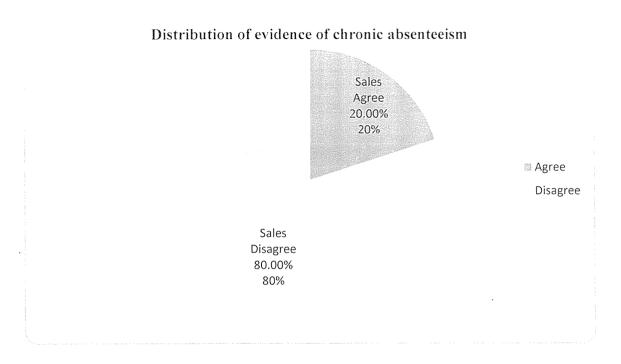
Behavioral observations	Percentage		
	(%)		
Valid Interacting with others	4		
Participating in games	6		
Stressed	14		
Absent minded in class	17		
Looking sickly	15		
Performance in class is bad	14		
Have deficiency diseases like kwashiorkor and			
Marasmus	0		
Active in role plan	7		
Traumatized	18		
Participating in psychomotor activities	4		
Total	100		

Objective two sought to examine the factors contributing to poor performance among students living with HIV/AIDS in SSE Classrooms

4.7 Evidence of chronic absenteeism in the register

The study findings revealed that 80% of the teachers agreed that there was evidence of students' chronic absenteeism according to their class registers while 20.00% indicated that in their class there was no chronic absenteeism as shown in Figure 5. This was also an indication of chronic class absenteeism among CLWHAs, which negatively influences their class performance.

Figure 6: Factors contributing to poor performance as per the teachers



Factors contributing to poor performance as per the teachers

Analysis of data from the study, showed out that a minority of the respondents 32% indicated that lack of learning resources was a leading factor to psychological effects in HIV/AIDS and 26% due to child labor and caring for the sick and ailing relatives as shown in Table 3. According to Bridget .B (2003), the effects of stigma, isolation, self-deprecation, and a lack of education all contribute to the negative psychological impact of HIV/AIDS on people living with HIV, orphans of HIV infected parents, and other vulnerable students. Through counseling, education, and better treatment programs, the psychological impact of HIV/AIDS will begin to decrease.

The stigma will diminish when the stereotypes are gone; and until that day, the HIV/AIDS community will continue working towards improving the psychological condition of all those infected and affected by HIV/AIDS.

Table 3: Factors contributing to poor performance

Psychological effects		Percentage
Valid	Child headed families	11
Annual Control of the	Caring for the sick and ailing relatives	10
	Child labor	26
	Lack of learning resources	32
	Lack of love	5
	Others	0
Total		100

4.8 Negative attitudes from teachers.

All of the parent respondents 18 (100%) stated that they had not received any complaints from their children regarding the negative attitudes of the teachers and the classmates in school. This is evidence of high professional standards maintained by the secondary school teachers would otherwise lead to poor performance.

4.9 Provision of learning materials

The study findings revealed that 55.56% of the respondents indicated that they were not able to provide learning materials due to financial constrains while 44.44% had the ability as shown in Figure 6. This was another cause of poor performance.

4.10 Challenges facing the students while in school

The findings indicated the lack of learning resources scored the highest. This could have been attributed to a lack of money to buy these resources for the family uses money attending to health care. The respondents also cited chronic absenteeism to be rampant because of being sent away from school. It could also be the children absent themselves to look for health care. A parent confirmed that the teachers encourage absenteeism by telling students to stay at home until they are recovered. Only 10% of the respondents confirmed that stigmatization still takes place on student's living with HIV/AIDS. Studies done by Meintives (2010) indicate an increase in students headed household among PLWHAS. This is an indication that a range of challenges including greater economic vulnerability and services access. This in turn will be reflected inpreschool because challenges in economic issues mean lack of money to cater for academic

needs. Objective three sought to identify HIV/AIDS vulnerable children and how HIV has impacted on the learning process in secondary school education classrooms.

4.11 Keeping student's health records

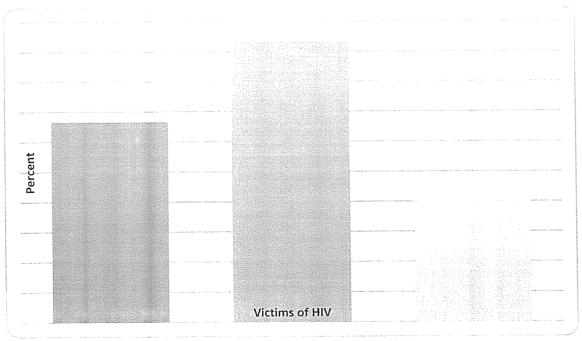
The study results revealed that all 15 of the teachers stated that they kept health records for students in the secondary schools. These findings differs with a study done by Akwara, P and Otieno, H (1998), in a survey of student in especially difficult circumstances in Uganda where only 80% of secondary teachers were found to be keeping children's health records.

4.12 Number of students living with HIV/AIDS in class

Out of 50 children, 33.33% were found in A'level, the highest prevalence 46.67% were found in O'level, while the lowest prevalence was in pre unit with 4 accounting 20% as shown in Figure 6 below. The high number of children in nursery was an indication that most of the CLWHAs are found in nursery class, which meant that the older the children, the more vulnerable they were to HIV/AIDS.

These children were able to care for their ailing parents and they were susceptible to sexual harassment, sexual abuse and defilement.

Figure 7: Distribution of students living with HIV/AIDS



4.13 Challenges faced while educating children

The study findings revealed that 44% of the parents indicated financial constraints as the challenge faced while educating their students 22% indicated deteriorating physical health and the demand of seeking medical care while 33% didn't state any challenge. The study findings revealed that no parent indicated their children suffer from discrimination.

Objective four sought to investigate interventions in improving performance of students living with HIV/AIDS in SSE Classrooms.

4.14 Interventions that may support performance of secondary school children

Data presented on figure 4.24 below indicated that, free preschool education was indicated by 14% of the respondents. This could have been attributed to the problems encountered by both teachers and children irrespective of their status. This implies that if the government could make secondary school education free, most of the challenges could be eradicated. Provision of ARVs 11% supply of relief food, 13% and school feeding programs and government bursaries 17% were viewed equally important in order for the children to have maximum participation in their learning process.

Table 4: Interventions supporting performance

Interve	entions supporting performance	Percentage	
		(%)	
Valid	Put on ARVs	11	
	Help and health care to their ailing parents	13	
	Provision of learning resources by the		
	government and NGOs	14	
	Bursaries from the government	17	
	Free secondary education	14	
	Introduction of feeding programs	17	
	Provision of relief food to affected parents	13	
	Others	0	
Total		100	

CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.1 Introduction

This section presents the summary, conclusion, and recommendations on the effect of HIV /aids on learner's performance among secondary schools

5.2 Summary of the findings

The main objective of this study were; to establish factors contributing towards poor performance among students living with HIV/AIDS in secondary school education classrooms in Kibiito sub-county, to investigate the effect of HIV/AIDS on students' performance in secondary school education centre in Kibiito sub-county and finally to find out the challenges encountered by the children living with HIV/AIDS during classroom participation

In the classroom participation of students living with HIV/AIDS. It was revealed that these students are found in the public and private schools. However their learning was experienced to be having a lot of problems which were cited both in schools and home, chronic absenteeism was realized where the students absented themselves either to attend to medical care, attend to the ailing parents and even due to lack learning resources.

5.3 Factors contributing to poor performance.

According to secondary school teachers' questionnaire and parent's interview, it was established the main factors hindering classroom performance were identified as home and school factors. Home factors included chronic absenteeism as a result of caring for the ailing parents, attending to health care, lack of fees, lack of learning resources and students headed families. However, as for the school factors these included ;students withdrawal and pitting themselves. Some of the children are traumatized because of their status and this causes them to be absent minded in class, the study also sought to seek how HIV /AIDS affects learning in secondary school education classroom. it was established that due to chronic absenteeism, fear and trauma

,stigmatization of these students caring for their orphaned siblings coupled with caring for their aiding parents impacted negatively on their secondary school education classroom participation

For challenges encountered by the students in their classroom attendance the questionnaire interview schedule and observation scheduled revealed that the students encountered several challenges as they undergo their learning process. Some of these challenges were lack of school fees because the parent thought that there was no need of school fees for their dying students others lacked funds because most of the money was used to cater for health services ,lack of learning resources like pencils ,books, learning aids and school uniform. This was a major cause of low performance

5.4 Conclusion.

The study revealed that the student living with HIV/AIDS do not perform well in their learning process due to the identified problems which they undergo daily in their lifetime .it further revealed that if the causes of poor performance are not addressed properly these students will continue suffering and other performance will continue lowering .Although the study involved only 18 parents/guardian ,18 secondary school students and 15 teachers, this could have been used by the scholar to visualize the situation of these students in other parts of the country There is existence of remarkable evidence of poor performance of students living with HIV/AIDS in most secondary schools in the Kibiito sub-county.

The research findings also indicated that the most vulnerable student were those that are caring for their ailing parent and child headed families. The finding also indicated that if several measures are put in place, the children living with HIV/AIDS can also benefit and improve the classroom performance as they undergo their learning process. These intervention are;

Giving relief food

In case the government gives relief food to the people living with HIV/AIDS, then the children could not have suffered from hunger and so pay attention to what the teacher is teaching .Also it could minimize chronic absenteeism of students who kept away from school due to hunger.

School feeding programs.

This should be introduced in secondary school so that students can be nutritionally equipped for proper learning to take place.

Provision of ARVs.

If all the children were put into ARVs, optimistic diseases would be minimized hence children can participated well without thinking of their pain they undergo during the learning process.

Taking care of people living with HIV/AIDS.

If palliative care is provided well then the children will not have to absent themselves to care for their ailing relatives hence could concentrate in classroom learning process.

5.5 Recommendation

Government to provide free secondary school education

According to session paper 1 of 2009 the government promises to integrate primary education in secondary education .this meant that just like primary education ,secondary education would be free. They will increase access, maintain retention and sustainability of all the students in school CLWHAs inclusive therefore ,there is a need for the government to implement the policy so that the problems can be minimized in secondary school education. Infact. If there was no payment of fees buying of learning resources chronic absenteeism would be a thing of past and performance especially for the children living with HIV/AIDS would greatly improve.

Anti-retroviral drugs ARVs

There is need to educate the community on voluntary counseling and testing [VCT] ,so that the cases identified can be put into ARVs to avoid more death and suffering from optimistic infections which attributes to students absenteeism in order to attend to medical care .ARVs will also minimize deaths leaving children as orphans who are in vulnerable to exploitation, defilement, child labour and consequently child abuse .In addition ,they will sustain the life expectancy of the parents hence reducing child headed families ,which are contributory factors to classroom performance

Eradication of child headed families

There is a need to identify the orphans and the government through constitution development funds that can cater for the total orphan.

The government should look for ways of helping these children instead of them dropping out of school to care for their orphaned siblings. The church can also find ways and means of helping these students and this will result to good class room participation because the students would no long of the issues

Provision of learning resources

During the interview, it was clear that attempts should be made to form groups of people living with HIV/AIDS. Through these grouping ,the parent can be provided with learning resources like uniforms ,books ,shoes ,pens and books .this could be realized using the government ,non-governmental organization or any other charitable organization having these training resources ,absenteeism would be minimized hence raising good classroom performance among children living with HIV/AIDS.

Provision of relief foods

Most of the people living with HIV/AIDS need proper nutrition yet these people lack financial opportunities, so there is need for government in the partnership with other charitable organization to provide relief food so that these students participate well in the classroom learning

Provision of palliative care

The government should identify people living with HIV/AIDS and for those who are bedridden should be provided with palliative care financed by the government so that the students will not absent themselves from school in order to care for the ailing parent. This will also minimize vulnerability of students to infections on HIV/AIDS.

Intensity in-service of secondary teachers on management of children with HIV/AIDS

There is a need to regularly organize workshops, seminars ,educational tours and in-service programs to equip the practicing secondary school teachers with necessary knowledge, skills and attitudes on how to manage the students with HIV/AIDS. This allows them to acquire maximum

participation in the classroom learning process stigmatization and discrimination lowers learner's performance and creates disinterest in learning. Training sessions should be organized in zonal divisions and district levels. Such would offer secondary school teachers the opportunity to share experience and district levels such would offer secondary school teachers the opportunity to share experiences and change their attitude on the way they handle these students as they link with effective delivery and good classroom participation of the students. This would improve students' performance and increase their self efficacy.

Providing child friendly environment

The current trend of providing child friendly environment [MOE 2010] should be effected through conducting seminars to all education stakeholders. This will minimize stigmatization, trauma and fear in students which has impending caused of self pity withdraw and a feeling of loneliness contributing to poor classroom participation in the learning process of these students. These seminars and in-services programs would change the attitude of leaders towards the students living with HIV/AIDS and so creating a feeling of being wanted leading to good performance.

School bursaries

Initially the school bursaries were only given to a few orphans in school. The same should be given to secondary school students who are orphaned or are living with HIV/AIDS. This will curve high rate of drop out and minimize absenteeism leading to improvement of secondary school classroom learning process

Involvement of parents

Parents should be encouraged to attend open day's forum the performance of the learners are open for discussions. The children could also be given opportunities to state the problems they encounter both at home and school. Then discussions made on how to solve these problems this would strengthen their work between parents' children and teachers in resolving issues related factors hindering effective classroom performance. Teamwork would improve learner interest, involvement and achievement.

5.6 Recommendation for further research

Investigate the link between child friendly environment and good classroom performance in secondary schools.

Conduct a research on the effect of the integration of secondary school education classroom performance.

Investigate why there are more children living with HIV/AIDS in public schools than private schools

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR SECONDARY SCHOOL TEACHERS:

You have been selected to participate in this research aimed at investigating the effects on HIV/AIDS on academic performance of secondary school students in Kibiito sub county Kabarole district. Please answer all questions with honesty as possible. Do not write your name or anything that will identify you, your response will be handled with confidentiality. Thank you in advance.

SECTION A: Dem	ographic data.							
1. What is your gender?		Male []		Female	e []			
2. What is your age	bracket?							
25and below	[]	36-45		[]				
26-3 5	[]	45 and above	[]					
3. What is your high	nest qualificatio	n?						
Primary	[]	ECDE Certific	cate	[]	Degree			
Secondary	[]	ECDE Diplon	na	[]				
4. What is your tead	ching experience	e in years?						
5 years and	below	[]	11-1	5 years				
6-10 years		[]	16 ar	nd above				
5. What type of sch	ool?	Private	[]	Public		[]		
6. For how long hav	ve you been a te	acher in your cu	ırrent s	econdary	school?			
Less than I year	[]	3-5 years		[]				
1-2 years	[]	Over 10 years	s []					
SECTION B: Effe	ects of HIV/AII	OS on academic	perfo	rmance.				
I consider you an i spaces provided by					se indicat	te your	· respons	e in the
1. a) Do you keep l	nealth records fo	or your students	Yes	[]	No	[]		
b) If yes, how man	y children are ki	nown to be victi	ms of I	HIV/AID	S in you	r class	? []	

a) Told by parents		[]		
b) Doctor's records		[]		
c) Taken to Voluntary Counseling and T	esting (VCT) []		
d) Observing signs and symptoms of HI	V/AIDS	[]		
3. Do you agree or disagree that the following	g factors could ha	ive led to	this Scenario	o?
Factors	Agree	Strongl agree	y Disag	ree Strongly disagree
Stigmatization by teachers and classmates				
Traumatization				
Stress				
Low self-esteem				
Child headed families				
Depression				
Others				
4. Do the above factors (Q. 9) have any effective Yes [] No []	t on children's po	erformanc	e in class?	
5. Using the factors that have affected le	earning in secon	ndary sch	ool centers.	, indicate the
approximate number of cases you think m	ay have affected	perform	ance in seco	ondary school
centers. What interventions do you know lil	kely that support	s perform	ance of sec	ondary school
student.				
Interventions		No	o. of cases	Percentages

2. How did you come to know the victims in your school? (Tick the appropriate one)

Thanks for your cooperation

Put in anti-retroviral drugs

resources of CLWHASs

Help and take care of their ailing parents

Policies to make secondary school education free

Providing the affected parents with relief foods.

Government giving them bursaries

Government in partnership with NGOs to provide learning

Introducing feeding programs to all secondary school students

APPENDIX II

OBSERVATION SCHEDULE FOR CHILDREN

1. Background information	1:		
Village			District
Sub-county			Type of school
Class of the student			Age
Subject			Topic
Time			Date
Gender of teachers			Male/ Female
2. No. of students affected	by HIV/AIDS		
Boys	Girls	Total	
3. Indicate by scoring 1 (Yes) or O (No) on the following	owing behav	vioral observation schedule used

- by the observer during classroom barring process. Items to be observed (Yes, No)
 - Behaviors of students in class
 - Interacting with others
 - Playing in outdoor activities
 - Stressed
 - Absent mindedness in class
 - Looking sickly
 - Participating in games
 - Having several friends
 - Having deficiency diseases like Kwashiorkor and Marasmas
 - Active in role plan
 - Traumatized
 - Participating in psychomotor activities

Thank you for your cooperation.

APPENDIX III

INTERVIEW SCHEDULE FOR PARENTS

Child's age
Interview schedule:
a. Looking at your child, it is clear that he/she looks sick. Has your child undergone healthcare services?
b. Has he/she tested HIV/AIDS positive?
c. Has he/she been put under Anti retroviral drugs (ARVs)?
d. Have you discussed the status with the teacher?
e. Since the status of the child was revealed, is there any change in classroom participation? Yes [] No [] If yes, have you tried to find out why?
f. Has the child complained to you on the attitude of the teachers and the classmates in school? Yes [] No [] If yes, what steps have you taken to save the situation?
g. Do you provide the learning materials like uniforms, pens, books, coloring materials, pictures etc to the child? Yes [] No []
h. Highlight any problem that you encounter in paying the school fees and providing learning resources?
i. From the register we have noticed that your child has chronic absenteeism, state briefly the reason for this?
j. What challenges do you face in educating your child?
k. Highlight other challenges your child faces in school which have hindered learning process in the ECE classroom.
I. What interventions do you think can be put in place to help these children (CLWHAS) participate well like others in the classroom running process?

Thank you for your cooperation.

APPENDIX IV: INFORMED CONSENT FOR THE HEADTEACHER, PARENTS AND TEACHERS:
Participant No:
I am Nanfumba Daniel a student pursuing a bachelor's degree in science with education at the Kampala International University carrying out a study on the effects of HIV/AIDS on academic performance of secondary school students in Kibiito sub-country, Kabarole district. The questionnaire will assist the researcher to find out and understand these effects. Information shared or seen will be treated with utmost confidentiality in the whole process of the study. The researcher will interview the teachers, the parents and observe the Secondary school students. No inducement in form of money or gifts will be used in the course of getting information from respondents. All participants have the right to refuse to take part and withdraw without penalty at any point during the process. The participant is also free to neglect answering any question that
he/she does not feel comfortable to answer.
Participant's signature if agreed to participate in the interviews:
I agree to participate in this research
1 refuse to participate in this research

Thanks for your cooperation.