

**ACADEMIC PERFORMANCE OF HUMAN IMMUNO DEFICIENCY
VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF
INFECTED LEARNERS IN PRIMARY SCHOOLS IN
MATUNGU DIVISION, KENYA.**

BY

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**A RESEARCH REPORT SUBMITTED TO (IDOL) IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE AWARD
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UNIVERSITY.**

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DECLARATION.

I, Tobias Majoni Wanzala, Admission No. BED/I 5764/7IIDF hereby declare that this special study paper is my own original work. It is not a duplication of similarly published works of any scholar for academic purpose nor has it been submitted to any other institution of high learning for the award of a certificate, diploma or degree in special needs Education.

I also declare that all materials which are not my own, have been duly acknowledged.

Signature.....*Tobias*.....

APPROVAL

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

Supervisor..... Date.....

MR. BALIRUNO JOHN BAPTIST

DEDICATION

his special study is dedicated to my late parents Patrick and Marsela Wanzala for their struggle and hard towards my academic growth.

ACKNOWLEDGEMENT.

I wish to register my appreciation to all those who assisted me both financially and materially in carrying out this research. My special thanks go to KIU discussion group members for giving guidance and advise wherever it was necessary. Last but not least I would like to sincerely thank my children , Martin, Regina, Cynthia, Jazina, Mary bless, Samantha and Stacy for allowing me time to do my research work and reminding me wherever it was time to do so.

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ABSTRACT.

The study recounted the academic performance of orphaned children affected by Human immunodeficiency virus/ Acquired immunodeficiency syndrome (HIV/AIDS) in regular primary schools in Matungu division.

The writer used quantitative approach, design used was case study. The population was all schools in Matungu division. The sampled schools are 5 primary schools and convenient sampling was used to pick the schools, systematic sampling was used to get her respondents.

The instruments used in data collection were questionnaires sent out to teachers of the sampled primary schools. They were later collected when completed.

The research findings revealed that the orphaned children affected by Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) enrolled for regular primary schools but were unable to complete their full primary education due to many problems that they encountered. Some involved in domestic chores and others drop out from school to take care of their sick parents that are infected with Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) subsequently exposing them to brutal and inhumane life as they struggle to work a living. As they care for their sick parents there is increased risk of contracting the deadly virus. Most of the girls orphaned children dropped out of school when they have missed school a number of times. They end up being made to repeat classes so as to improve their performance.

The community as a whole neglects the rights of affected children. A few cultural practices like circumcision and early marriages are roles played by the community. Such practices negatively affect the orphaned children education. Teachers also used methods, which hardly accommodated all learners' needs hence, leading to poor performance and dropouts by orphaned children affected by Human immunodeficiency virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS). The writer finally recommended that there should be frequent guidance and counseling sessions in regular primary schools.

CHAPTER ONE

BACKGROUND INFORMATION

1.0 Introduction

It has been noticed that the HIV/AIDS infected learners in primary schools in Matungu division-Kenya experience diversified academic problems, which eventually lead to dropout from schools hence unpredictable future in their lives. In Matungu Division-Kenya, many infected learners; their academic performance is actually thwarted because of different diseases, which are as a result of HIV/AIDS. Some visit the doctors often hence missing classes which affect their academic performance.

In case of those who are affected end up acting as parents at their homes since they are orphans. The elder children take up the responsibilities of parents so as to meet their physiological needs. In a number of cited cases they opt to dropout of schools so as to have enough time for casual work in the villages to earn a living with the younger siblings.

Those who drop out as noted earlier. Some engage in promiscuity activities to get money for them survive the next meal, given that many do not understand children rights and the bill they indulge in laborious work., some become house helpers and in the due course they are really mistreated, harassed sexually and some end up being unpaid by their employers.

Those who are a school and are infected are stigmatized and psychologically discriminated from others. They feel their self-worthy, self esteem and self concepts are really loved and not part and parcel of the school community.

1.2 Statement of the Problem

With review of the background information the researcher would like to study the academic performance and drop out HIV/AIDS infected learners in primary schools in Matungu Division-

Kenya. It has been of a great concern that the infected learners perform poorly and drop out of schools due to various unknown reasons. At times the attitude of teachers and other learners towards these learners is quite negative hence high dropouts from the school . Those who drop out eventually live a difficult life and their guardians careless. The researcher is therefore out deeply to investigate their academic performance and their rate of dropouts from the schools.

1.3 Purpose of Study

The general purpose of the study is to investigate the academic performance of HIV infected learners in primary schools in Matungu Division — Kenya.

1.4specific Objectives

- 1. To find out the effect of MV/AIDS on infected learners in Primary schools.
- 2. To find out care and support services offered to HJV/AIDS infected learners in primary schools.
- 3. To find out the efforts of the Government towards infected learners in primary schools
- 4. To find out the academic performance of HJV/AIDS infected learners in primary schools.

1.5 Research Questions

- 1. What are the effects of HIV/AJDS to affected learners in Primary schools?
- 2. What care and support services are offered to HIV/AIDS infected learners in Primary schools.
- 3. What measures are put in place by the government towards infected learners in primary schools?
- 4. How do learners infected with HIV perform in primary schools?

1.6 Significance of the Study.

The result of this document assisted the HIV/AIDS infected to change their attitude towards themselves. They developed hope for the future since those infected can be able to live for over fifteen years; they also realized that they can learn up to highest academic levels like any other children. Those who had already dropped opted to go back to schools for further learning because they would understand the need for education. Those who don't attend clinics for Anti

Retro Viral (MW) drugs were able to attend. They were able to understand children's Act 2001 for them not to be labored

They felt part and parcel of the school community and psychologically interact with others freely without being segregated

Teachers on the other hand developed positive attitude towards such learners and be emphatic for them. They granted permission to those who attend clinics, as they were aware that infected learners are with them at schools and require medical checkups more often than not. Teachers were able to assist them according to their diversified special needs in education (SNE) . The school administration was in picture of such learners and understands their situation and their socio-economic background. They attend seminars and workshops to learn about the HIV/AIDS hence acquire knowledge and skills on how to stay with the infected learners. Teachers acquired guiding and counseling skills on how to assist those learners cope up with situation and environment in which they live they organized for individualized Educational Programs (IEP) to meet the needs of these learners.

As a result of this document the community realized that even the infected are also subjected to academics in primary schools in Kenya and in the whole world. It developed positive attitude toward the community members and give hand to those who are needy especially the total orphans. The community was able to mind for the future of such learners by organizing for Harambees to raise fund to those who excel in academics to the highest level.

The guardians however were able to understand that they have a role to play especially to those whose parents died as a result of the monster HIV/AIDS. They accepted these children and accommodate them without segregation as part of their family. They provided for them the physiological required by the orphans.

Other learners were made aware the infected learners are just but like any other learners. They therefore developed positive attitudes towards such learners and accept them as part of school community. They understood that HIV/AIDS is not spread through socialization and sharing items like pens, books and other learning materials. They therefore accepted and accommodated them in school activities like games and sports.

The government will be able to know the prevalence of the infected learners in schools Matungu division — Kenya. This enabled the government budget well for free primary education (FPE) funds towards these learners. It also reinforced children act towards those who misuse and mistreat the infected learners in the community.

The Number of illiteracy in the country will be reduced since many of these learners will go to school for education. Similarly the research document can act as a basis or rather a foundation for further research on infected with HIV/AIDS learners in various primary schools in the world.

1.7 Limitation of the Study.

1. Lack of finance to reach easily in primary schools in the district this is because the district is large and requires enough money to move round the schools since they are scattered far away from one another
2. Unfavorable weather conditions may also thwart the researcher due to terrain and topography of the District. Too much rainfall may consume more time due to sheltering before the researcher proceeds on.
3. Lack of enough reference materials as pertain to review of the other related literature

1.8 Delimitation of the Study

- The researcher did not experience language barrier since the respondent can speak Kiswahili, English and Mother tongue fluently
- Familiarity of the researcher in the District made work much easier and thus reduce time wastage
- The environment used by the researcher made research quite convenient as it is the area he is born and lived for the rest of his life.
- The researcher found easy time due to the existence of the respondents within the school in the District.

1.9the Scope of the Day

The researcher was carried out the researcher in the division. He then subdivided the division into zones and eventually into selected schools. There are 4 zones in Matungu Division with about 5 schools in every zone.

The major issues to be researched on were the Academic performance of HIV/AIDS Infected learners in Matungu Division.

Topography and weather was put into consideration for easier movement as the researcher carries out his activities.

1.10 Operational definition of terms

- a) Syndrome different signs and symptoms which are visible on a person with HI V/AIDS
- b) Acquire to get virus from another infected person.
- c) Immune deficiency found in our bodies that fight againstthe diseases -
- d) Quake doctors doctors who never underwent the normal medical training
- e) STDs sexual transmitted disease. Diseases which are transmitted as a result of sexual intercourse
- f) Myths is a false idea or a false story thus many people believed is true
- g) Misconception is a wrong or untrue idea which people believe because they do not have the facts or not understand it.
- h) Witchcraft use of magic power to make something evil to happen.
- i) Ancestors relatives who died a long time ago
- j) Curses are words that are believed to have magic power

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.0 Introduction

The chapter dealt with the related literature. It reviewed the academic performance of HIV/AIDS infected learners in Primary schools. It also showed of great concern of the rate of drop out of HIV/AIDS infected learners in selected schools in Matungu Division-Kenya. In this chapter, however, the cause and spread of HIV/AIDS to learners in primary school will also be highlighted. The stages of HIV/AIDS infected will be looked at so as to understand the stages of the infected learners in the school. There are various perceptions about AIDS and therefore myths and misconception about it was also discussed in this chapter. Care and support for the learners infected by HIV/AIDS are very important to be discussed to enable one be in a picture on how to assist learners in different situation.

The infected learners stay in the community and it is therefore wise in this chapter to focus also at HIV/AIDS community intervention strategies. It will highlight the efforts put in place by the community to control or rather reduce the spread of HIV/AIDS. The effects of HIV/AIDS on learners as individuals was also signed in the chapter to see how it actually affects the academic performance in the selected schools in Matungu Division- Kenya. Lastly, the measures put in place by the government of Kenya for assisting infected learners in primary schools to enable them not feel segregated and further in their education at different levels will be of great importance to be discussed in this chapter.

2.1 The Causes and Spread of HIV/AIDS to learners.

AIDS is a recently discovered disease, which is infecting and killing many people throughout the world. It cuts across all races regardless of the superiority of human beings. It was therefore declared a national disaster in the country. AIDS is an abbreviation that stands for

A Acquired (to get from)

I Immune (defense)

D Deficiency (lack of)

S Syndrome (different signs and symptoms)

AIDS Is caused by a virus called HIV. Meaning:

H Human

I Immune-deficiency

V Virus

HIV affects the immune system of the body. When one gets HIV virus, the virus fights the body's immune system. When the immune system gets weak the body easily gets diseases, we therefore say that one has AIDS. There are several ways in which AIDS can be spread to learners in primary schools. The first and most dangerous way is through sexual intercourse. Learners may also use razor blades; knives share sharp objects or piercing by an infected person. Learners who become sick and attend to a quack doctors, may use contaminated and unsterilized needle and syringe to infect the Learners after using them to an infected patient and thus may spread AIDS. It can also be passed from an infected mother to unborn baby. Sometimes learners may need to be given blood through transfusion, if the blood is contaminated with HIV the patient becomes infected.

A learner should therefore take note that he or she cannot get HIV/AIDS through the following ways:

By sharing utensils

Sitting and playing together

Shaking hands

Sharing toilets and pit latrines

- Bites from insects e.g. Mosquitoes
- Coughing and sneezing

2.2 Stages of HIV Infection

i. Window period -this is a stage whereby a child infected will not show any signs. A person tested at this stage may be HIV negative. This indicates that the person appears not infected when he/she is actually infected. This person infects others.

ii. Incubation - after a person has tested HIV-positive he or she does not develop AIDS immediately. Some people may wait month or years before they develop AIDS. This period after infection to the time the person develops AIDS is called Incubation period. It should be noted that the window period is within the incubation period.

iii. Stage with signs and symptoms of AIDS -this is when a person develops full-blown AIDS. At this stage there are minor and major signs.

Minor signs include;

- Skin infections with general itching of the body
- Persistent coughing
- Loss of appetite
- Swollen glands
- Sore around the mouth and private parts.

Major signs and symptoms:

- > Diarrhea which lasts for about a month
- > Rapid loss of body weight
- > Continuous fever and sweating in the night for more than 1 month

In the last stage mentioned above the learners may not be able to attend to school activities effectively because he/she is always at home weak and seeking for medical checkup. This therefore thwarts the academic performance of the learners in the school.

2.3 Prevention of HIV/AIDS in Schools.

Learners in primary schools should be taught that HIV/AIDS can be prevented through the following ways. One by not sharing cutting and piercing instruments like ear-piercing needles, razor blade, nail cutters and needles. They should make sure that open wounds and cuts are dressed well to avoid coming in contact with other people's blood. More so, they should be counseled to avoid sex in earlier stages as it can also lead to unwanted pregnancies, and other sexual transmitted diseases (STDs) like syphilis. When learners are sick, they should be accompanied to hospital with an adult to ensure that blood used in transfusion is free from HIV. Muitungu John stated that the expectant mothers be given special medicine that prevents mother to child transfusion.

2.4 Care and Support of Learners infected HIV/AIDS.

According La Kariuki Leab question and answers Kenya certificate of primary Education Revision English, explained that infected learners need love and care, adequate diet, maintenance of hygiene and medical care.

i. Love and Care.

Learners with HIV/AIDS are fellow human beings who need love and care 'just like other children in school. They need friends to talk to. They should be encouraged to take part in the daily activities around home and at school. Most of these learners feel ashamed and get depressed. Others need to show love, concern and kindness to children with AIDS. They should be made feel accepted and not outcasts. Be encouraged to be positive and not to give up in life. The weak ones should be supported while walking, wash them, cook for them and keep them company.

i. Adequate Diet

Balanced diet is essential for a person's health, especially when the person is sick.. Those children infected with HIV/AIDS should be given balanced diet for every meal. It should be rich in body building food [Proteins] energy giving food [carbohydrates and vitamins, which are protective food they need to eat well so as to prevent other diseases which may affect them to

their weakened immune system. Most of patients lose their appetite and they should be given well-prepared food in small amounts but at regular intervals and be encouraged to eat.

iii. Hygiene

HIV/AIDS learners should be helped to maintain high standards of personal hygiene. They should be helped to take warm bath and change into clean clothes for them to feel fresh. Classes where they learn from should be kept clean, airy and their bedding at home be washed and disinfected regularly.

Iv. Medical

People living with AIDS suffer from many diseases. They have a weakened immune system and therefore contract many other diseases. They require regular medical attention. Some may be too weak to go to hospital alone. They should be brought medicine to help treat opportunistic diseases like tuber closes, diarrhea, malaria and coughs.

The affected learners on the other hand need support and encouragement from relatives, friends and those around them. They need spiritual strength. According to Ernbeyu K Henry, science in Action 2004 the affected learners may be assisted by neighbors and friends in a number of ways:

- > Financial assistance to take care of needs of the sick. i.e. buying food, clothes and even paying for school fees.
- > Cooking food for them especially for those who are still under age. Helping in digging.
- > Collecting water for them.

It is therefore good to spent time with the affected learners in order to show concern. These help hem feel accepted that they are still part and parcel of the school community.

2.5 HIV/AIDS Community Intervention Strategies.

The young men Christian Association (YMCA) has basalt the group learners in various institutions like schools, youth choir, men and women fellowship to openly discuss sexual reproductive health issues especially in regard to HIV/AIDS. The problem had tackled a number of challenges since it is exception as follows:

> How can salvation be sustained in secular society will be consistent

And with ones' behaviour among the youth as fur as abstinence and fidelity is concerned.

> To what extent to our behaviour as a Christian and Muslims promote the spread of HIV/AIDS.

According to Opjwang and Kopiyo (2006) science matter states that the government conducted campaigns thought various Medias. It used various means of communication that reach all on most people and children in the society the media in this case include television, radio, newspapers and magazines also publish educative articles. The government creates public awareness to inform people about HIV/AIDS. Creating public awareness on HIV/AIDS refers to bringing the intention of the community concerning the existence of HIV/AIDS and the fact that it has no cure. The government creates public awareness through the community gathering which often takes place in chief's banns, church services, crusades, market places, weddings, funeral and burial services in drama and poems in schools.

2.6 Myths and Misconceptions about HIV/AIDS

Some people believed that HIV/AIDS was caused by witchcraft that is those who are infected by HIV/AJDS are bewitched. Witchcraft was the use of magic powers to make something evil to happen. Some communities believed that HIV/AIDS came as a curse from the ancestral. Many people said HIV/AIDS was a punishment from God. People believed that God punishes people when they sin by allowing diseases to afflict them and if we were to take precautions we could not contract HIV/AIDS

Many people died not understanding the cause and spread of HIV/AIDS. They believed that HIV/AIDS could be spread through shaking hands, hugging, breathing, toilets mosquito's bites

and sharing meals. There was therefore, no scientific proof that any of this could cause HIV/AIDS. Some people thought that having sex with young virgins could cure HIV/AIDS. This was a misconception because WV/AIDS could only be prevented by not having sex that is abstinence.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction.

This chapter focused on the research methods that was adopted during the study and they are basically categorized in the following sections, research design, area of study, survey population, sample size, sample selection technique, data collection instruments and data analysis respectively.

3.1 Research design.

The research design was based on the survey design that is being carried out in Matungu division to investigate the rate of dropout of students In relation to HIV/AIDS infection. This enabled the researcher to obtain a better understanding, comprehensive and intensive data collection on practices, procedures, importance and impact of teamwork on employee relations.

3.2 Area of study.

The study was carried out in Matungu division. This is due to the fact that the place is more accessible and easy to reach and this in turn helped the researcher in dodging the expenses that he would incur in conducting the study like transport and time.

3.3 Survey population.

The survey population was the teachers, pupils, parent s, guardians, relatives and others which are categorized under head teachers, teachers, learners, parents, /guardians and other community leaders in the division of Matungu.

3.4 Sample size.

The sample size was comprised of 30 pupils, 10 teachers,, 5 head teachers, and 3 parents/guardian in Matungu division employees from the selected departments. The researcher felt this was enough representatives because it comprises of equal representation of male and female, old and new staff, disabled and non-disabled, orphans, non-orphans, youth and adults of all departments of the survey population.

Sample selection technique.

The research was purposive sampling technique to aid data collection from various departments. This is because the technique enabled the researcher to get the employees with the quality information and data that may help her to be successful in her study findings.

3.6 Data collection methods.

Data collection method basically looks at the methods and instruments that was employed by the researcher in order to aid and facilitate data collection. They basically included;

3.6.1 Questionnaires.

Both open and closed ended questionnaires was given to the cross section of respondents in order to aid and facilitate data and information gathering, this means that the questionnaire was in a format of both closed and open ended questions, which was utilize a check list format thereby enabling the respondents to consider all possible responses whereas open ended questions will utilize self administered format. The reason for adopting the two formats of questionnaires is that data gathered using two types of questionnaires was basically easy to analyze, administer and are economical in terms of money, they permit a greater depth of response and lastly are simpler to formulate.

3.6.2 Interviews

Only unstructured or informal interviews were used to collect data from pupils, teachers, parents/guardians and others in Matungu division. This is due to the fact that informal interviews provide an in-depth data, are more flexible and more information can be easily obtained via using probing questions.

3.6.3 Documentary reviews

A lot of documents in Mat were reviewed in order to obtain detailed information Matungu division, in addition to the one that had already been obtained by interview and questionnaires. School records in Matungu division, like reports, dropout rate per year in the division considering the schools around and performance reports.

3.7 Data analysis

After data has been collected from the field, it was analyzed both quantitatively and statistically in order for result to be described in good and neat way. Data was analyzed using Microsoft Excel program and presented in tables pie charts, and bar graphs in order to facilitate proper interpretation.

CHAPTER FOUR

DATA PRESENTATIONS ANALYSIS AND INTERPRETATION

Thirty questionnaires were sent to teachers in the division all of them were filled and sent back to the researcher.

This means that the questionnaires received were a hundred percent.

4.1 Opinion on the age of teachers and head teachers, pupils, and parents in Matungu division

Table I: Age of the teachers in Matungu division.

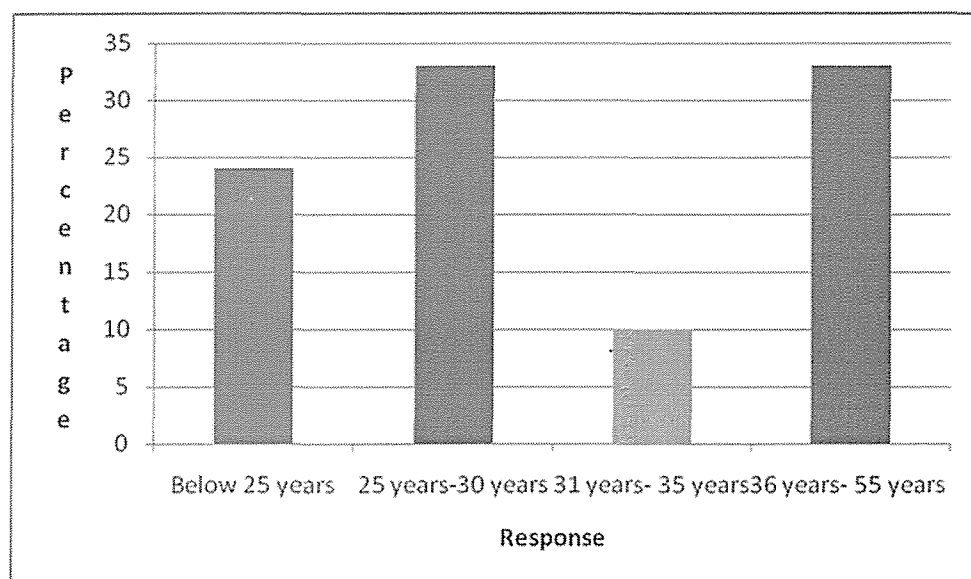
Response	Frequency f_o	Percentage (%)
Below 25 years	7	24
25 years-30 years	10	33
31 years- 35 years	3	10
36 years- 55 years	10	33
Total	30	100

Source: Respondents From Matungu Division.

From the table above, 24% of the Respondents were aged between 0- 25 yrs, 33% were aged between 25—30yrs, 10% were aged between 31- 35yrs, whereas

33% were aged between 36 — 55 yrs.

Figure 1: shows the age of respondents



4.2 Opinion on the gender of the pupils, teachers, and head teachers of Matungu division.

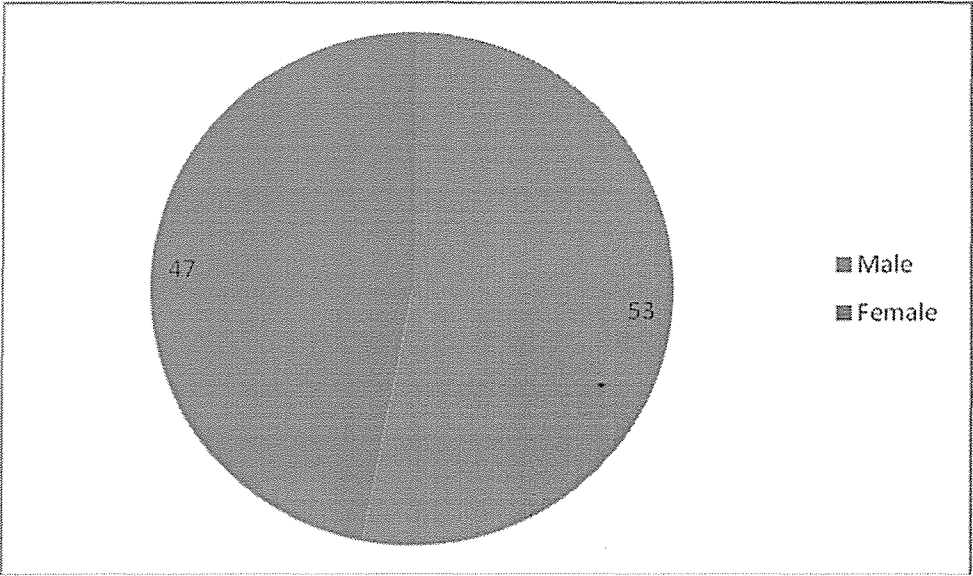
Table 2: The Gender of the Respondents.

Response	Frequency f_0	Percentage (%)
Male	16	53
Female	14	47
Total	30	100

Source: Respondents from Matungu Division.

From the table above it is evident that 53% of the respondents were male whereas 47% were Females.

Figure 2 shows the gender of the respondents



4.3 Opinion on the marital status of teachers, head teachers of Matungu division

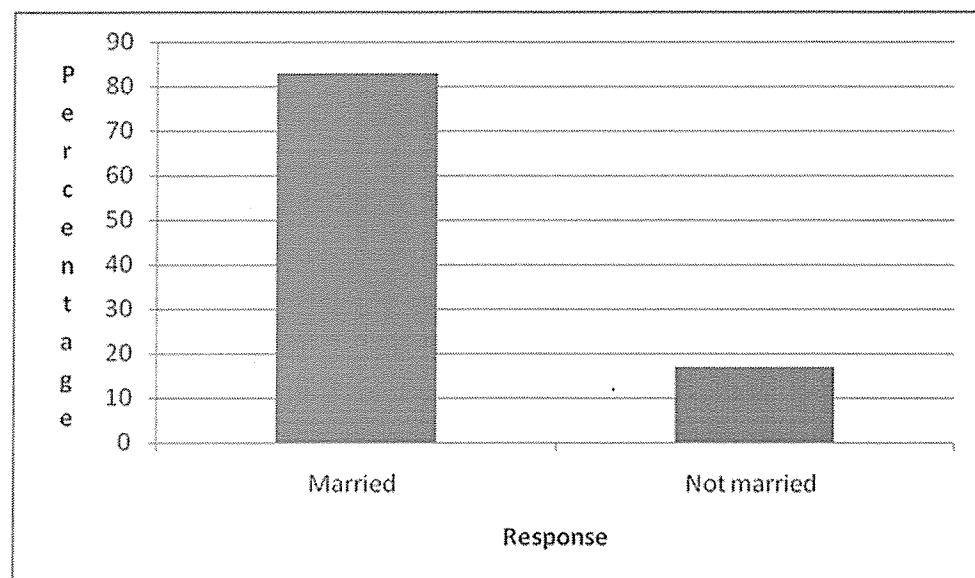
Table 3: Marital status of the teachers, head teachers in schools around Matungu division.

Response	Frequency f_0	Percentage (%)
Married	25	83
Not married	5	17
Total	30	100

Source: Respondents from Matungu Division.

From the table above 83% of the respondents were married whereas 17% are not yet married.

Figure 3: shows the marital status of teachers, and head teachers in schools around Matungu division.



4.4 Opinion on the performance of pupils infected by HIV/AIDS in Matungu division

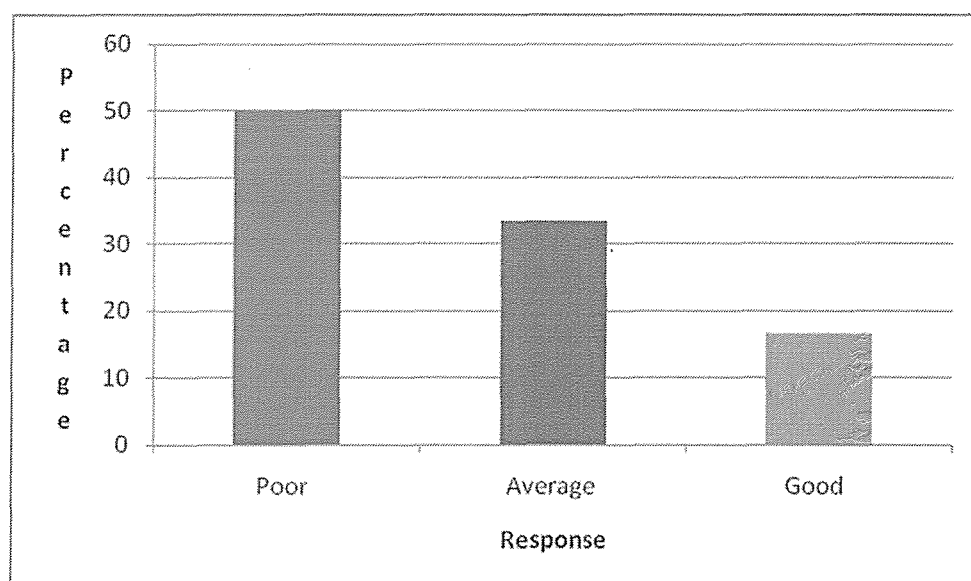
Table 4: showing the performance of pupils affected by HIV/AIDS in schools around Matungu division.

Response	Frequency f_o	Percentage (%)
Poor	15	50
Average	10	33.3
Good	5	16.67
Total	30	100

Source: Respondents from Matungu Division.

The table below shows that 50% of the learners were performing poorly, 33.3% of the learners were performing averagely while 16.67% were performing somehow good in classes of the pupils infected by HIV/AIDS .

Figure 4: showing the performance of learners infected by HIV/AIDS in schools Round Matungu division.



4.5 Opinion on the results from tests for HIV/AIDS infected pupils in Matungu division.

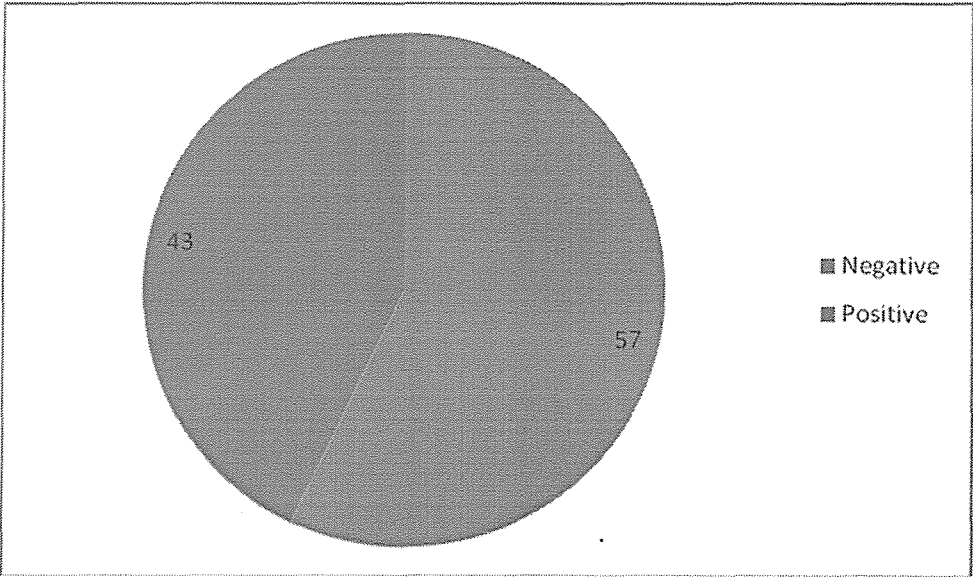
Table 5: showing the results from tests for HIV/AIDS of pupils in Matungu division.

Tests	Frequency f_o	Percentage (%)
Negative	40	57
Positive	30	43
Total	70	100

Source: Respondents from Matungu Division.

The table above reveals that 57% of the pupils tested were negative, 43% were positive.

Figure 5: showing the results from tests for HIV/AIDS of pupils in Matungu division



CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATION AND DISCUSSION

The research was on challenges facing learners who are infected the 'HIV/AIDS in Matungu Division in Mumias District - Kenya. The researcher used survey design to collect data from various respondents. The researcher employed qualitative approach and simple tabulated tables. The researcher used questionnaires as the research tools. The questionnaires were sent to sampled teachers in the division. They were personally sent and collected from the respondents by the researcher himself.

5.1 Discussion

The researcher analyzed the information in chapter four where it is evidently clear that there are learners who are infected by HIV/AIDS in Primary Schools in Matungu Division in Kenya. 100% of the respondents reported the existence of such learners in their schools.

The information also revealed that these learners are faced with a number of challenges in their Endeavour to learn. Among the challenges faced are, High dropout rate as revealed in table 9 where 83% of the respondents reported that the dropout rate of HIV /AIDS infected learners is high.

The High dropout rate could be caused by lack of support for them from both the community and the government. Stigmatization and labeling by teachers and other pupils, chronic sickness among others.

The researcher also found out that learners who are infected by HI V/AIDS perform poorly as is revealed in table 8 where the respondents reported that 66% of these learners perform poor against those who are average and good respectively. The poor performance could be as a result of absenteeism that causes lack of Topic linkage to learners, poor teaching methods, lack of learning teaching resources among others. The findings also show that other learners have a

negative attitude towards these learners. They label them and discriminate against them as they imagine that they can be infected by coming in contact with them through shaking, sharing seats and meals.

The researcher also found out that the support services offered to these learners is inadequate. In table 4 only 33% of the respondents reported that these learners are guided and counseled, another 33% reported that they are provided with basic needs and another 17 reported that these learners are supported by having their fees paid. This shows that the community does not support them adequately in terms of guiding and counseling them, providing them with basic needs such as food, medical care. Clothing among others.

The researcher further found out that the government support to these learners is minimal. In table 12.33% of the respondents reported that these children receive free medical care and 27% reported that these children receive sensitization services. Due to insufficiency in the provision of the mentioned services, these learners are found to face difficulties in their learning endeavors.

In table 14, 100% of the respondents reported that these children face labeling and stigmatization. A factor that makes them shy away from others and withdraws to themselves and in their own world. They feel rejected, not accepted by others; their efforts are neither appreciated nor recognized. All these interfere with their self-esteem and self-worth, a factor that affects their academic performance.

From the above discussion, it is true to say that HIV/AIDS infected learners lack adequate resources, have a higher dropout rate, and perform poorly in class. As they receive negative attitude from others and the community at large. They lack maximum support from the government's a factor that makes them perform poorly academically.

5.2 Recommendation

The learners who are infected by HIV/AIDS can learn to fulfill their goals in life if the measures listed below can be put in place.

Both the teachers and other pupils should develop positive attitudes towards the learners who are infected with HIV/AIDS. The teachers and other learners should see them as human beings who need recognition, appreciation and empathy. They should realize that it is not their wish to be in the state and condition in which they are and that anybody else can also be found in such a state.

These learners should be encouraged to develop their self-esteem by appreciating and recognizing the little efforts they make, they should be involved in daily Hub activities like other learners. Such included being appointed group leaders, prefects among others.

Guiding and counseling services should be enhanced to enable these learners cope up with the conditions in which they are. Teachers and other learners should equally be guided and counseled in order for them to accept these learners as fellow human beings who need acceptance, love, recognition and appreciation.

The Government should train and deploy more teachers who are trained in special needs in order to provide special services to these learners. These learners should be put on regular and supervised medical checkups that ensured their good Health and therefore reduce their chances of being attacked by HIV/AIDS opportunistic diseases.

The teachers and fellow pupils should take the lead in reminding the learners to take their drugs appropriately as required of them by their doctors. Such learners need to be put on a differentiated curriculum. A curriculum that takes care of the needs of these learners. A curriculum that is mindful of their Health status and the implication therein.

These learners should be put in individualized education programmes to enable them develop in their weak areas. This will in turn improve their general academic performance. Through improved academic performance, the learner's self-esteem and self worth shall be improved and raised.

The teaching methods should be varied to ensure the learners are motivated and their skill acquisition enhanced.

The teaching should be concrete. It should be from simple to complex and known to unknown.

The teaching of these learners should involve learning/teaching resources that enhance the acquisition of the concept and mastery of the skills. The community should develop positive attitudes towards these learners and support them materially and morally to enable them learn comfortably and make greater academic gains.

5.3 Conclusion

The recommendations given above lead to a conclusion that learners who are infected with HIV/AIDS can learn successfully to greater academics heights only if the society/community can change its negative attitudes about them and give the necessary provision to them. Such Provision include, care, support, recognition, understanding, love and empathy among others.

Teachers approach is highly vital in ensuring the success of these children. The learning of these children requires malt- disciplinary assistance in which various professionals come in play to offer their professional services - Such professionals include:- the social workers who give rehabilitative services , the Health workers who offer medical care, the teachers who give the educational care and services , The counselors who offer psychological nourishment and the clergy to offer moral support services and encouragements.

The peers to these learners also determine their stay in school through either by accepting and helping them and refrain from seeing them as hopeless people who are only destined to death .Such stigmatization makes these learners shy away from school as they withdraw to themselves and into their own world.

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APPENDIX A

QUESTIONNAIRE

1. (a) Are there learners who are infected by HIV/AIDS in your school?

Yes

No.

2. What is the academic performance of HIV/ AIDS infected learners in your School?

(i)Poor

Average good

Very Good

3. What is the dropout rate of HIV/AIDS learners in schools?

High

low

SECTION B. QUESTIONNAIRE.

4. What is the attitude of other learners towards the HIV/AIDS infected learners in school?

Positive

Negative

5. What support services are offered by the community towards learners infected by HIV/AIDS?

Guiding and Counseling

Providing Basic Needs

Buying clothes

Paying fees

APPENDIX C
QUESTIONNAIRE

DEAR RESPONDENT

This is to let you know that this questionnaire intends to help the researcher establish academic performance of HIV I AIDS infected learners in primary school Matungu Division — Kenya. The information given will be treated with total secrecy hence private and confidential.

The question has two sections A and B. please answers the questions according to the information given.

I shall be thankful if you participate honestly.

TOBIAS M. WANZALA

SECTION A. GENERAL INFORMATION (TICK THE APPROPRIATE ONE)

AGE

- | | |
|-------------------|--------------------------|
| 1. Below 25 years | <input type="checkbox"/> |
| 2. 25—30years | <input type="checkbox"/> |
| 3. 31—35 years | <input type="checkbox"/> |
| 4. 36—55years | <input type="checkbox"/> |

GENDER

- | | |
|-----------|--------------------------|
| 1. Male | <input type="checkbox"/> |
| 2. Female | <input type="checkbox"/> |

MARITAL STATUS

- | | |
|------------|--------------------------|
| 1. Single | <input type="checkbox"/> |
| 2. Married | <input type="checkbox"/> |

Other specify.....

6. What assistance does the government give to learners infected by HIV/AIDS

a) Free Primary education ☐

b) Free medical services ☐

c) Sensitization and creation of awareness ☐

7. Do HIV/AIDS infected learners have learning difficulties?

a) True ☐ False ☐

8. Is there labeling and stigmatization of HIV/AIDS in your school.

Yes ☐ No ☐

APPENDIX D

RESEARCH LETTER



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Office of the Director

T. D. BIAS MAJONI WANKARA

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR.....

REG. #..... BED/SNE/15764/71/OF

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

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

CARE ACADemic PERFORMANCE HUMAN
IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY
SYNDROME OF INFECTED LEARNERS IN PRIMARY SCHOOLS
MATUNGU DIVISION - KENYA

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

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

Yours Faithfully,

MUHWEZI JOSEPH
HEAD, IN-SERVICE