

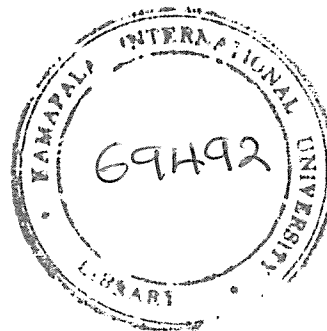
**HIV/AIDS AND EDUCATION IN KIBULGENY
ZONE, ELDORET MUNICIPALITY
KENYA**

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

BY

EVELYN ANYANGO OMOLO

BED/9116/51/DF



NOVEMBER 2008

DECLARATION:

I EVELYN ANYANGO OMOLO, declare that this research project is my original work and has never been submitted to any university for any award. Where the works of others have been cited acknowledgment has been made.

Signature.....*E. Anyango Omolo*.....

Date.....*28/8/08*.....

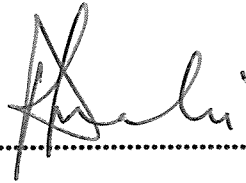
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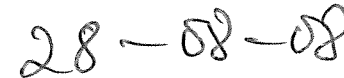
DEDICATION

This work is dedicated to my dad, late mum, my children Marvin, Tracy and Daissy and to my husband for the moral support and patience they accorded me while taking my studies in Uganda.

APPROVAL

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

Supervisor.....

Date.....

Mr. MAKI PETER

ACKNOWLEDGMENT

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

ABSTRACT

The purpose of this study was to investigate the impact of HIV/AIDS on the education sector in Kenya.

The specific objectives of the study were to identify the effect of strategies for addressing HIV/AIDS prevention within the education sector; and to examine the extent to which these strategies are implemented and the obstacles encountered

The methods used for data collection were questionnaires to pupils and teachers of the school involved in the study.

In chapter four, the findings were presented and interpreted in relation to the study objectives and research questions. While linking to the existing literature, results included demographic characteristics, frequency and percentages. Based on the findings it was observed that HIV/AIDS has got a negative impact on the education of pupils in Kenya..

In chapter five, development of solutions to the problem, summary of the findings like where all the pupils interviewed 210 or 100% agreed that HIV has effects on the education sector. The findings like the extend of HIV/AIDS awareness amongst the pupils and teachers in the municipality indicated that over 70% of both teachers and pupils are aware of the existence of HIV/AIDS, this suggested recommendations that the Government should promote the decentralization of HIV/AIDS prevention, and should Strengthen the technical capacity of Municipalities and local authorities to tackle the HIV/AIDS problem among other recommendations.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

The Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic is bringing in its wake profound modifications in education systems and is threatening the capacities of countries to achieve Education for All(EFA) objectives. In regions affected by HIV/AIDS, the demand for formal education as is practiced today declines, the educational supply decreases, the quality of education drops, and the inequality of opportunity for girls increases. The global capacity of the educational administration to operate effectively is also diminishing. Education systems are endeavoring to react to the HIV/AIDS epidemic but there has been scarcely any systematic data collection so far. It is absolutely imperative to have precise information rapidly and to implement effective interventions in the education sector.

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

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

Saharan Africa, Journal of International Development (2001) that a viable administrative state is essential for coping with challenges facing the continent today. The civil service forms the backbone of state administration. It is responsible for carrying out the will of the legislative, executive, and judicial branches of government. Major disruptions in the effective and efficient working of the civil service threaten the very foundation of society. Teachers play a critical role in education and developing social capital of the state. If teachers are unable to teach, then students cannot learn, creating a situation threatening future growth and development. HIV/AIDS affects civil servants and teachers in Sub-Saharan Africa, as it continues to dwell there.

Like the general population, African civil servants and teachers are not immune to HIV/AIDS. Several indicators demonstrate the toll HIV/AIDS exerts on the civil service and teaching workforce in various Sub-Saharan African states. Education is one of the most effective tools to combat the spread of HIV/AIDS, because it helps generate better information and greater awareness of the pandemic. School children who are infected and affected by HIV/AIDS experience unique problems that are bound to impact their learning negatively if not addressed. They are stigmatized and not easily accepted by other pupils for fear of infection. They lack parental/guardian care and are often a burden to willing relatives.

Those that are sick require specialized caring, attention and medical treatment. Some have experienced trauma as they witnessed their parents dying of HIV/AIDS, Ministry of Education Science and Technology (MOEST) (2004). These and many others related

problems are often not appreciated by care providers and the community at large. The purpose of this to establish whether teachers possess the capacity to meet the special needs of learners infected and affected by HIV/AIDS in a classroom situation.

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

1.2 Statement of the Problem

Many people are dying of HIV/AIDS and other related ailments, it has increased both the number of orphans and poverty in the country and threatens to stall national development. HIV/AIDS scourge has become a social problem because it is affecting every aspect of the Kenyan society, hence the need to examine its implications on the education sector in Kenya.

1.3 Objectives of the Study

1.3.1 General Objective

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

1.3.2 Specific Objective

The aim of this research is to;

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

1.4 Research Questions

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

1.5 Scope of the Study

The research was carried out in Kibulgeny Zone, Eldoret Municipality. The respondents to the research were pupils and teachers in St. Mary's primary school, Union primary school, Township primary school, St. Patrick's primary school, Kamukunji primary school and Kidiwa primary school. The study was based on the implications of HIV/AIDS on the education sector in Kenya. The research was carried out between December 2007 and March 2008.

1.6 Significance of the Study

The findings of the study are of significant importance to all education stakeholders in Kibulgeny zone for their efforts to meet the needs of HIV/AIDS victims in the classroom. The researcher was able to get first hand information on the implications of HIV/AIDS on the education sector in Kenya.

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

1.7 Limitations of the Study

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

- Attitudes Towards the Exercise - Some respondents were unwilling to freely share the information (especially negative information). This was mainly true at the local level because of fear of not knowing whether the information could go to their superiors with negative repercussions.
- Nevertheless, the researcher tried and overcame these limitations and collected sufficient and representative data to reach the conclusions herein.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

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

2.1 The Impact of HIV and Aids on the Education Sector

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

Without education, HIV/AIDS will continue its rampant spread. With HIV/AIDS out of control, education will be out of reach. A decline in school enrolment is one of the most visible effects of the epidemic. This in itself will have an effect on HIV/AIDS prevention, as a good basic education ranks among the most effective and cost-effective means of

preventing HIV/AIDS. There are numerous barriers to school attendance in Africa. Children may be removed from school to care for parents or family members, or they may themselves be living with HIV/AIDS. Many are unable to afford school fees and other such expenses - this is particularly a problem among children who have lost their parents to HIV/AIDS, who often struggle to generate income. Caldwell, J. C, Orubuloye, I.O. & Caldwell, P. (1999)

Studies have suggested that young people with little or no education may be 2.2 times more likely to contract HIV/AIDS as those who have completed primary education. In this context, the devastating effect that HIV/AIDS is having on school enrolment is a big concern. In Swaziland and the Central African Republic, it has been reported that school enrolment has fallen by 25-30% due to HIV/AIDS. Crampin, A., (2003)

2.2 The Impact on Teachers

HIV/AIDS does not only affect pupils but teachers as well. In the early stages of the African epidemic it was reported that teachers were at a higher risk of becoming infected with HIV/AIDS than the general population, because of their relatively high socio-economic status and a lack of understanding about how the virus is transmitted. This trend appears to have changed, as evidence increasingly shows that the more educated an individual is, the more likely they are to change their behaviour. But HIV/AIDS are still having a devastating affect on the already inadequate supply of teachers in African countries; for example, a study in South Africa found that 21% of teachers aged 25-34 are living with HIV/AIDS. De Walque, D. (2002)

Teachers who are affected by HIV/AIDS are likely to take increasing periods of time off work. Those with sick families may also take time off to attend funerals or to care for sick or dying relatives, and further absenteeism may result from the psychological effects of the epidemic. Gage A.J., et al, (1997)

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

The illness or death of teachers is especially devastating in rural areas where schools depend heavily on one or two teachers. Moreover, skilled teachers are not easily replaced. Tanzania has estimated that it needs around 45,000 additional teachers to make up for those who have died or left work because of HIV/AIDS. The greatest proportion of staff that have been lost, according to the Tanzania Teacher's Union, were experienced staff between the ages of 41 and 50. Gregson, S., et al. (2001)

2.2.1 Strategies for Addressing HIV and Aids Prevention within the Educational Sector

The HIV/AIDS pandemic has crippled many African nations for years - stifling economic development, eroding the ranks of the civil service and limiting the success of educational systems. Gregson, S., et al. (2001)

2.2.2 Effects of Education at the Individual Level

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

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

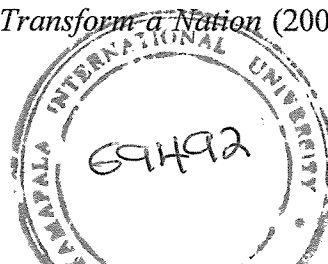
The World Bank report (2002) states that education protects against HIV infection through information and knowledge that may affect long-term behavioural change, particularly for women by "reducing the social and economic vulnerability that exposes [them] to a higher risk of HIV/AIDS than men", including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

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

2.2.3 Effects of Education at the Country Level

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

The World Bank reports that better-educated populations lead to higher economic growth. The recently released report, *Teach a Child, Transform a Nation* (2004) by the



Basic Education Coalition, which includes CARE, International Youth Foundation, Save the Children and Women's Edge, also finds a negative correlation between education and important indicators, for example, health statistics such as infant mortality and fertility rates. An analysis of African data by the former World Bank chief economist, Lawrence Summers showed that children born to mothers who had received five years of primary education were on average 40 percent more likely to survive to age five Summers, (1994). Multi-country data show that educated mothers are around 50 percent more likely to immunize their children than are uneducated mothers Gage, Sommerfelt and Piani (1997). Another multi-country study indicates that doubling the proportion of women with a secondary education would reduce average fertility rates from 5.3 to 3.9 children per woman Subbarao and Raney, (1995).

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

Hargraves, J.R. and Glynn, J.R (2002)

2.3 Education's Impact on HIV Knowledge

It is important to point out that education not only affects changes in sexual behavior, but also predicts level of knowledge about the disease. A study based on data from the 1998-1999 National Family Health Survey (NFHS) of India found that the higher the level of education of women, the more likely it is that they will have greater awareness of and accurate knowledge on HIV/AIDS. Another significant result from this analysis was the

importance of informal learning in rural areas: women's knowledge of HIV/AIDS depended on interaction with people of equal or higher education levels Aggarwal, (2004).

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

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

Smith –Estelle A & Gruskin S (2003)

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the researcher explains about the research design, the population of study, study area, population sample and the sampling procedure used. Besides, the chapter elaborates on the instruments used in data collection and data analysis.

3.1 Research Design

The study used both qualitative and quantitative research design. This enhanced the Researcher to obtain a better understanding of the implications of HIV/AIDS on the education sector in Kenya. The methods chosen allowed a collection of comprehensive intensive data and provide an in-depth study on why strategies and measures in place had not produced the desired results.

3.2 Population of Study

The study covered teachers and pupils from Kibulgeny Zone which has 25 schools with about 300 teachers and 5000 pupils.

3.3 Study Sample

With regard to above, the study employed stratified sampling,

Sampling as follows:

- A sample size of 300 pupils and 300 teachers were chosen to represent the whole population..

3.4 Sampling Procedures

The researcher employed stratified sampling method then simple sampling was done.

Each population unit was given an equal chance of being represented.

3.5 Research Instruments

Questionnaire

Primary data was collected by use of questionnaire and interviews, filled by relevant parties to obtain ideas.

These were designed in both open and closed-ended form.

The method ensured high proportion of responses and higher returns rate.

➤ Interview Method

This took face-to-face interactions with the representative of the management of the school. Secondary data was obtained from the ministry of education magazines annual report records and other researches done. This gave other information required in the research.

3.6 Research Procedure

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

3.7 Data Analysis And Interpretation

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

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

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

CHAPTER FOUR

4.0 Introduction

This chapter with the analysis of the data collected using questionnaire and interviews.

The research findings were based on sample size comprising of St Mary's , Union primary ,Township primary, St. Patrick's, Kamukunji and Kidiwa primary schools. The respondents were teachers and pupils from the schools. The summary of the findings for each factor is represented by the use of tables to give a clear picture of the scores of responses that were gathered.

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

Table 4.1 Response Rate

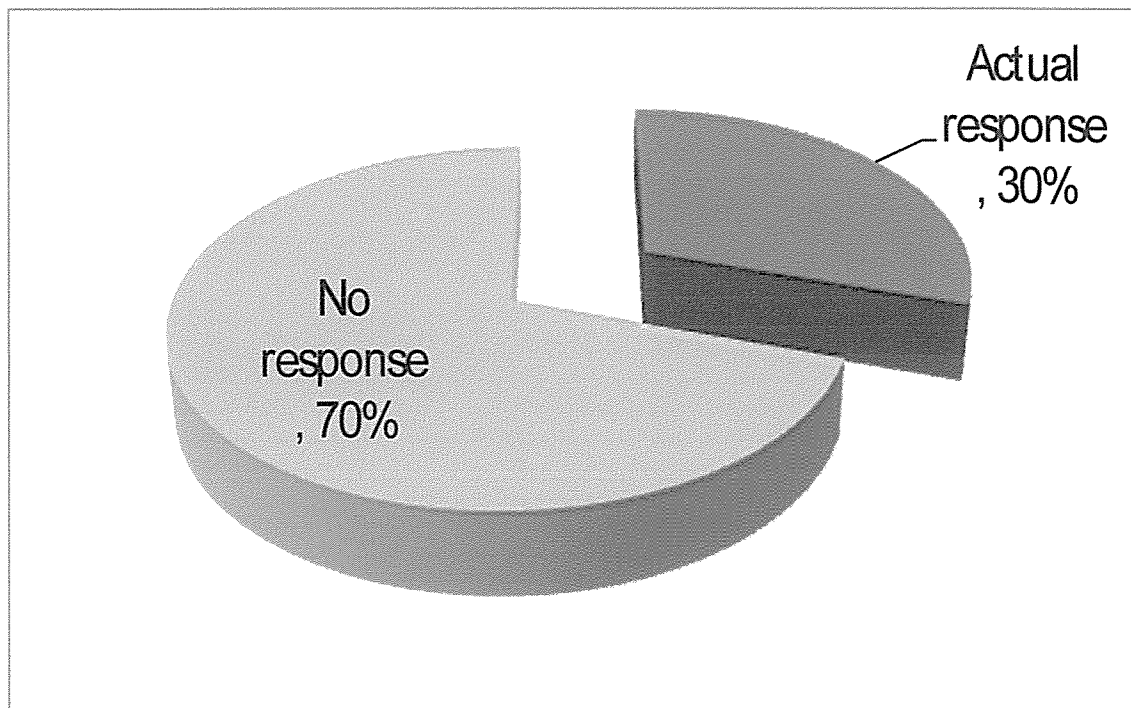
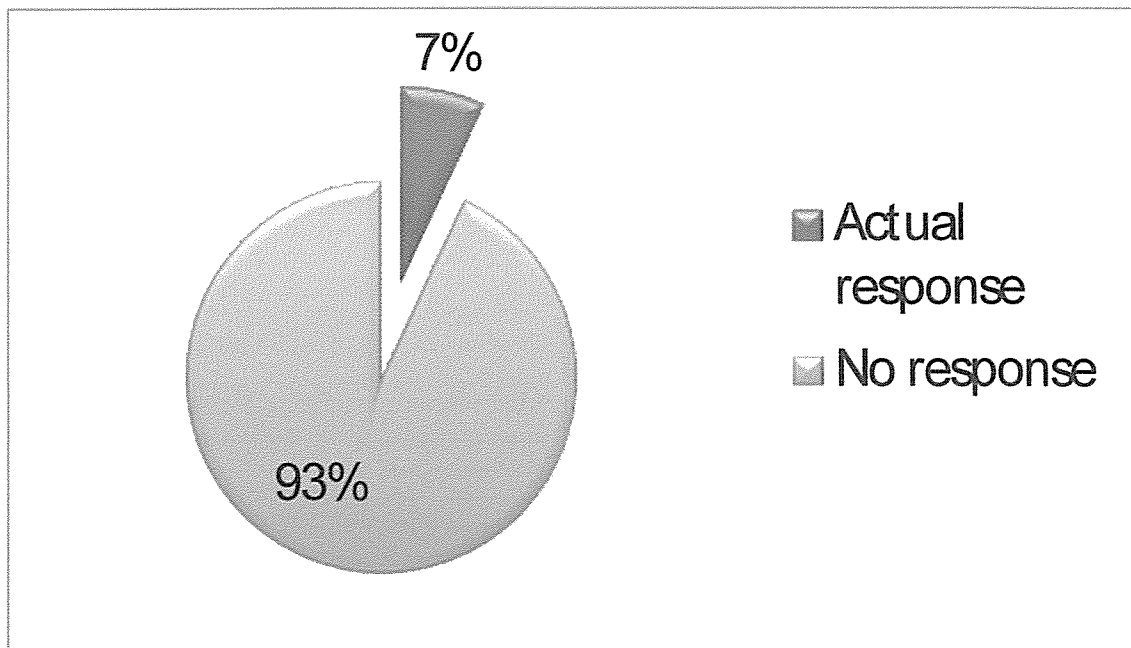
Types of Response rate	Planned sample	Actual Response	Percentage
Teachers	300	280	93
Pupils	300	210	70
Total	600	490	82

Source: field work (2008)

Response rate = $\frac{\text{Actual number responded}}{\text{Planned number responded}} \times 100$

$$= \frac{490}{600} \times 100 = 82\%$$

The data can be further represented by use of a pie –chart as shown below.



4.2 Teachers Bio Data

4.2.1 Age of respondents

4.2.2 Table Showing Age Distribution of Teachers

Age Bracket	Frequency	Percentage
23-30	80	27
31-38	140	53
39-above	60	20
Total	260	100

Out of the selected 300 teachers, 280 responded by indicating their age. The results indicate that 73% or 220 were below 39years of age. This indicates that most of the teachers are young professionals.

4.2.3 Respondents work experience.

Table 4.3 showing respondent's work experience

Years	No. of Respondents	% NO. of Respondents
1-5 Years	40	14
5-10Years	140	50
10 and above	100	36
Total	280	100

Results from the study indicate that most of the teachers have worked for more than five years. This shows that most teachers in the population of study are above the probation age. Where 240 teachers are between 5 and above years where as are below 5 years in experience.

4.3.1 Pupils Bio data

Table 4.3.2 Respondent Distribution by school

School	Frequency	% Frequency
St. Mary's	30	14
Union Primary	10	5
Township primary	30	14
St Patricks	40	19
Kamukunji	70	33
Kidiwa	30	14
Total	210	100

Out of the 300 targeted pupils only 210 responded. The researcher considered it an adequate and sufficient data source for analysis as it represented 70% response rate.

Table 4.3.4 Showing Distribution by Gender

Gender	Frequency	Percentage (%)
Male	110	52
Female	100	48
Total	210	100

The respondents' distribution by gender showed that there were male pupils who responded as opposed to female respondents, 101 male pupils and 100 female meaning that the distribution was equally fair.

4.3.5 Age of Respondents

Table 4.4 Age Distribution of Pupils and HIV/AIDS awareness response

Age Bracket	Frequency	%
10-11	46	22
12-13	82	39
14 Above	82	39
Total	210	100

From the selected schools 39% pupils were above 14 years of Age, 39% were between 12-13 years while the remaining 22% were pupils between 10 and 11 years of age.

4.3.6. Pupils Distribution on HIV/AIDS awareness

Response	Frequency	Percentages
Strongly Agree	92	44
Agreed	55	26
Un decided	17	8
Disagree	21	10
Strongly disagree	25	12
Total	210	100

From the above table it can be concluded that the pupils interviewed were aware of HIV/AIDS as 70% strongly agreed while 22% disagreed in school. The respondents inferred that they were aware of of HIV /AIDS

4.4 .0 Pupils Analysis

The respondents inferred that they were aware of the impact of HIV/AIDS on learning institutions.

Table 4.4.1 Response about HIV/AIDS Impact on Schools

Response	Frequency	Percentage
Strongly agree	120	100
Agreed	90	0
Undecided	0	0
Disagreed	0	0
Strongly disagreed	0	0
Total	210	100

Source: Author (2008)

All the respondents said that HIV/AID was posing a negative impact on the education sector in Kenya. Where by 120 pupils that is 57% strongly agreed and 90 pupils same as 43% agreed. None of the pupils who responded disagreed.

4.4.2 Response on whether preventive measures were in place and were being observed effectively

Response	Frequency	Percentage
Strongly agree	70	33
Agree	40	19
Undecided	30	14
Disagree	70	33
Total	210	100

The response showed that 52% that is 110 of the respondents are aware of the preventive measures which were in place and are effectively observed. While 71 of them 33% were in disagreement.

4.4.3 Response on whether there are challenges facing the implementation of preventive strategies

Response	Frequency	Percentage
Strongly agreed	120	57
Agreed	50	24
Disagreed	425	12
Strongly disagreed	15	7
Total	210	100

Majority of the respondents said that there were Challenges in implementing the preventive strategies. 57% and 24% said they were seeing very many challenges while the rest 19% said there were very few challenges.

4.4.4 Response on whether pupils were aware of the existence of HIV/AIDS

Response	Frequency	Percentage
Strongly agree	210	100
Agree	0	0
Disagree	0	0
Strongly disagree	0	0
Total	210	100

According to the findings all the pupils (100%) were aware that AIDS exists and kills.

4.4.5 Response on whether pupils were aware of the effects of HIV/AIDS on school environment

Response	Frequency	Percentage
Strongly agree	210	100
Agree	0	0
Disagree	0	0
Strongly disagree	0	0
Total	210	100

Source: Primary data source (2008)

According to the findings 100% of the pupils said they were aware of the effects of HIV/AIDS on school environment.

4.4.6 Response on whether pupils learn about HIV/AIDS in class

Response	Frequency	Percentage
Strongly agree	210	100
Agree	0	0
disagree	0	0
Strongly disagree	0	0
Total	210	100

Source: Primary data source (2008)

The pupils according to the findings indicated that they learn about HIV/AIDS in class as part of their curriculum.

4.5.0 Teachers Analysis

4.5.1 Teachers response on reality of HIV/AIDS.

Response	Frequency	Percentage
Strongly agree	200	71
Agree	80	29
disagree	0	0
Strongly disagree	0	0
Total	280	100

From the above table all the 280 or 100% who responded agreed that HIV/AIDS is a reality and it kills. Non of them 0% disagreed.

4.5.2. Teachers response on HIV/AIDS as part of school curriculum.

Response	Frequency	Percentage
Strongly agree	280	100
Agree	0	0
disagree	0	0
Strongly disagree	0	0
Total	280	100

All the 280 100% teachers who responded agreed strongly that HIV/AIDS was part of the school curriculum.

4.5.3 Summary of Responses whether HIV /AIDS has an effect on the Education Sector

Response	Frequency	Percentage
Strongly agree	120	43
Agree	160	57
disagree	0	0
Strongly disagree	0	0
Total	280	100

Source: Primary data source (2008)

According to the findings all the Respondents said that the socio-economic impacts of HIV /Aids were being felt in constitution of Learning.

4.5.4 Response on awareness of preventive measures of HIV/AIDS in school community?

Response	Frequency	Percentage
Strongly agree	130	46
Agree	90	32
disagree	40	14
Strongly disagree	20	7
Total	280	100

From the above table majority of the teachers 200, 98% of 280 are aware of preventive measures of HIV/AIDS in the community while 60 of them are not aware.

4.5.5 Response to whether there are Challenges encountered in the Implementation of Preventive Strategies

Response	Frequency	Percentage
Strongly agree	140	50
Agree	100	36
disagree	20	7
Strongly disagree	20	7
Total	280	100

Source: Primary data source (2008)

Of the 280 respondents interviewed, 240 (86%) said that there are other impediments towards implementing preventive measures. These included cultural belief and academic levels attained so far among pupils. Other factors existed outside the school environment while 40 respondents did not see challenges.

Table 4.5.6: Showing Summary of Responses to whether preventive Measures were Effective in Curbing the Spread of HIV/AIDS

Response	Frequency	Percentage
Very effective	100	36
Effective	120	43
Very low effect	60	21
No effect at all	0	0
TOTAL	280	100

Source: Primary data source (2008)

Majority of the respondents (79%) said that the preventive measures were effective in curbing the spread of HIV / Aids while 21% said that the preventive measures have not been effective in preventing the spread of HIV/AIDS in academic institutions.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Discussion of the Findings

The extent of HIV/AIDS awareness amongst the pupils and teachers in the municipality indicated that over 70% of both teachers and pupils are aware of the existence of HIV/AIDS and that it is part of the school curricula.

The promotion of student self esteem and a positive school atmosphere should penetrate any HIV/AIDS prevention program. An emphasis on active learning, higher academic standards, and individualized instruction can help maintain 76% students' focus on their own education.

However it was also discovered that there are a number of challenges facing the implementations of HIV/AIDS preventive measures as agreed by 81% pupils and 86% of the teachers.

HIV/AIDS has effects on the education sector both pupils and teacher who responded showed that preventive measures have been put in place though with some obstacles in that there is negligence in observing them due to ignorance or assumptions of safety.

5.1 CONCLUSIONS

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

While awareness is increasing, decision makers require better data: good policy and programmes require good analysis. No single measurement or data aggregate can reflect the complex nature of drug abuse problems, but basic indicators are needed for planning and action. All estimates are in some ways incomplete, but an incomplete estimate used well is better than none at all.

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

5.2 RECOMMENDATIONS

Policy makers should invest in the provision of information about and training in evaluation methods, and appropriate tools, in order to disseminate evaluation principles and practice throughout the municipality and country.

When possible, agencies directly or indirectly involved with the HIV/AIDS problem should engage in multi- sectoral and inter-institutional collaboration to pool resources and develop a common strategy.

Government should promote the decentralization of HIV/AIDS prevention, and should strengthen the technical capacity of Municipalities and local authorities to tackle the HIV/AIDS problem. Appropriate levels of funding and support should be made available to those non-government organizations that are better placed to implement policy through practice.

Local and national experts, and the target groups, should be consulted and involved in any planning and decision-making processes relevant to policy and the development of Programmes and projects. A range of programmes, consisting of universal, selective and indicative components, need to be developed in order to serve the needs of different target groups, depending on the nature and extent of the HIV/AIDS pandemics.

As part of the work in prevention of HIV/AIDS, employment, recreational and educational opportunities need to be provided to young people to increase their choices

for a healthier life style. Drug abuse and HIV/AIDS prevention, and health education in general, should be part of the national school and college curriculum

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

5.3 Areas of Further Studies

While the influence of a secondary education seems to have a greater impact than primary education on decreasing HIV/AIDS infection levels, there is no specific breakdown of the impact that each additional year of education (for primary school and secondary school) has on HIV/AIDS rates. In addition, further research and analysis on the percentage of primary school students who enter secondary school would be relevant. More research into the prevalence and social dimensions of HIV/AIDS needs to be commissioned to enable funds to be directed where they are most needed.

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APPENDICES

APPENDIX 1- PUPILS QUESTIONNAIRE

This is part of an educational study that is being carried out on implications of HIV/AIDS on the educational sector in Kenya. Your school has been selected for this study. As a pupil in a public school, you are kindly required to participate in the study by completing the questionnaire below as accurately as possible. The information obtained will be treated as confidential and will be used for the study and nothing else. Your cooperation and assistance will be highly appreciated.

INSTRUCTIONS

Respond to each item by putting a tick(v) in one of the boxes and briefly write in the spaces provided appropriately.

SECTION 1

A. DEMOGRAPHIC DATA.

1. What is the name of your school? _____
2. What is your gender? Female [] male []
3. Indicate your age.
 - i) Between 10 –11 years []
 - ii) Between 12 –13 years []
 - iii) Between 13 – 14 years []
 - iv) Over 13 years []
4. Indicate the type of school you are in;

i) Single boys day ☐

ii) Single boys boarding ☐

iii) Single girls boarding ☐

iv) Single girls boarding ☐

v) Mixed day ☐

vi) Mixed boarding ☐

Vii) Other (specify) _____

5. In which class are you?

Std 5 ☐

Std 6 ☐

Std 7 ☐

Std 8 ☐

6. What responsibility are you given in your school?

Class prefect ☐

School prefect ☐

Club official ☐

Society official ☐

Other (specify) _____

7. Are your parents alive?

Father and mother alive ☐

Father only alive ☐

Mother only alive ☐

Both parents not alive ☐

8. What is the occupation of your parent?

a) Father civil servant ☐ self employed ☐ unemployed ☐

b) Mother civil servant ☐ self employed ☐ unemployed ☐

9. When did you start attending school?

At age 5- 7 years ☐

At age 8 – 10 years ☐

Over age 10 years ☐

Others (specify) _____

SECTION 2

10. You are aware about HIV/AIDS?

SA ☐ A ☐ D ☐ SD ☐

11. HIV/AIDS has an effect on the school environment.

SA ☐ A ☐ D ☐ SD ☐

12. You learn HIV/ AIDS as part of school curriculum

SA ☐ A ☐ D ☐ SD ☐

If yes specify _____

13. You learn preventive measures aimed at curbing spread of HIV/AIDS among the youths.

SA ☐ A ☐ D ☐ SD ☐

14. Preventive measures of curbing spread of HIV are effective in my school and community.

SA ☐ A ☐ D ☐ SD ☐

15. There are challenges facing the implementation of preventive strategies aimed at curbing spread of HIV/AIDS

(Specify) _____

SA ☐ A ☐ D ☐ SD ☐

16. What is the level of HIV/AIDS awareness in your school?

Very high ☐ High ☐ moderate ☐ low ☐ Very Low ☐

Thank you very much for your cooperation.

