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THE EFFECTS OF HIV/AIDS ON ACADEMIC PERFORMANCE AMONG CHILDREN IN BUTULA DIVISION OF BUSIA DISTRICT, KENYA

BY

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APPROVAL

This research project has been submitted for examination with my approval as the university supervisor.

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I acknowledge my supervisor Madam SSENTAMU for her support, patience and devotion for reading through my work and offering positive criticism, without which this work would not have been possible.

To you my beloved wife (Jossy) I cant possibly thank you enough for all your advice, intellectual input and generous contribution, special thanks to my friends and the entire fraternity of Kampala international University. Not forgetting my respondents for their cooperation during data collection I'll be forever grateful.

Finally to my beloved mum and entire family members for their encouragement, financial support and spiritual nourishment throughout the study.

DEDICATION

I dedicated this research to my beloved Son Shobby and the entire family for their endless support during the writing of the project work.

DECLARATION

This is my original work and has not been presented to any other institution or organization at any time for an award of a Diploma or Degree

Presented by:

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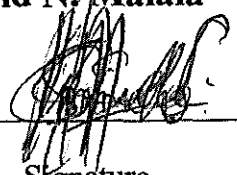

Signature

AUGUST 2010.

Date

TABLE OF CONTENTS

1. Title page----i
2. Approval ----ii
3. Acknowledgement----iii
4. Dedication----iv
5. Declaration----v
6. Table of Content----vi
7. Abstract----ix
8. List of Tables----x
9. Abbreviations/Acronyms----ix

CHAPTER ONE

1.0 **INTRODUCTION**----1

1.1 Background----1

1.2 Statement of the Problem----3

1.3 Scope of the study----4

1.4 Objectives of the Study----5

1.4.1 General Objective----5

1.4.2 Specific Objective----5

1.5 Research Questions----5

1.6 Hypothesis----5

1.7 Justification of the study----5

1.8 Definition of terms and operationalization of variables----6

1.9 Theoretical framework----7

CHAPTER TWO

2.0 **LITERATURE REVIEW**----8

2.1 Introduction----8

2.2 General view----8

2.3 Factors leading to rapid speed and maintenance of HIV/AIDS in Butula Division----9

2.4 The effects of HIV/AIDS on Education (Academic perform) ----11

2.5 Causes of poor academic performance----16

2.6 Summary of literature review----17

CHAPTR THREE

3.0 METHODOLOGY----18
3.1 Introduction----18
3.2 Research design----18
3.3 Location of the study----18
3.4 Unit of analysis----18
3.5 Sample of design----18
3.6 Data collection techniques----19
3.7 Reliability and validity of the instruments----19
3.8 Data Analysis techniques----19

CHAPTER FOUR

4.0 DATA ANALYSIS, INTERPRETATION AND PRESENTATION----20
4.1 Introduction----20
4.2 Respondents and Age----20
4.3 Respondents and Residential----20
4.4 Respondents and their family size----21
4.5 Respondents and provision of basic needs----21
4.6 Respondents and reasons for inadequate basic needs----21
4.7 Respondents on school attendance----22
4.8 Respondents and reasons for not attending school----23
4.9 Respondents and academic performance basing on average mean mark----23
4.10 Respondents and views of parents on their children class performance generally----24
4.11 Respondents and their views causes of poor academic performance----24
4.12 Respondents and indicators of socio- economic conditions----24
4.13 Respondents and prevalence of HIV/AIDS----25
4.14 Respondents on causes of the prevalence of HIV/AIDS----25
4.15 Respondents on the effects of HIV/AIDS on Education----26
4.16 Respondents on the way forward to improve academic performance----27
4.17 Testing of Hypothesis----27
4.17.1 Testing of Hypothesis one----27
4.17.2 Testing of Hypothesis Two----28
4.17.3 Testing of Hypothesis Three----29

CHAPTER FIVE: RECOMMENDATIONS

5.0 Summary, Recommendations and conclusions----------30
5.1 Summary----------31
5.2 Study conclusions----------31
5.3 Policy Recommendations----------31
5.4 Suggestion for further Research studies----------32
REFERENCES----------33
APPENDICES (")
Appendix I Questionnaires----------35
Appendix II Budget----------38
Appendix III Introduction letter----------39
Appendix IV Acceptance letter----------40
Appendix V maps ----------41
Plate two: map of Busia showing Butula Division ----------41
Plate one : map of Kenya----------42

ABSTRACT

The main objectives of the study was to uncover the effects of HIV/AIDS on academic performance among children, it more specifically sought to find out the factors contribution to rapid spread of HIV/AIDS, causes of poor academic performance, and the effects of HIV/AIDS on academic performance It was carried out in Butula Division of Busia District in Kenya.

It was based on hypothesis that there is a relationship between HIV/AIDS prevalence and socio- economic conditions of households, that there a relationship between academic performance on HIV/AIDS prevalence, and that academic performance is influenced by sociol-economic conditions of households in Butula Division.

To achieve these objectives, both primary and Secondary Data were used. Various data collection techniques were employed. These include questionnaires and interviews. The sample comprised of fifty respondents, which included twenty five primary schools children affected with HIV/AIDS and twenty five key informants. The Data collected was analyzed using both qualitative and quantitative methods of data analysis.

The study was based on structural functionalism theory by Talcott Parson which postulates that society is self-regulating system of interrelated elements with structured social relationship and observed regulates.

The study found out that there several factors which contributes to rapid spread and prevalence of HIV/AIDS in Butula Division. These factors ranges from socio-economic, cultural to psychological. It also revealed that prevalence of HIV/AIDS do affects academic performance of children in schools although study revealed that there other factors which also affects academic performance besides HIV/AIDS.

LIST OF TABLES

4.2 Respondents and Age.....20
4.3 Respondents and Residential.....20
4.4 Respondents and their family size.....21
4.5 Respondents on provision of their basic needs.....21
4.6 Respondents and reason for inadequate basic needs 22
4.7 Respondents on school attendance.....22
4.8 Respondents and reason for not attending school 23
4.9 Respondents and academic performance basing on on average mean marks.....23
4.10 Respondents and views of parents on their children on class performance generally.... .23
4.11 Respondents on causes of poor academic performance.....24
4.12 Respondents and indicators of socio-economic condition 25
4.13 Respondents on prevalence of HIV/AIDS 25
4.14 Respondents on causes of the prevalence of HIV/AIDS.....26
4.15 Respondents on the effects of HIV/AIDS on education 26
4.16 Respondents on the way forward to improve academic performance.....27
4.17.1 Correlation between prevalence of HIV/AIDS and indicators of socio-economic conditions of household.....27
4.17.2 Correlation between student performance and prevalence of HIV/AIDS.....27
4.17.3 Correlation between occupation and student's academic performance 28

ACRONYMS

HIV – Human Immunodeficiency Virus.

AIDS – Acquired Immune Deficiency Syndrome.

UNICEF – United Nation Children Funds.

UNESCO – United Nation Education Science and Cultural Organization.

WHO – World Health Organization.

ICS – International Child Support.

REEP – Rural Economic and Education Enhancement Programme.

MOE – Ministry of Education.

TSC – Teachers Service Commission.

PLWHA – People Living with HIV/AIDS.

NACC – National AIDS Control Council.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the study

In Kenya according to to Economic Strategic Recovery (ESR) document GoK (2003a),shows that education has been given prominence both as basic human rights and as a pre-requisites for an individual's upward social mobility and wholesome for National development. Education is believed to equip individual with knowledge and skills required to occupy particular social positions and hence execute duties associated with those positions. It would rightfully follow that the ability of the people to secure valued social position is determined by their academic meritocracy. That those who perform academically well stands a better chance of securing the advantaged position as compared to those whose academic performance is poor.

Although this position has lately been tampered with by nepotism and other forms of favouritism, the significance of educations continues to be emphasized by everybody in the society. This is partly illustrated by Koech (1984) in her article titled: University*: the dream of every child*, in the *express magazine.* she says that failure to pass the national certificate examination put one in crippling disadvantages, that one will not easily get employment ands the society will cast accusing eyes on him/her for wasting the meager resources and time while at school.

It is in the view of the above public attitude that individuals and groups of people have become keen and concerned about academic performance in Butula Division that has been ever declining for the last six years, (Divisional office report 2007) . Not that the better the performance the higher the opportunity to complete for valued social position in the society. Good academic performance has therefore become aspiration of many, although the impending factors have been fully studied. This declining trend in Butula has been partly attributed to rapid spread of HIV/AIDS and its devastating effects on human society. (survey report by REEP - 2006).

According to UNAIDS (2002) estimates 42 millions people are living with HIV/AIDS globally (PLWHA) of which 29.4 million live in Sub-Sahara Africa and 6 million in South and South East Asia. The report suggests an additional 45 million people will become infected with HIV in 126 low and middle income countries between 2002 and 2010, if the response to pandemic is not drastically expanded. It is generally accepted that the HIV/AIDS epidemic will seriously

effect the education sector in Sub-Sahara Africa and in particular, the high prevalence countries (HPCs) in Eastern and Southern Africa. The high profile, UNICEF publication, ' The

progress Nation,' states that,' although HIV affects all sectors, its most profound effects are in Education sector," (UNICEF 2000:10). More generally, " HIV/AIDS appears to be in ascendancy and to have virtually overcome education, swamping it a wide range of problems," (Kelly 2000:2004).

Today in Kenya, according to National AIDS Control Council (NACC-2007) indicates that the HIV epidemic is better understood; the number of people living with HIV is about 1.1 million adults between 15-49 years, another 60,000 age 50 and over, and approximately 350,000 children.

According to Kenya demographic and health survey (KDHS - 2003), it estimate that 7% of adults' age 15-49 years are infected with HIV and rates in women are nearly double that of men. The survey further reveals that a significant portion of new infections in adults today takes place within the family. The HIV/AIDS epidemic is a serious health problems in this country. The epidemic continues to expand at a rapid pace throughout the country and it has come to be serious development crisis impacting all sectors. The scourge has affected the economically productive part of the Kenyan population threatening the socially and economic well being of the country.

According to Busia District Development plan (2008) shows that the prevalence and mortality rates for HIV in Busia district is steal alarming. Data from the ministry of health (MOH) in the district indicates that HIV/AIDS prevalence in the Busia district is 7.4% compared to 6.7% national prevalence. It claims that the advent of HIV/AIDS in the district has contributed to the increase in the number of orphans.

Notably, the HIV prevalence rate among pregnant women in the District is 16%, one of the highest in the country. The prevalence of VCT still stands at 7.4% for Township division, 8.8 for Matayos, 7.9% Nambale and 23.7% for Butula division . The survey report by Rural Economic Programme (REEP_2006) a community based organization in Butula division shows That HIV/AIDS awareness stands 98% in Butula division . The report further reveals that high prevalence rate have been contributed to by the practices of some social cultural factors such as polygamy, wife inheritance and disco matanga (funeral disco).

Kenya is making efforts to combat the revenges of HIV/AIDS. The country' s attempts to control the epidemic are witnessed in the different intervention programmes carried out by government, NGOs and individuals. The government's National policy on HIV/AIDS calls for education, information and communication to raise awareness and encourage people to adapt

protective behaviour. The National AIDS control council (NACC) laid down strategic plans in efforts to combat the epidemic. Among others, was the introduction of an AIDS education syllabus in schools and colleges. This study therefore was seeking to find out the effects of HIV/AIDS on academic performance among children in Butula division.

1.2. STATEMENT OF PROBLEMS

The academic performance in Butula division has been wanting for the last six years. The performance standard of schools within the division is ever declining whenever the national examination results are released. Despite the introduction of universal free primary education in 2003 and later free secondary education witnessing an increase of children enrolment in schools within the division, the academic performance for the last six (6) years has been declining (Divisional education office report -2007), according to the report this is being threatened by increased mortality and mobility particularly among young people, reduced life expectancy, increased infant and child mortality rate and changing socio-economic status, and as such, level of the education is likely to remain affected.

A survey report by International child support (ICS) -2007, indicates that rapid spread of HIV/AIDS is responsible for the increased mortality and mobility rate in Butula division, consequently households are either infected or affected by the epidemic thus likely to be faced with several problems. There is real danger that children from families infected by HIV/AIDS will be forced to stay out of school to take care of the sick, till the land or even engage in child labour in order to earn money to supplement household live hood needs.

Besides children could drop out of school for feeling discriminated among many other reasons. Such trends are likely to impact child' s performance in school. Note that since education is an essential building block in society' s development, there is need to ensure that the education standard in the community is improved. It' s therefore on this ground that the study sought to identify the effects of HIV/AIDS on academic performance in Butula Division.

1.3. Scope and limitations of the study.

This study was carried out in Butula division of Busia district in Western province. The target population were school children, their parents and teachers. Due to limited financial resources and time, the study only cover the division but not the entire district. It mainly focus on factors contributing to rapid spread of HIV/AIDS in the community, its effects on academic performance and the causes of poor academic performance among children. The study did not address issues of psychological and health problems suffered by community.

1.4.0 OBJECTIVES OF THE RESEARCH STUDY

1.4.1 GENERAL OBJECTIVE.

The main purpose of this research study was to investigate the effects of HIV/AIDS on academic performance among children.

1.4.2 SPECIFIC OBJECTIVES

The Specific objectives were:-

1. To identify the factors contributing to the rapid spread of HIV/AIDS in Butula division.
2. To find out the causes of poor academic performance in Butula division
3. To investigate the effects of HIV/AIDS on academic performance in Butula division.

1.5. RESEARCH QUESTION

What are the factors contributing to the rapid spread of HIV/AIDS in Butula division? Are There any effects of HIV/AIDS on academic performance in Butula division?

What are causes of poor academic performance among children in Butula division?

1.6 Research Hypothesis

i. HIV/AIDS prevalence in Butula community is associated to socio-economic conditions of the households in Butula division.

ii. There is a relationship between academic performance and the prevalence of HIV/AIDS in Butula division.

iii. The academic performance among students is influenced by the socio-economic conditions of the households in Butula division.

1.7 Justification of the study

The attainment of education for all as one of Millennium Development Goals will not be possible without an urgent look into effects of HIV/AIDS which has swamped education sectors with a wide range of problems. The education system may collapse unless there is comprehensive strategy of controlling and preventing the spread of HIV/AIDS, note that despite recognition of the importance of basic education for all, the diseases seem to be major

Obstacles to the attainment of the goal. Therefore, this study intends to investigate the effects of HIV/AIDS on academic performance among children in Butula division, therefore its findings may assist in making the realization of millennium development goal.

1.8.0 Definition of Terms and Operationalization of Variables.

1.8.1. Definition of key Concepts.

Academic performance – According to *Contemporary Longman Dictionary*- this imply to how good or poor a student is being graded basing on marks scored in subjects taught in school. In this study, the end of term examination result was used as indices of academic performance which was the dependent variable. Thus academic performance in this study was taken as an individual's exhibition of learning as measured by the mean marks of scores obtained in the various tests. It was based on the ratings of the end of – term exams of three (3) successive term of a year.

HIV/AIDS – HIV refers to a virus that attacks the human immune system rendering it vulnerable to attacks from other diseases, while AIDS is an acronym that stands for Acquired Immune Deficiency Syndrome. The definitions was held for this study.

Socio-economic conditions- for this study it implied to a person's wellbeing in terms of income level, expenditure per day, level of education, employment, meals per day (food), size of the family, shelter, marital status, age.

A Child – According to UN Charter a child implies to a person under the age of 18 year. In this study a child implied to someone undergoing secondary school education to learn new skills.

Effects – This implies to the results produced by a cause and in this study it was measured by the aspects such as time management, fees availability, having stationary.

Vulnerable – It implied to category of persons who were at risk of being infected with HIV/AIDS.

Prevalence – It implied to cases to a disease that exist at a particular point in time.

1.8.2 OPERATIONALIZATION OF VARIABLES.

Dependent variable – The researcher's dependent variables was academic performance, which was either good, fair, or poor in terms of mean marks scored by children in Primary school for 3 successive terms per year.

Independent variables – Whereas HIV/AIDS was the researcher's

level, shelter, number of meals taken per day.

Control variables were the socio – economic conditions which include aspects like income level, shelter, number of meals taken per day.

1.9 Theoretical frame work

The study was guided by structure functional theory. The theory holds that a society is self regulating system made up of interrelated element with structured social relationships and observed regularities (Abraham F 1998). Talcott person (1937-1957) argues that the overall system and the. Sub-systems of which it's composed work together to form a balanced stable hole and that the system naturally fends towards stability rather than towards disorder.

Education is crucial in maintaining social order as a whole for instance; education performs various functions which includes cultural transmission, social integration, personal Development, screening and selection, innovation and latent functions. However, these noble functions of education are being threatened by HIV/AIDS which is destabilizing the society.

Further more the study will also based on the social learning theory by Albert Bandura (1978) whose main Emphasis is on behaviour modeling. For instance parents who directly punishes or rewards children whose behaviour is not or is in accordance with socially defined standards provides models that children are encouraged to emulate. In this case, the desires of a child to become a high academic achiever tend to reflect pressure exerted by the parents. This is likely not to be the case to children whose parents are sickly due to HIV/AIDS or orphans, since they will luck someone to assert pressure to them to be performing well in the School.

CHAPTER TWO.

2.0 LITERATURE REVIEW

2.1 Introduction.

This chapter will identify the knowledge gap that the study set out to fill by reviewing the relevant literature.

2.2 General View.

According to UNAIDS (2002) estimates 42 million people are living with HIV/AIDS globally (PLWHA) of which 29.4 million live in Sub – Saharan Africa and 6 million in South and South East Asia. The report suggests an additional 45 million people will become infected with HIV in 126 low and middle income countries between 2002 and 2010 , if the response to pandemic is not drastically expanded .It is generally accepted that the HIV/AIDS epidemic will seriously affect the Education sector in Sub – Saharan Africa and in particular, the high prevalence countries (HPCs) in Eastern and Southern Africa .The high profile, UNICEF publication, ' The Progress Nations ', states that , "Although HIV affects all sectors, its most profound effects are in education sector," (UNICEF 2000:10). More generally, "HIV/AIDS appears to be in ascendancy and to have virtually overcome education, swamping it a wide range of problems", (Kelly 2000-2004).

Today in Kenya , according to National AIDS Control Council (NACC-2007) indicates that the HIV epidemic is better understood; the number of people living with HIV is about 1.1 million adults between 15-49 years, another 60,000 age 50 and over, and approximately 350,000 children. According to Kenya demographic and health survey (KDHS – 2003), it estimates that 7% of adults' age 15 -49 years are infected with HIV and rates in women are nearly double that of men. The survey further reveals that a significant portion of new infections in adults today takes place within the family. The HIV/AIDS epidemic is a serious health problem in this country.

The epidemic continues to expand at a rapid pace throughout the country and it has come to be serious development crisis impacting all sectors. The scourge has affected the economically productive part of the Kenyan population threatening the socially and economic well being of the country.

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The survey report by Rural Economic Enhancement Programme (REEP-2006) a community based organization in Butula division shows that HIV/AIDS awareness stands at 98% in Butula division. The report further reveals that high prevalence rate have been contributed to by the practices of some social cultural factors such as polygamy, wife inheritance and disco matanga. (funeral disco).

2.3. Factors leading to rapid spread and maintenance of HIV/AIDS in Butula division.

There are several situations that present risks to HIV/AIDS among any given population. These includes: poverty, sexual transmitted infection (STIs), drug and alcohol abuse, cultural influence and civil conflict.

2.3.1 Poverty.

It's worthy noting that poverty contributes to migration which is a major risk factor for HIV/AIDS. Note that it is associated with factors such as malnutrition, susceptibility to other diseases and risks of harmful traditional practices such as early marriages. Therefore, poverty is a major risking factor as cited by former Zambian president Kenneth Kaunda who said that "poverty is a fertile ground for AIDS and AIDS feeds on poverty".

2.3.2 Mother –to –child transmission.

According W.H .O (2006), mother to child transmission accounts for the vast majority of children who are infected with HIV/AIDS. If a woman already has HIV then her baby may become infected during pregnancy or delivery. HIV can be also transmitted through breast feeding. W.H.O (2006), further notes that apart from mother to child transmission, some children are exposed to HIV in medical setting; for instance, through needles that have not been sterilized or blood transfusion where infected blood is used. In wealthier countries this

problem has virtually been eliminated, in resource- poor communities like Butula is still an issue. For older children sexual activities and drug use present a risk.

2.3.3. Pre-marital sexual affairs.

It is well known that many young people start having sex before they reach the age of consent, and in some cases children make the decision to have sex of their own accord. In other cases they are exposed to HIV infection through sexual abuse and rape. This is a significant problem in many areas, Butula included. For instance, in Butula, the myth that HIV can be cured through sex with a virgin has led to a large number of rapes- sometimes of very young children by infected men. In some cases school children are coerced into sex work, which can put them at high risk of becoming infected with HIV/AIDS. (REEP-2007).

2.3.4 Cultural Influence and Believes

According to the survey report by AMPATH-2006 indicates that customs and practices associated with gender roles and sexuality in many societies are compromising the rights and freedom of individuals, hence promoting the cycle of illness and death as a result of HIV/AIDS scourge. These socio-cultural experiences as practiced in many communities in Kenya include: wife inheritance widow cleansing, polygamy, drug and substance abuse silence on sexual matters and engagement in commercial sex.

2.3.5 High risk behavior among adolescents

Kimani et al (1994) reported that several socio-cultural, economic and religious factors influence the risk of adolescents of contracting HIV infection. A significant proportion o adolescents are sexually active, they initiate coitus at an early age and tend to have many sexual partners, some of whom belong to high risk groups including the so called 'sugardad, and sugar mummies .The report further indicates that they take no protective measures because they have limited information about sex and sexual development, no access to counseling and advice.

Adolescents are also living under restrictive laws and policies; they lack confidence, even skills, knowledge and confidence to use contraceptives.

2.3.6 Stigmatization

According to AIDS population and Health and Integrated Assistance Programmes (APHIA-II) reported that stigma causes spread of HIV/AIDS infection in rural areas. In local daily standard

newspaper (Nov. 11,2008),the community advisor of APHIA-II reports; there is still a lot of finger point in the community hence the infected want to revenge for being disgraced and viewed as immoral, therefore ,some AIDS patients are intentionally spreading the disease due to stigmatization'(the standard newspaper, Tuesday Nov.112008 No.28184 by Jane Akinyi &Maseme Muchuka.)

Further more , according to D. Skinner and S. Mfecane (2004), stigma and discrimination play significant role in the development and maintenance of the HIV epidemic. It is well documented that people living with HIV /AIDS experience stigma and discrimination on an ongoing basis. This impact goes beyond individual with HIV to reach broadly into society, disrupting the functioning of communities and complicating prevention and treatment of HIV. It reportedly interferes with voluntary testing and counseling and with accessing care and treatment, thereby increasing suffering and shortening lives.

The need to integrate HIV/AIDS protective factors is urgent, an approach that resides in education especially in adolescence period to bring adolescents together and shape their transition to adulthood (WHO et al, 2006). HIV/ AIDS has devastating effects on education also. On the one hand, HIV/AIDS reduces personnel numbers especially teaching staff, reduces financial resources and increases orphan hood (UNESCO, 2003).

2.4.0 The effects of HIV/AIDS on education (academic performance).

Various studies conducted earlier that HIV/AIDS is a massive development challenge of global proportions facing human societies. The effect of the scourge on both national development and household economies has compounded a whole range of challenges surrounding poverty and inequality, not forgetting education sector.

2.4.1 HIV/AIDS and access to education

Despite efforts to ensure quality education to all children, the children are really being affected by HIV/AIDS, which can be basically said to be due to high raising poverty levels in Sub-Saharan Africa, where Kenya belongs. It is sad to note that according to UNAIDS (2004) report; Africa has millions of children affected by HIV/AIDS as they have suffered a tragedy of losing one or both parents. The report further notes that most of the children are growing up in deprived and traumatic circumstances without the support and care of immediate families.

In 2003, basing on demographic data from thirty – one countries, UNICEF concluded that, 'orphan are less likely to be in school and more likely to fall behind and drop out'. UNICEF estimated the risk to greatest for children who loss both parents. In Kenya, for example 70% of children who lost both parents were in school, compared to 95% of children who had at least one living parent. A similar five year survey of 20,000 children in rural Western Kenya found out that the death of parent led to reduction in school participation rates by an average of 5% regardless of the asset of the household.(Evans and Miguel 2002,cited in Human Right Watch 2005). Further surveys of orphans in Kenya reveals that both parental sickness and parental death contributed to school drop out, more for children living in relatively poor household. (Yamano and Jayne 2001).

According to Kelly (2000:2004) in a report on the impacts of HIV/AIDS in the education sector indicated that a round half of the people who have acquired HIV become infected before the ages 15 and 24. It has become traditional to refer to those who fall within this age bracket as constituting the "window of hope" for change to take place in community. He further argues that the effects of HIV has been such that students and some members of the community have also started perceiving schools as source for contracting the disease.

He argues that many schoolchildren are in danger of sexual harassment from teachers, peers and strangers. Note that poverty, long distance to and from school and traveling along the same routine contributes to these dangers. It is particularly disturbing that as overall school attendance improves in many countries, inequalities are deepening between AIDS affected children and their peers. HIV/AIDS exacerbates many factors that have long impended access to education.

The first among them is poverty, numerous experts have observed that as parents fall ill and become unable to work, a common coping mechanism is to withdraw children from school either to save the cost of school expenses or use the child for household or other labour. High medical and funeral bill may also make the costs of education prohibitive. (Martha Ainsworth, K Beegle G. Koda, 2005).

Further surveys reveal that it is generally accepted that the HIV/AIDS epidemic will seriously affect the education sector in Sub – Sahara Africa and in particulars, the high prevalence countries (HPCs) in Eastern and Southern Africa. The high profile, UNICEF publication,' The

Progress Nations; states that, "Although HIV affects all sectors, its most profound effects are in education sectors," (UNICEF 2000:2010). More generally, "HIV/AIDS appears to be in ascendancy and to have virtually overcome education, swamping it a wide range of problems", (Kelly 2000:2004).

2.4.2 Development pattern.

According to UNDP (2000:2004) report, shows that the devastation caused by HIV/AIDS is unique because it is depriving families, communities and entire nation of their young and most productive people. The epidemic is deepening's poverty, reversing human development achievements, worsens gender inequalities, eroding the ability of the government to maintain essential services, reduces labour productivity and supply, and put a brake on economic growth.

The worsening conditions in turn make people and household even more at risk of or vulnerable to HIV epidemic, and sabotages global and national efforts to improve access to education, treatment and care. This cycle must be broken to ensure a sustainable solution to the HIV/AIDS crisis.

2.4.3 Resource and Financial deprivation.

Research studies exploring the needs of children usually present material/ financial needs for children as the most pressing (Ali, 1998; Gilborn et al, 2001: Segu & Wold Yohanne, 2000). Indeed, children themselves will identify financial resources to buy basic needs. (Kelly, 20001).

> ' My sister is 6 years old. I must look after her.....There are no grownup living with us. I need a bathroom soap, clothes and shoes, water also, inside this house.' (Apiwe, 13 years old, National Children's Forum on HIV/AIDS,2001).

It is now commonly accepted that HIV/AIDS has a disproportionate effect on poor communities (Geballe & Gruendal, 1998; Taylor et al, cited in wild 2003). AIDS Mobility and mortality also have a significantly greater negative impact on household economies than other terminal illness, both during the prolonged course of AIDS illness and the adult breadwinners die. (Bharat, 1999 cited in Muchiru, 1998). Since HIV/AIDS illness is generally prolonged children are all too often left destitute, and its for this reason that children are at high risk of abuse and exploitation at the hands of others (cook, cited in Wild 2003). This is likely to affect their education achievement.

AIDS orphans have been reported to have death rate that is 3 to 5 times higher than the normal for their age group. They suffer from poor healthy, and are often malnourished. But worst of all they are driven by necessity to resort to survival strategies that make them easy victims of sexually exploitive. Just like problem of poverty and its interconnection with the inability to cope with AIDS – thus AIDS causes poverty and poverty mars our ability to fight against AIDS. With orphans we can see a vicious cycle emerging with consequences for the children as individual and for the society in which they live in. (Yamba, 2001)

2.4.4 HIV/AIDS and Human Resource (teachers).

HIV/AIDS has affected teacher's participation in many ways. According to Carr-Hill et. al (2000:2003) states that teachers like many others have not been spared by HIV/AIDS such that even if educational facilities are available, there may be lack of teachers to provide teaching services. While some have been infected and are sometimes absent from school, others have died following HIV infections.

According to study by NACC (2006) on the social – economic impact of HIV/AIDS on key sectors in the increased rates of mobility and mortality amongst teachers. The report show that this has had serious impacts on supply of teachers in primary, secondary and tertiary institutions of learning.

The report further indicates that basing on information obtain from Teachers Service Commission (TSC) and Ministry of Education (MOE) on teachers attrition reveals that a significant number of teachers have left their schools due to HIV/AIDS related mobility and mortality.

Research studies carried out by UNESCO (2006) reveals that HIV/AIDS is taking toll on both supply and demand for education. The report shows that many teachers have died or are ailing due to HIV/AIDS with many missing classes and leaving learners unattended. At the same time, increased death of parents had led to high number of orphans who cannot meet their basic needs which in turn affects their schooling. The report further says that lack of adequate teaching and learning materials as well as water sanitation continue to hamper academic programmes. Also funding deficit that hinders provision of the relevant resources, poor infrastructure with electricity and telephone system lacking to support e-learning.

According to Teacher Service Commission (TSC) report, 140 teachers countrywide are succumbing to the scourge daily. This imply that the depletion of the teaching force is very high. Therefore, this is likely to affect the student's preparation in schoolwork and life in general due to low turn out of teachers. The report further indicates that payment of school fees and other levies is not only likely to be unsteady but will seal. The report reveals that funds meant for education purpose may be diverted to the management of HIV/AIDS epidemic in the country and individual families. This is because HIV/AIDS victims normally require special care in form of food, medication- all which needs money. The report further argues that, as result parents/ guardians are increasingly finding themselves unable to meet school financial obligation. Consequently most school projects including educational activities are not likely to be efficiently developed and conducted.

Further, note that HIV/AIDS is a slow – moving devastating shock that kills the most productive members of the society, increase household dependency ratio, reduces household productivity and caring capacity, and impairs the intergenerational transfer of knowledge. HIV/AIDS is draining the supply of education, eroding its quality, weakening demand and access, drying up countries' pool of skilled workers and increasing costs already high in relation to available public resources (UN AIDS, 2005). Despite of the many research studies and initiative in this area, the HIV/AIDS epidemic is still rising, more and more people are succumbing to HIV/AIDS (UNAIDS 2006). According to Coombe and Kelly (2001), the implementation of effective anti – AIDS initiatives in the education sector has been inadequate.

2.4.5 AIDS and Community.

Further, HIV/AIDS has led to reduction in the capacity for the community to support the education sectors, according to the Word Bank (2002) report on HIV/AIDS and education in Kenya, indicates that families affected by the epidemic will have fewer resources available for supporting education. It is socially invisible complicated by silence, denial, stigma and discrimination. While it affects both rich and poor, it is the poor who are most severely impacted.

Though it affects both sexes, it is not gender neutral. Note that HIV/AIDS infection has spread like wild fire in the countries of Sub-Sahara Africa. The majority of the people living with HIV/AIDS are women. Women aged 15 and older makes up 58% of the 42 million people living with HIV/AIDS.

Indeed, most of the family resources are saved in order to cater for sick parents and members of the family. The medical cost for AIDS related diseases have been observed to be high and unaffordable to many families in Kenya. The tendency has been therefore to withdraw resources from family expenditure, including education to take care of medical cost.

2.5.0 Causes of poor academic performance

There are several effects of HIV/AIDS on academic performance in learning institution. According to the ministry of education these factors ranges from socio-economic, psychological, environmental and parental.

2.5.1 Parental influence and academic performance.

Parents normally play a crucial role in influencing child's personality and academic achievement. Binger (1979) points out that society has yet to find another social institution that replace the family in the socialization process and emotional functions of it. Further Kimathi

(1983) stressed the importance the family by quoting Edith Schaeffer's description thus; ' family is the birthplace of creativity, formation centre for human relationship, a shelter in time of storm, a perpetual relay of truth, an educational control and a museum of memories'. Further studies by spitz (1945) , bowl boy(1955)and Harlow (1958) have shown that physical intellectual and social development are usually retarded when the young are deprived of nurturance and natural care. Bigner (1979) observes that emotional and psychological problems found in fatherless homes are complicated by the loss of economic support and this may have implication for children's development.

2.5.2. Self esteem and academic performance.

The kind of interaction and feedback children receive from their parents ,peers and teachers either in awards or deeds goes to long way to influencing the nature of evaluating children make of themselves. this may be positive or a negative impacts, some of the factors noted for contributing towards the development of individual's self esteem are rewards and punishments patterns practiced by significant others.

Research studies reveals that people with high self-esteem seem to perform academically better than those with low self-esteem. (Garzarelli & Lester, 1989, Beck 1984, Hunter 1971). (1970) note that there may be cycle involved in which low self-esteem leads to poor academic performance which in turn reinforces low self – esteem.

2.6.0 Summary of Literature Review.

The above literature explains a number of factors contributing to rapid spread of HIV/AIDS in Butula division. It further shows the effect of the scourge in the society and especially Education sector. It also reveals causes of poor academic performance of children in primary schools.

CHAPTER THREE

3.0 Methodology

3..1 Introduction.

This chapter shows the design used for the research study which guided it to obtain answers to research questions and objectives. It also contain the location, target population of the study accessible population within which the study was carried out, sources of data, unity of analysis, sampling techniques and size, data collection which gives the instrument to be used, and how reliability and validity of the instrument was achieved. It further shows data analysis procedure that was adopted.

3.2 . Research Design.

The research design adopted in the study was a survey. The researcher reviewed related studies and any other pertinent literatures in order to adopt a strategy that will gather relevant information that will give answers to research questions.

3.3. Location of the study.

The study was carried out in Butula division of Busia district in western province. The division has six locations and twenty- one sub-location. The division has 13 secondary schools and 60 primary school. The economic activities of the people in this community is making mats, Marachi seats, rope making small scale business activities and subsistence farming. There is also sugarcane farming as cash crop although it is not doing well as majority of the people are opting for subsistence farming since sugarcane takes long time to mature and required large piece of land.

3.4 Unit of Analysis.

The unit of analysis comprised of primary school going children who were affected by HIV/AIDS. It also includes key informants such as: parents, teachers and education officers within the division.

3.5 Sample Design.

The study employed both probability and sampling techniques. Non-probability techniques was used to gain insights into the problems faced by victims of HIV/AIDS. It involved the use of systematic sampling which was employed to select households and primary schools.

Snow-ball sampling techniques was used where the children caretakers (parents and teachers) were interviewed to identify effects of HIV/AIDS on academic performance among children. Simple random technique was used to select students to give them equal chance.

3.5.1 Population of Study.

The study population comprised residents of Butula division. It specifically included those households that were affected by HIV/AIDS.

3.5.2 Sample Size.

The sample population was fifty respondents. It comprised of twenty five children who are affected with HIV/AIDS, while remaining twenty five consisted of key informants who were affected with HIV/AIDS.

3.6 Data Collection Techniques.

This study used questionnaires and interviews in the collection of data.

3.7 Reliability and Validity of the Instrument.

Research questions in the questionnaires were constructed to reflect the research objectives, research questions and the hypothesis tested in the study. To improve validity and reliability of the instrument, the questionnaires were availed to experienced researcher /supervisor who guided and advised the researcher in order to improve it's validity and reliability before the study was carried out.

3.8. Data Analysis Techniques.

The study employed both qualitative methods of data analysis. Qualitative methods involved describing characteristics of data, classifying them and then making connection of general statements. Quantitative analysis involved coding the data and producing frequency tables by the help of SPSS computer programme. The data produced was interpreted both quantitatively and qualitatively.

CHAPTER FOUR

4.0 Data analysis interpretation and present.

4.1 Introduction.

The chapter presents the data collected from the field. The data includes demographic characteristics of the respondents, their socio- economic conditions, factors influencing academic performance, factors contributing to rapid spread of HIV/AIDS and how it affects academic performance.

4.2 . Respondents and Age.

Age Group	Frequency	Percentage
14 - 16	8	16.0
17 – 18	21	42.0
19 – 20	12	24.0
21 – 22	9	18.0
Total	50	100

From the study finding, 16% of the respondents said their children were children were aged between 14 – 16 years, 42% were aged between 17 – 18 years, 24% were aged between 19 – 20 years and the remaining 18% were aged between 21 – 22 years. This is as indicated in table 4.2 above.

4.3 . Respondents and Residential houses.

Out of all the respondents 18% of them were living in permanent houses, 40% were living in semi –permanent houses, while remaining 42% were living in grass thatched houses. This shows that majority o9f students came from poor family background. This is as shown in the table 4.3 below.

Respondents and Residential house.

Residential houses	Frequency	Percentage.
Permanent.	9	18.0
Semi – permanent.	20	40.0
Grass thatched	21	42.0
Total	50	100.0

4.4 Respondents and their family size.

From the study findings only 40% of the respondents said they had only one offspring in their families, 6% said had two children, 14% of the respondents said they had three children, 24% said they had four children, while remain 25% said that they had more than four children that is five and above. This implies that majority of respondents had large family size which means that meeting family needs was costly. This is as shown in table 4.3 below.

Respondents and their family sizes.

Family size	Frequency	Percentage
1. Child	2	4.0
2. Children	3	6.0
3. Children	7	14.0
4. children.	12	24.0
Others (more than 4 children).	26	52.0
Total	50	100.0

4.5 Respondents and provision of basic needs.

Investigation from the study reveals that only 38% of the respondents said that they were in position to fully provide basic needs, while 62% ho were majority said they were unable. This implies that majority of children were not provided with adequate basic needs. This is as indicated in table 4.5 below.

Respondents and provision of basic needs.

Provision of basic needs	Frequency	Percentage
Yes	19	38.0
No.	31	62.0
Total	50	100.0

Table 4.5

4.6 Respondents and reasons for their inadequate basic needs.

The study found out that poverty was the main reason for inadequate basic needs, 36% of the respondents blamed poverty, 24% attributed it to large family size, 22% said it was due to

HIV/AIDS, while the remaining 11% of the respondents said it was due to low income. This is as its indicated in the table 4.6 below.

Respondents and reasons for their inadequate basic needs.

Reason for inadequate basic needs.	Frequency	Percentage.
Poverty.	18	36.0
HIV/AIDS	11	22.0
Low income	9	18.0
Large family size.	12	24.0
Total.	50	100.0

Table 4.6

4.7. Respondents and school attendance.

From the data collected 54% reported to have children attending school while remaining 46% said that their children were not in school.

Respondents and school attendance.

School attendance.	Frequency	Percentage.
Yes.	27	54.0
No.	23	46.0
	50	100.0

Table 4.7

4.8. **Respondents and reasons for not attending school.**

It was established that the death of parents was the main reason of drop out from school. 66.7% of the respondents reported that children had drop out of school because of the death of their parent, when asked why there was high morality rate in the area they attribute to HIV/ AIDS prevalence, 20% of them said had lacked school fees due to poverty situations at their households, 6.7% had not attended school due to sickness, while another 6.6% cited other reasons, this is as shown in the table4.8 below.

Respondents and reasons for not attending school.

Reasons for not attending school	Frequency.	Percentage
Death of parent	10	66.7
Lack of school fee	3	20.0
Sickness	1	6.7
Others	1	6.7
Total	15	100.0

Table 4.8

4.9 Respondents and academic performance basing average mark

According to the research findings, 22% of the children reported to have excellent performance,56% reported to have good performance, while remaining 22%, had a fair performance. This is as indicated in table 4.8 below.

Respondents and academic performance basing average marks

Academic performance.	Frequency	Percentage.
Excellent.	11	22.0
Good.	28	56.0
Fair.	11	22.0
Total.	50	100.0

Table 4.9

4.10 Respondents and their views on their children's class performance generally.

According to general class performance basing on average marks obtain for children indicated that only 12% reported to have their performed excellent, 16% said their children had performed good, 46% of respondents that the children performed fair, whereas the remaining 26% said their children had performed poorly. This is shown in table 4.9 below.

Respondents and their views on their children's class performance generally.

Class performance.	Frequency.	Percentage.
Excellent	6	12.0
Good.	8	16.0
Fair.	23	46.0
Poor.	13	26.0
Total	50	100.0

Table 4.10

4.11 Respondents and their views on the causes of poor academic performance.

From the investigation, 36% blamed HIV/AIDS to be major causes of poor academic performance, when interviewed why, they said that it affected teachers and students school attendants hence poor syllabus coverage,22% said that poor performance was due to poverty situation among households, 18% attributed the poor performance to attitude, 14% said it was due to poor revision by students, and remaining 10% said it was due lack of enough study time at home. This is as indicated in the table 4.10 below.

Respondents and their views on the causes of poor performance.

Causes of poor academic performance	Frequency.	Percentage.
Poor revision & syllabus coverage	7	14.0
Lack of enough study time	5	10.0
HIV/AIDS effects	18	36.6
Poverty	11	36.0
Attitude	9	22.0
Total	50	100.0

Table 4.11

4.12. Respondents and indicators of their socio economic condition

Investigation into responde4nts opinion on their socio- economic condition revealed that 42% had inadequate based needs,24% said large family size, 18% were living in grass thatched houses, and the remaining 16% reported to have low incomes. This indicator of socio- economics conditions

shows that majority of the subject were living in poverty situations. This is shown in the table 4.12 below

4.12. Respondents and indicators of their socio economic condition

Indication of socio-economic condition.	frequency	Percentage.
Inadequate basic needs.	21	42.0
Level of income.	8	16.0
Residential house.	9	18.0
Family size	12	24.0
Total	50	100.0

Table 4.12

4.13. Respondents and Prevalence of HIV/AIDS

From the research findings, 62% of the respondents agreed that there is prevalence of HIV/AIDS, whereas the remaining 38% were not aware of the prevalence of the HIV/AIDS. This shows that despite high level of HIV/AIDS awareness in the region, the prevalence level is still very high. This is as shown in the table below.

Table 4.13

Respondents and Prevalence of HIV/AIDS.

Prevalence of HIV/AIDS.	Frequency	Percentage
Yes	31	62.0
No	19	38.0
Total	50	100.0

Table. 4.13

4.14. Respondents and their views on causes of HIV/AIDS

From the research finding it was established majority of respondent attributed prevalence of HIV/AIDS to poverty, 22% of them it was due to poverty, 20% blamed immorality among the people, 18% said it was due to cultural practices, another 18%said it was because of drug abuse, 12% attributed it to ignorance, while the remaining 10% it was due to having unprotected sex with opposite sex partners. This is as shown in the table 4.13 below.

Table 4.14: Respondents and their views on cause of HIV/AIDS.

Causes of prevalence of HIV/AIDS.	Frequency.	Percentage.
Unprotected sex.	5	10
Immorality.	10	20
Ignorance	6	12
Cultural practices.	9	18
Poverty.	11	22
Drug abuse.	9	18
Total.	50	100.0

Table. 4.14

4.15. Respondents and their views if HIV/AIDS has effects on education.

Investigation into whether HIV/AIDS prevalence has effect on the education revealed that majority of the respondent were in agreement that the scourge has effect. 84% said yes while only 16% of them they don't know. This is as shown in the table 4.14 below.

Table 4:**15 Respondents and their views if HIV/AIDS has effects on education.**

Prevalence of HIV/AIDS.	Frequency	Percentage
Yes	42	84.0
No	8	19.0
Total	50	100.0

Table. 4.15

4.16. Respondents and views on the way forward of improving academic performance.

When respondents were asked on how to improve academic performance in the area, 34% said that there need to ensure through coverage of syllabus & revision, 26% said there need to reduce poverty among households so that to ensure adequate basic needs and school need are provided fully, 22% said that there need to offer guiding & counseling service to teachers and children to reduce stigmatization caused by HIV/AIDS, while remaining the 18% said that there need to encourage group discussion among children. This is as shown in the table 4.16

Table 4.16 Respondents and views on the way forward of improving readmit performance.

Way forward on improving academic performance.	Frequency.	Percentage.
Poverty reduction.	13	26.0
Through syllabus coverage & revision.	17	34.0
Guidance & counseling of affected teachers & children.	11	22.0
Group discussion.	9	18.0
Total	50	100.0

4.17.0 Testing of Hypothesis

4.17.1 Hypothesis one

Ho- HIV/AIDS prevalence is not associated to socio-economic condition of the household in Butula division.

HA-HIV/AIDS prevalence is associated to socio-economic condition of the household in Butula division.

To test this hypothesis, the prevalence level of HIV/AIDS was cross-tabulated against indicators of socio-economic condition of the household, as shown in the table 4.17.1 below.

Table 4.17.1 : Correlation between prevalence of HIV/AIDS and indicators of socio-economic conditions of household.

Prevalence of HIV/AIDS	Indicators of socio-economic condition				Total
	Basic needs	Level of income	Residential house.	Family size	
Yes	10	5	10	6	31
No	5	5	3	6	19
Total	15	10	13	12	50

Chi – square = 2.712 df =3 sig =0.50

R=0.059 sig=0.69

From the above table chi-squire value is 2.712 at df=3 is significant level at 0.50. The Pearson's R=0.059 at 0.69level of significance. It shows that there is a week positive association between prevalence of HIV/AIDS and socio-economic conditions of the household. This shows that the households with low socio-economic conditions such as inadequate basic needs, low income are more likely to experience the prevalence of HIV/AIDS than those who enjoy high socio-economic condition. It can be concluded in relation to the previous discussion that the results correlates with results in chapter four where most (62%) had inadequate basic needs hence high chances of getting infected with HIV/AIDS as its cited in literature review that poverty is one of the causes that lead to spread of HIV/AIDS. Therefore, the research hypothesis that there is an association between the prevalence of HIV/AIDS and socio-economic conditions of household stands and the null hypotheses rejected, thus H:HA<HO. This implies that research hypothesis was more valid and relevant than the null hypothesis.

4.17.2 Hypothesis Two.

Ho- There is no relationship between academic performance and prevalence of HIV/AIDS.

HA- There is relationship between academic performance and prevalence of HIV/AIDS.

To test this hypothesis, the prevalence of HIV/AIDS was cross tabulated against student's performance as shown at the table 5.2 below.

Table 4.17.2 Correlation between student performance and prevalence of HIV/AIDS

Student performance	Prevalence of HIV/AIDS		Total.
	Yes	No	
Always	6	4	10
Sometimes	7	9	16
Rarely	6	5	11
Never	12	1	13
Total	31	19	50

Chi-square value = 7.607 degree of freedom=3 significant level=0.10

R=-0.30 significant level=0.10

From the above table the chi-square value is 7.607 at degree of freedom=3 at 0.10 level of significance. The Pearson's R=0.30 at 0.1 level of significance which implies aweek negative association between the prevalence of HIV/AIDS and academic performance of children. This means that when there is slight decrease in HIV/AIDS prevalence among household there is slight

improvement in academic performance of children. This is true as observed from children's performance from affected households tended to perform either fairly or poor due to effects of the scourge. Therefore, it can be concluded that there is a relationship between academic performance and prevalence of HIV/AIDS, thus the null hypotheses is rejected meaning that research hypotheses is acceptable and true. This can be presented as, H:H_A>Ho.

4.17.3. Hypothesis Three.

Ho- The academic performance is not influence by socio-economic conditions of household.

H_A-The academic performance is influenced by socio-economic conditions of household.

To test this hypothesis, the student's performance was cross tabulated with occupation of the household as an indicator of socio-economic. This is as shown in the table 4.17.3 below.

Table 4.17.3: Correction between occupation and student's performance.

Occupation	Student's academic performance				Total
	always	sometimes	Rarely	never	
Teacher	2	5	1	2	10
Farmer	6	5	6	3	20
Business activity	0	4	2	3	9
Others	2	2	2	5	11
Total	10	16	11	13	50

Chi-square =9.395 df=9 sig=0.10

R=0.243 sig=0.10

From the table above, the chi-square value is 9.395 at 9 degree of freedom at 0.10 level of significance. The Pearson's R=0.243 at 0.10 level of significance implies a weak positive association of social-economic conditions of households on student's academic performance. This implies that socio- economic conditions also affects academic performance. When socio – economic conditions of the household improves academic performance of children tend to improves that is they perform better. Therefore, it can concluded that socio-economic conditions do have a positive correlation with academic performance hence the null hypothesis is rejected and research hypotheses is accepted.

CHAPTER FIVE

5.0 SAMMARY OF FINDINGS, CONCLUSION AND RECOMMENTATION

5.1 Summery of the Findings.

The study focused on the effects of HIV\AIDS on academic performance among children in Butula division of Busia District Kenya. It further addressed the issue of factors leading to rapid of spread of the scourge in the division, and also another concern was the causes of poor academic performance among children.

From research finding, it was established that there are various factors contributing to prevalence of HIV/AIDS in Butula division. This factors ranges from socio-economic to cultural factors. Poverty was largely blamed for rapid spread of HIV/AIDS, this confirms the earlier views in the literature review that poverty is fertile ground for HIV/AIDS, and AIDS feeds on poverty. The research study further revealed that immorality, ignorance, drug abuse and cultural practices such as wife inheritance and circumcision were cited as the main contributors of the prevalence of HIV/AIDS in the community.

Further the study revealed that the prevalence of HIV/AIDS affects education sector especially academic performance of children. Majority of the respondents 84%said the scourge had devastating effects on academic performance of children in terms of high level of absenteeism of both teachers and children, school drop out, stigmatization of children, inadequate resource at household; all these effects hinders concentration hence poor academic performance. It is also important to note that HIV/AIDS weakens the quality of training and education mainly because trained teachers are lost, student- teacher contact is reduced, with in experience and untrained teachers taking over before the are ready, and able to counsel the affected children. The study found that a teacher's illness or death was more devastating in the rural areas where schools were dependant on only one or two teachers. The loss or absenteeism of teachers increases the cost and incentives to keep vulnerable children in school. Therefore, there is need to address the plight of vulnerable children in accessing quality education.

In addition to that, the study also revealed that poor academic performance among children was due to various factors. The study found out that poor syllabus coverage and revision, lack of enough study time, HIV/AIDS stigmatization, poverty and children's attitude towards education were among the key factors contributing to poor academic performance.

5.2 Study Conclusions.

The underlying causes of the prevalence of HIV/AIDS are multi-faced and involved many interrelated factors that are varied both in time and space. It is important to note that HIV/AIDS is real and it is the among the many causes of poor academic performance among children in Butula division. Therefore, there is need to see how the spread of the disease can be reduced and at the same time know that everybody's duty to ensure that children have conducive learning environment. This calls for collective responsibility of all stakeholders in education and health sectors and of cause the entire community, but not a responsibility to be taken care of by one individual or group. Even if the rate of new infections decline in the future, suffering will remain and the proportion of children orphaned by the epidemic will continue to increase for decades. The recommended action to address problems and protect the right of children must therefore be sustained over a very long time. Such action is not only morally imperative but also economically sound.

Further there is need to have close involvement of those most affected by the scourge-children, families and communities whose role in tacking this unfolding tragedy will continue to be indispensable. Therefore, efforts must focus strongly on supporting the families in order to provide favourable and conducive learning environment for children to excel in their academics. When solutions are weighed against the best interest of the children, it will become even more apparent that the household remain the primary cradle of care for children and their most cherished and valuable safety net for Academic Excellency.

5.3 Policy Recommendation.

1) There is need for the Ministry of Education to sensitise the people on the effects of HIV/AIDS on poor academic performance of children among household.
2) There is need to ensure that the guidance and counseling department are active in schools with professionally trained counselors to offer guiding & counseling services to affected teachers and children so as to reduce stigmatization effects.

3) There should be continued sensitization of the communities about importance of good academic performance and the effects of the scourge among children.

4) There is need for government to come up with policy of improving socio-economic conditions of households so that improve the living standard.

5.4 Suggestion for further research

1. A lot of research has been on the impacts of HIV/AIDS on education. However there is need to research on how HIV/AIDS impact teacher's service delivery in school set up. These includes quality assurance and performance.
2. Research should also be geared towards identifying parental influential role on academic performance and children's attitude towards academic performance.

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Appendix I

QUESTIONNAIRE

I am a second year student at Kampala International University pursuing a degree in Early Childhood and primary option (ECPE). I am carrying our research on Effects of HIV/AIDS on academic performance among children Butula Division. You have been included in study purely on probability basis

Note. Tick where appropriate to you.

Children.

1. Your Gender Male ( ) Female ( )
2. Your age 5-10 years ( ) 10-18 years ( )
3. What kind of house do you live in?

   Permanent ( ) Semi-permanent ( ) Grass thatch ( )
4. How many Children are in your family?

   One ( ) Two ( ) Three ( ) Four ( ) Other specify ----------
5. Are your parents able to provide basic needs ? Yes ( ) No ( )
6. Have you ever been late for school? Yes ( ) No ( )
7. If yes, why?

   ---
8. Have you been at one time sent home from school for fees? Yes ( ) No ( )
9. If yes, why?

   ---
10. Does your parents/guardians provide you with adequate school needs? Yes ( ) No ( )
11. If no, why?

    ---

12. Does your family allow you enough study time while at home? Yes ( ) No ( )

13. If no, why?

---

14. How would you describe your involvement in class lesson discussion?

Involved ( ) Uninvolved ( )

15. Have you ever been absent from school? Yes ( ) No ( )

16. If yes, why?

---

17. Which of the following in your opinion describe your academic performance?

Excellent ( ) Good ( ) Fair ( ) Poor ( ).

18. What are the major causes of poor academic performance in school?

---

19. Have you ever been among the best academically performance students in your class?

Always ( ) Sometimes ( ) Rarely ( ) Never ( )

20. What do you think are the major factors influencing your academic performance?

Questionnaires to key informants.

1. What is your gender? Male ( ) Female ( ).

2. What is your marital status? Married ( ) Single ( ) Windowed ( ) Divorced ( ).

3. How many children do you have? Please specify their age----------

School attendance.

4. How many of your children are school going?----------

5. What are their names and age?

---

6. Has any of your children dropped out of school? Yes ( ) No ( )

7. If yes, why?----------

---

8. Have they at any one time been absent from school? Yes ( ) No ( )
9. If yes, why?----------

---

10. Have your children at any one time repeated any class? Yes ( ) No ( )

Academic performance.

11. How is your children's performance in class generally?

Excellency ( ) Good ( ) Average ( ) Poor ( ).

12. If poor, why?----------

---

13. What was average marks scored by your children last term?

20-40 ( ) 41-60 ( ) 61-80 ( ) 81-above. ( )

Prevalence of HIV/AIDS.

14. Do you belief HIV/AIDS is in existence? Yes ( ) No ( )
15. If yes, what factors contribute to its spread?

---

16. Do you think HIV/AIDS affects academic performance? ( ) No ( )
17. If yes, how?----------

---

18. What are your major recommendation towards enhancing academic performance in the region?

Appendix II

Budget

BUDGETARY ALLOCATION	
Details	Per unit cost (ksh.)
Transport	3200/=
Materials	6000/=
Printing	2000/=
Stationary	4500/=
Photocopy	600/=
Miscellanies	15,000/=
TOTAL	**31,300/=**

TIME FRAME

August – September – proposal writing / correcting

September – October – Carrying out field research

October – November – writing the research

November – April – correcting

August - Submission

Appendix III

Kampala International University
Institute of Open and Distance Learning
P O Box 20000 Kansanga, Kampala Uganda
256 41 373 498/ 256 41 373 889 (Ug) 254 [illegible] (Ke)
e-mail: efaqbamiye@yahoo.com Tel: 07831-42736

Office of the Director

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR. [illegible]

REG. # [illegible]

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:

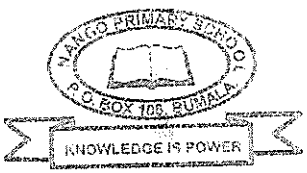
[illegible]

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



NANGO PRIMARY SCHOOL

P. O. BOX 106 - 50404
BUMALA

Our Ref: _____

Your Ref: _____

Date: _____

Appendix V maps

Plate one: Map of Busia Showing Butula

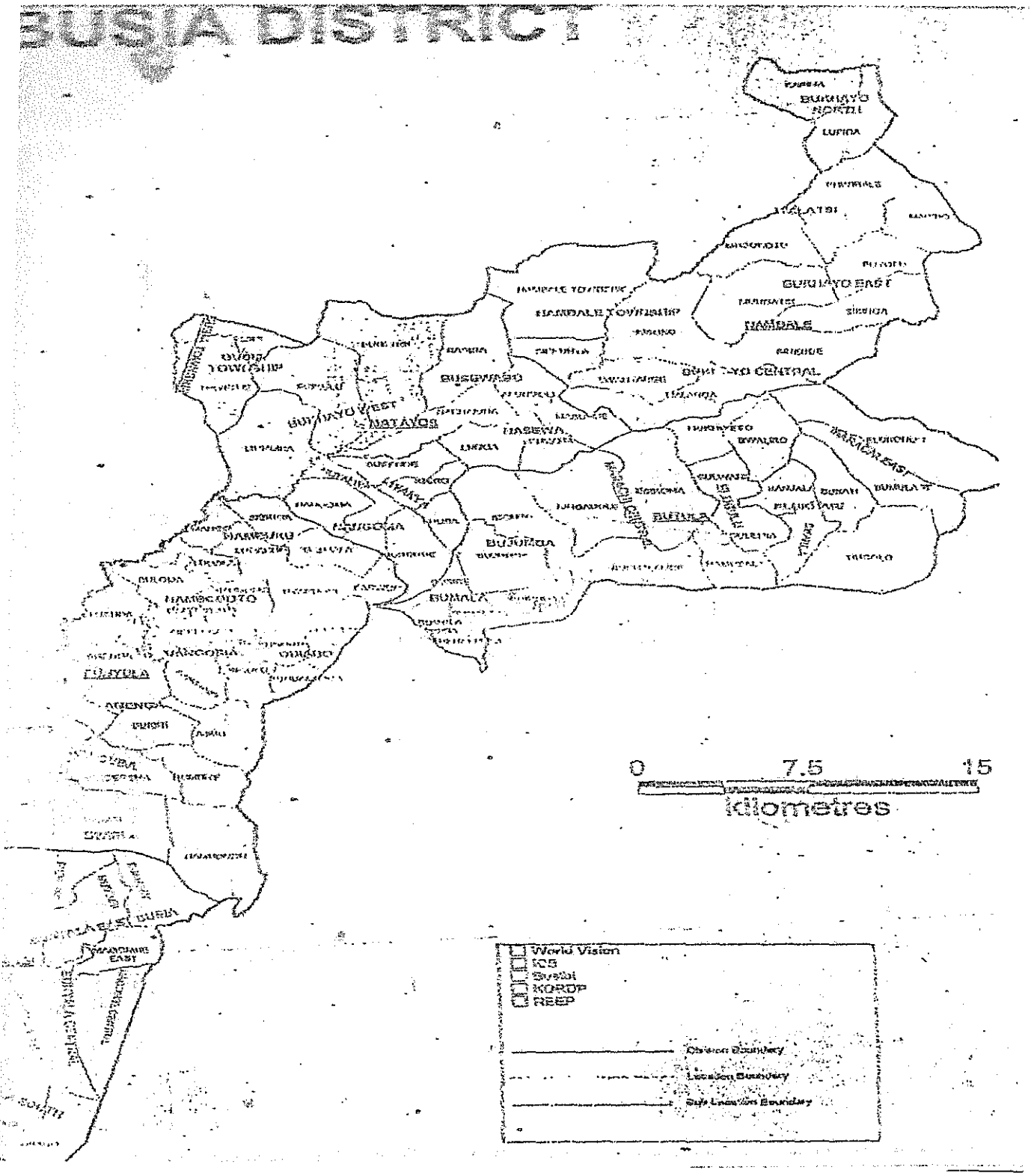
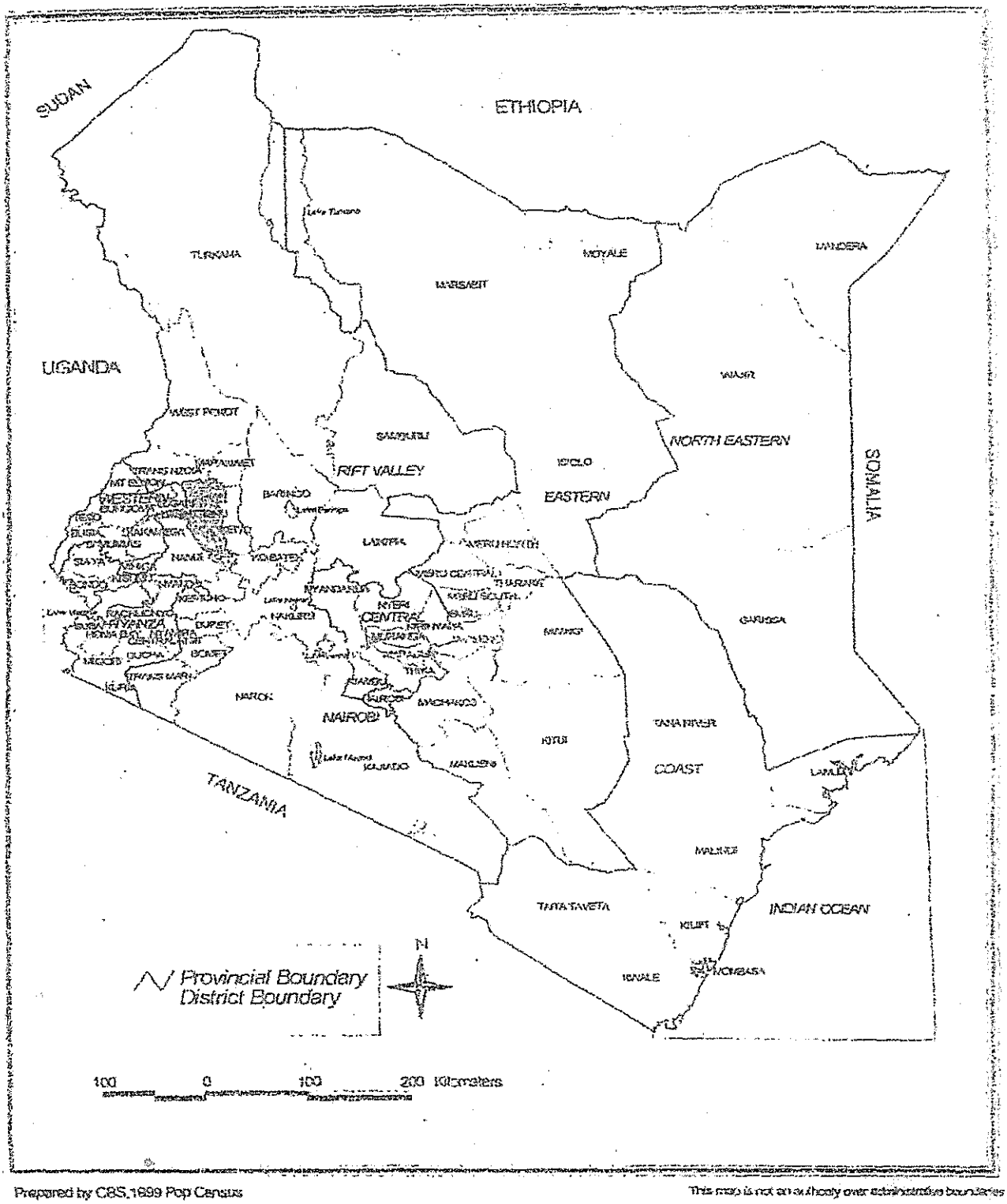


Plate two: map of Kenya



Prepared by CBS,1999 Pop Census

This map is not an authority over administrative boundaries