

**IMPACT OF HIV/AIDS ON LEARNERS PERFORMANCE IN THE SELECTED  
SECONDARY SCHOOLS OF KEIYO DISTRICT,  
KENYA**

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**DECEMBER 2009**

### DECLARATION

I, declare that the material in this book has been done entirely by my effort and has not been presented else where for any academic awards.

SIGN

.....MIRRIAM.....

MIRRIAM JERONO ROTICH

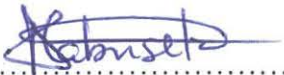
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## APPROVAL

This report is resulting from the researcher's effort in the area Impact of HIV/AIDS on Education of Selected Secondary Schools in Keiyo District, Kenya was conducted under my supervision with my approval; it is now ready for submission to the academic board for the award of a bachelor degree in early childhood and primary education of Kampala International University.

Signed



SUPERVISOR TALIGOOOLA DEBORAH NABUSETA



DATE:

21/04/2009

## DEDICATION

This book is dedicated to my beloved Husband, and my children for their support they gave me during my stay at the University.

## ACKNOWLEDGMENT

My gratitude first goes to God who has given me the strength and courage to undertake this research

I also owe a lot of appreciation to all those who assisted me in carrying out this research.

I am grateful to my supervisor Mrs. Taligoola who tirelessly went through my work and inspired me to dig deeper into the core of the matter. Her kind criticism, patience and understanding, assisted me a great deal.

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## **ABSTRACT**

The purpose of this study was to determine the impact of HIV/AIDS on the education of selected primary schools of Keiyo district, Kenya. The specific objectives of the study were to, determine the effect of HIV/AIDS on the enrollment of children in school, determine the relationship between HIV/AIDS and school drop out, determine the challenges teachers face in regards to the HIV/AIDS pandemic, determine the Impact of HIV/AIDS on teachers' participation in education and Investigate the challenges faced by children living with HIV/AIDS in school. The methods used for data collection were questionnaires to the students and interviews with the teachers. The findings revealed that HIV/AIDS has led to drop out and low enrollment of children in school, and has hindered the participation of children and teachers in education. The study recommended that, the community, students and teachers should be sensitized about stigmatization. Through education, schools can also help to reduce stigma and discrimination – a major problem for people around the world who are living with HIV. Teachers should be taught more about HIV/AIDS and also taught effective methods on how to teach about aids to students. Teachers who expand their understanding of the subject while researching for a lesson can pass this information on to adults as well as students, and the same can be said for the children themselves; once informed about AIDS, they can go home and tell their parents or their friends what they have learnt.

## DEFINITION OF TERMS

For the purpose of this study, the following terms are defined operationally:

- Academic achievement:** The level at which an individual or community reaches in terms of education.
- AIDS:** Acquired Immune Deficiency Syndrome, caused by a virus (HIV), which attacks the body's defense mechanisms, weakening it thus exposing one to various infections such as TB, persistent diarrhea and vomiting, skin infections and pneumonia. The progression of these infections leads to death.
- Child:** A person under the age of 18 years
- HIV:** (Human Immune Deficiency Virus). A virus that leads to AIDS
- Poverty:** the situation in which one lacks something or does not have money to cater for the basic needs.

## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS;</b>	Acquired Immune Deficiency Syndrome
<b>EFA;</b>	Education for all
<b>FGD;</b>	Focus group discussions
<b>GOK;</b>	Government of Kenya
<b>HIV;</b>	Human Immune Deficiency Virus
<b>WHO;</b>	World health organization

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

Kenya is one of the countries worst affected by the HIV/ AIDS pandemic. Data from the National AIDS Control Council indicate that by December 2000, about 2.2 million people in Kenya were living with HIV/ AIDS and 13.5 percent of all adults were infected with HIV (NACC, 2001). The data also indicate that by June 2000, about 1.5 million people in Kenya had died of AIDS since the pandemic started in 1980s. In the adult age bracket of 15-49 years, one in every 8 and one in every 5 are infected with HIV in the urban and rural areas, respectively. In the year 2000, the number of new HIV cases was estimated at 300,000 and about 180,000 people died of AIDS. Each year, about 200,000 people develop AIDS. Most of the people with AIDS do not have access to combination drugs hence live for only a few months to 2 years. (UNAIDS 2004)

Kenya has achieved some success in making information and services available to the people with the awareness reaching over 90 percent but the HIV prevalence remains high due to lack of behaviors change and is threatening children as never before. (GOK/UNICEF KCO 1999). Children under 15 account for 1 in 6 global AIDS related deaths and 1 in 7 new global HIV infections. A child under 15 dies of an AIDS related illness every minute of every day, and a young person aged 15-24 contracts HIV every 15 seconds. (Hunter Susan and John Williamson 2002) AIDS has left virtually no country, rich or poor, untouched. In countries where adult HIV prevalence has reached more than 1 per cent in the general population, HIV/ AIDS is directly affecting millions of children, adolescents and young people. (Barnett, T., & Blaikie, P. 1992).

In the hardest-hit countries, health systems are increasingly losing their capacity to treat and care for children and their families. Schools are becoming dysfunctional, losing their teachers due to illness and death. Farmers, men and women, are becoming too sick to farm (FAO, 1995). Affected families are selling their assets, spending increasing amounts on health care while becoming poorer. Even children who are spared a family

bereavement often lose their teachers and classmates, their neighbors and role models to HIV/ AIDS (WHO/UNICEF 1994). Increasing numbers of children are entering the world infected with the virus, diminishing their chances of survival, Increasing numbers of adolescents and young people are contracting the virus every year, threatening their hopes for the future (Johnston et al 1997), Increasing numbers of parents are dying, leaving infected, affected and vulnerable children, including large numbers of orphans, behind. Increasing numbers of children are traumatized as their parents, guardians and teachers sicken and die.

Keiyo district is among, if not the least developed in Kenya and has the highest number of orphaned children. Infrastructure is poorly developed and has over the years failed to meet the needs and demands of the people. The district continues to lag behind the rest of the country economically and educationally even though it is the Nation's revenue collection ( Republic of Kenya 1994). . HIV/AIDS infection is on the rise and the pandemic has taken its toll, making HIV/AIDS infections in the area the third highest in the country. With the loss of labor and income to AIDS, more risky behaviors and asset stripping can result; along with trypanosomiasis, the loss of cows, oxen (for ploughing) and donkeys (for transport, ploughing) further undermine food production and remove any safety net (FAO 1995).

Already penalized by economic disadvantages and the stress of life in an unsafe homes, which they have been left at as a result of parents deaths (78% HIV/AIDS victims), children/youths from such families have the least access to social services and education in particular. Their future hangs in balance if not bleak. The state of the area makes it the choice of study.

## **1.2 Statement of the problem**

Children are missing education in the worst-affected countries, HIV/ AIDS is disrupting the demand for education, the supply of teachers, the resources available for schools and the quality of teaching. Teachers who are not themselves living with HIV may miss work because they are caring for sick relatives. Their morale often falls as colleagues are lost to

AIDS and working conditions deteriorate. For the poorest households where the proportion of spending allocated to education is the highest, school fees and the cost of Uniforms and educational materials can be prohibitive. As the disease spreads, children are in danger of missing out on the knowledge and confidence necessary to protect themselves and prepare for a full and productive life. Hence need for the study.

### **1.3 Objectives of the study**

**General:** This study determined the impact of HIV/AIDS on the education of selected schools of Keiyo district, Kenya.

**Specific:** This study sought to

1. Determine the effect of HIV/AIDS on the enrollment of children in school.
2. Determine the relationship between HIV/AIDS and school drop out
3. Determine the challenges teachers face in regards to the HIV/AIDS pandemic.
4. Determine the Impact of HIV/AIDS on teachers' participation in education
5. Investigate the challenges faced by children living with HIV/AIDS in school.

### **1.4 Research Questions**

What is the relationship between school drop out and HIV/AIDS?

How does HIV/AIDS affect the enrollment of children in school?

What challenges do teachers face in regards to the HIV/AIDS pandemic?

What is the Impact of HIV/AIDS on teachers' participation in education?

What challenges do children living with HIV/AIDS face in school?

### **1.5 Scope of the study**

The study sought to find out the impact of HIV/AIDS on the education of selected schools of Keiyo district, Kenya. The study was limited to the specific objectives in regards to the impact of HIV/AIDS on education. The study took eight months and that is from April 2008 to December 2008. This time was convenient because schools were open for another term and therefore it was easy to get the respondent, that is the teachers and students.

### **1.6 Significance of the study**

This study will benefit the following disciplines:

The ministry of education was able to design policies that can help stake holders to sensitize the children about the dangers of HIV/AIDS and how it can be prevented.

The district supervisors was able to monitor the methods of aids prevention adopted by teachers of various schools.

The teachers was able to know the methods of educating the children prevention measures of the disease

Parents were able to how to handle their children on matters related to their children's reproductive health through the information obtained from school.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviewed literature as an account of the knowledge and ideas that have been established by accredited scholars and experts in the field of study. It is guided by the objectives of the study outlined in chapter one.

#### **HIV/AIDS on the enrollment of students in school**

Demand on the current formal system has diminished where fewer children seek to enter or stay in school – for example, where fewer children are born, where children are sick, and where children leave school due to changed familial, social and economic circumstances, particularly those children who are orphaned by HIV/AIDS.( Carr-Hill. R; Kataboro and Katahoire, A., 2000)

Consequently, fewer children will be able to afford or to complete schooling. In particular, girls are taken out of school more often than boys to help care for sick family members, or to help make up for lost family income.( Abagi, O. 1995)

The demand for educational services also declines, because of reduced family resources available for schooling in AIDS affected households. (Carr-Hill. R; Kataboro and Katahoire, A., 2000)

#### **HIV/AIDS and school drop out**

The most obvious way in which AIDS can affect a pupil is where the individual concerned is living with HIV, Children's participation has been affected in that students themselves are getting infected and some of them infect others; attendance and performance in schools is affected; students are dropping out of school while some were reported to have died due to suspected HIV/AIDS related causes. (Carr-Hill. R; Kataboro and Katahoire, A., 2000)



A child's education is also likely to be seriously disrupted if one or more of their family members are infected. In many of the areas that have been hit hardest by AIDS, the *majority* of children are likely to be 'affected' by the epidemic, in that they probably have close friends or relatives who are living with HIV or have died from AIDS. In such areas, it is likely that some children will take time off school to care for others living with HIV, or to take care of household duties that those people would otherwise have done. (Ferguson, A., Johnston, T. 1999).

Worldwide, 15.2 million children had been orphaned as a result of AIDS by the end of 2005. upon the death of their parents, a child may be forced to move house and/or be affected by emotional stress and poverty, which can disrupt their education and lead them to drop out of school. (Khasiani, S et al 1998). If they have younger siblings, they may also be forced to leave school to look after them and act as the head of the household. Studies have shown that orphans in sub-Saharan Africa are 13% less likely to attend school than non-orphans. (Saoke, P. & Mutemi, R. 1994).

The prospects of children who have been orphaned by AIDS are often further dampened by compulsory school fees, which must still be paid in the majority of poor countries (Nyambedha, E. O. 1999). These fees are simply not affordable for most AIDS orphans or those who care for them, and often extended families that care for orphans see school fees as a major factor in deciding not to take on additional children orphaned by AIDS.

### **Challenges teachers face in regards to the HIV/AIDS pandemic**

AIDS education in Kenya is based around a 'life skills' approach – that is, an approach that focuses on relationship issues and the social side of HIV, as well as simply the scientific facts about infection (Carr-Hill, R; Kataboro and Katahoire, A., 2000). But since Kenyan teachers are more used to teaching subjects in a factual, academic fashion, many find it difficult to address the topic in a way that is relevant to the social realities of student's lives. With school education in Kenya very much focused on examinations, teachers are used to inundating students with facts and figures, whereas AIDS education requires that they engage students in active learning sessions.

HIV positive teachers in Kenya have also reported in some studies that school administrators and other members of staff have failed to support them, and that they have often faced discrimination. (Carr-Hill. R; Kataboro and Katahoire, A., 2000). HIV positive teachers are less likely to get promoted than those who are not infected, and many claim that they do not feel secure in their job

### **Impact of HIV/AIDS on teachers' participation in education**

Teachers' participation and performance in the learning process was reported to have been affected as some of the teachers have been infected and therefore are increasingly unavailable to the students. Students reported that they feared being taught by infected teachers. ( Carr-Hill. R; Kataboro and Katahoire, A., 2000).

Teachers' participation in school is also being compromised by HIV/AIDS related commitments in the community. Teachers are reported to be dying from HIV/AIDS related causes and they are not being replaced hence are lost to the educational system ( Carr-Hill. R; Kataboro and Katahoire, A., 2000). The results of the study also indicate that the resources available to support education have increasingly been diverted to meet HIV/AIDS related needs.

Quality of education has been jeopardized where teachers are affected by family trauma or AIDS-related illness themselves, where families lose purchasing power, and where fewer resources are available to support services and infrastructure

### **Challenges faced by children living with HIV/AIDS in school**

#### **Pscho Social Effect**

HIV/AIDS has had wide spread effects on children's learning experiences. Children are now becoming subject to many psycho-socio impacts of HIV/AIDS such as stigma, fear, worry, depression and hopelessness. (Hunter Susan and John Williamson 2002) All these impact negatively on their learning and development.

The capacity to supply schooling services has decreased where large numbers of teachers and other staff have become infected and affected by HIV/AIDS. (Carr-Hill. R; Kataboro and Katahoire, A.. 2000)

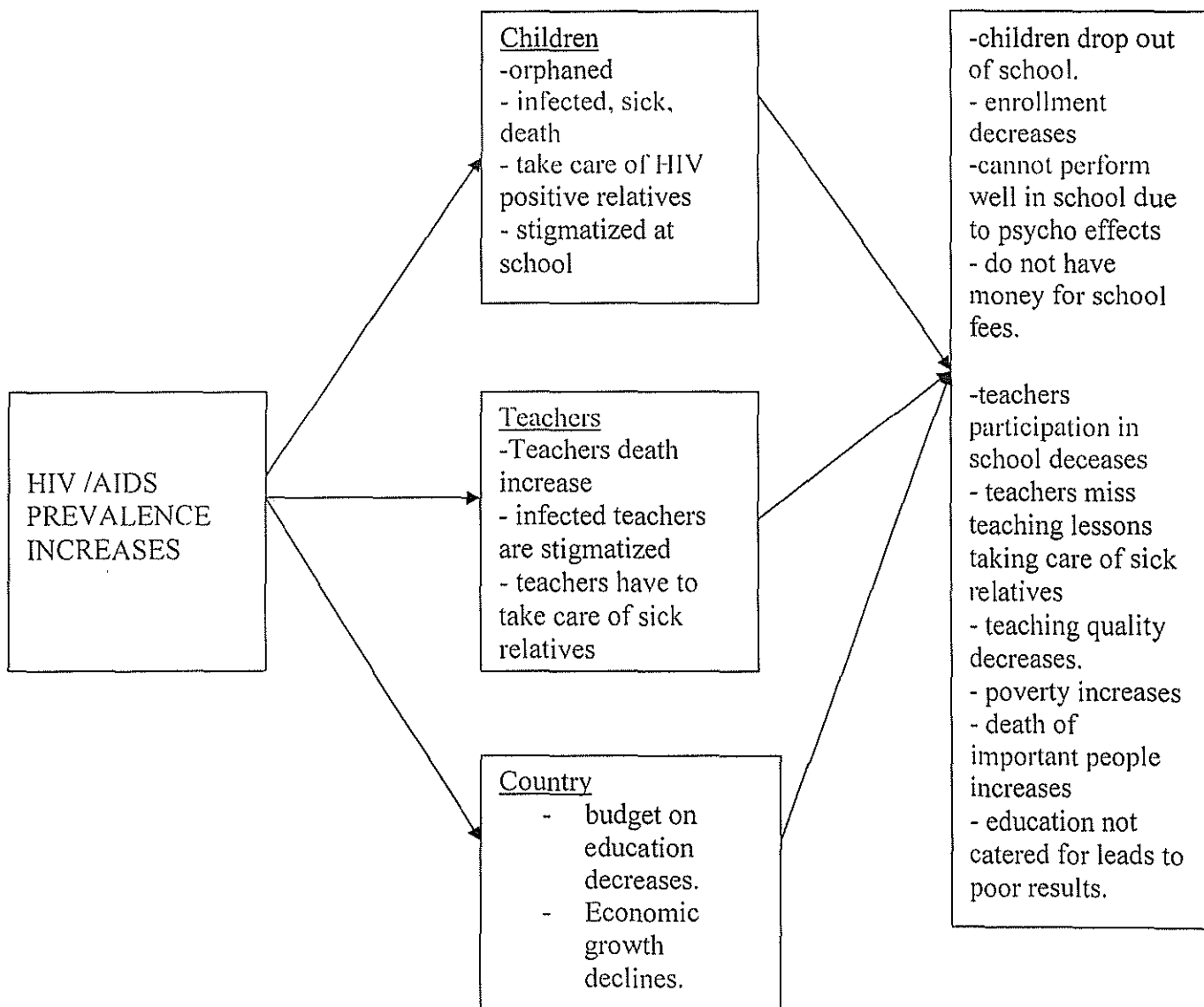
Equality of opportunity has moved further beyond reach as girls' opportunities are disproportionately affected by HIV/AIDS (Ferguson, A., Johnston, T. 1999). Equal opportunity is limited by girls' vulnerability to infection, particularly in high prevalence settings, and where the effects of poverty and other stressors on society are exacerbated by the low status of girls and women.( Abagi, O. 1995).

In conclusion a lot of literature has been written on HIV/AIDS and the researcher intends to add more.

## Conceptual framework

### The Impact of Aids on Education

AIDS is one of the most serious challenges currently facing the education systems of poorer countries. As illustrated below;



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0. Introduction**

This chapter discusses the methods used to collect data it focuses on the Research design, organization of the study, data collection, and data collection procedure and data analysis.

#### **3.1. Research Design**

The design that was used consists of both quantitative and qualitative method. Field work was undertaken and this comprised of direct observations and interview Guides for the respondents.

#### **3.2. Organization of the study**

##### **3.2.1. Study area**

The research was carried out in Keiyo district, Kenya. The situation in this area in regards to HIV/AIDS alarming and therefore was fit for the study. The place was also convenient for transport purposes.

##### **3.2.2 Study population.**

This study involved teachers and students. Teachers and students are one of the most important people in the education sector and therefore were fit for the study.

### **3.2.3. Sample size**

Five schools were selected from Keiyo District to participate in the study. Thirty (30) teachers were expected to participate in the study however only 18 were able to participate and one hundred (100) questionnaires were distributed to students and 65 were returned.

### **3.2.4. Sampling technique**

The teachers were selected using purposive sampling while the students were selected using simple random sampling. Since the students were many random sampling was convenient.

## **3.3. Data collection.**

### **3.3.1. Sources of data**

#### **Instrumentation**

Face to face interviews were carried on with teachers and questionnaires were distributed to students.

### **3.3.2 Reliability of instruments.**

Interviews were convenient because they helped the researcher get relevant information by facing the teachers. It also helped the researcher observe the teachers reactions to certain questions. Since the students were many questionnaires were convenient because they helped get information in a short period of time.

## **3.4. Data collection procedure**

A letter of introduction from the institute of continuing education was sent to facilitate in the data collection exercise. The letter was handed to the head teachers before interviews were carried on with the teachers and questionnaires distributed to the students. The data collected was sorted and categorized after which it was analyzed. The conclusions and recommendations were made.

### 3.5. Data analysis

The frequencies and percentages were used to determine the number of sample respondents used in the research process and the number that participated positively in contribution to the research.

Formula:

$$\text{Percentage (\%)} = \frac{F}{\text{Total number of respondents}} \times 100$$

Where F = number of respondents

Observed

Qualitative analysis; Data from questionnaires was standardized hence requiring categorization. Such data was presented in a descriptive form above which were used to discuss the results of collected data.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS OF FINDINGS AND INTERPRETATIONS

#### 4.0 Introduction

This study determined the impact of HIV/AIDS on the education of selected schools of Keiyo district, Kenya. This chapter is a presentation; interpretation and discussion of the findings. The results are presented in form of tables and frequency counts and percentage. It focuses on the impact of HIV/AIDS on the education of selected primary schools of Keiyo District, Kenya.

#### 4.1 Profile of the respondents

Table 1: Shows the profile of the respondents.

Respondents	Frequency	Percentage
<b>Sex</b>		
Male	40	68.5
Female	25	38.5
<b>Total</b>	<b>65</b>	<b>100</b>
<b>Age</b>		
10-11	13	20
12-13	35	54
14 and above	17	26
<b>Total</b>	<b>65</b>	<b>100</b>
<b>Academic level</b>		
Standard six	23	35
Standard seven	25	38
Standard eight	17	26
<b>Total</b>	<b>65</b>	<b>100</b>

#### Source field data

One hundred (100) questionnaires were distributed to the students and 65 were filled and returned. This therefore represents 65 % of the total number of questionnaires that were distributed.



The study covered 65 randomly selected students of whom 40 (68.5%) were male and 25 (38.5%) were female

The age category of the respondents was divided in three groups that is 10-11 were 13 which was 20%, 12-13 yrs were 35 (54%) and 14 and above were 17 representing (26%) of the respondents.

The academic level of the respondents was divided in three categories that is standard six, standard seven and standard eight. 23 (35%) of the respondents were in standard six, 25 (38%) were in seven and 17 (26%) were in standard eight.

Interviews were carried on with the teachers. 25 teachers were expected to be interviewed but only 18 were got. 10 of the teachers were male and 8 were female. Out of the 18 teachers six revealed that they were HIV positive and were not ashamed of it. According to them everyone knew their status.

#### **4.2 The effect of HIV/AIDS on the enrollment of children in school**

Katahoire, A., (2000) stressed that the demand for educational services also declines, because of reduced family resources available for schooling in AIDS affected households. The respondents were asked whether HIV/AIDS affects the enrollment of children in school and this was the response.

**Table 2: Showing responses on whether because of HIV/AIDS few children are joining school.**

Response	Frequency	Percentage
Strongly agree	23	35.4
Agree	10	15.4
Strongly disagree	17	26.2
Disagree	15	23.0
<b>Total</b>	<b>65</b>	<b>100</b>

Source: primary data

The table shows that 35.4% strongly agree that HIV leads to low enrollment of students, while 15.4% agree, 26.2% strongly disagree and 26.2% disagree.

This implies that enrollment of children decreases each year as shown in table three below;

**Table 3: Enrollment of students**

Year	A	B	C	D	E
2004	250	420	260	340	384
2005	248	415	258	336	380
2006	251	414	250	338	390
2007	247	416	253	341	385
2008	245	413	240	350	412

**Source: administrative data 2008**

The table shows a decline in enrollment in all schools in some years and according to the respondents HIV/AIDS is partly the cause for this.

According to the teachers many children are denied the chance to attend school because of HIV. The study revealed that some parents refuse to take their children to school when they find out they are positive. According to them taking a child who is HIV/AIDS is wasting time and money because the child will die soon. However the teachers revealed that such attitudes are among illiterate people who have not received any education about AIDS and more especially those who are very poor.

The respondents were asked whether their siblings did not join school because they had to look after sick relatives and this was the response.

#### 4.2.2 Evidence of children affected by HIV

**Table 4: My brothers and sisters did not join school because they had to take care of relatives suffering from HIV/AIDS.**

Response	Frequency	Percentage
Strongly agree	38	58.5
Agree	5	7.7
Strongly disagree	10	15.4
Disagree	12	18.4
<b>Total</b>	<b>65</b>	<b>100</b>

Source: primary data 2008

The table shows that 58.5% strongly agree, while 7.7% agree, 15.4% strongly disagree and 18.4% disagree. The teachers revealed that AIDS has affected children in that they have to take care of their sick relatives. According to the teachers girls are the most affected because they are expected to do all the chores at home including looking after the sick.

*".....with the attitudes towards girls education HIV/AIDS makes it worse because girls are made to look after sick relatives and therefore do not go to school....." (Interview with a teacher)*

The findings there for show that many children affected by HIV do not make it to school

The respondents were asked whether HIV/AIDS has led to poverty and therefore children do not have money for school fees and this was the response.

### 4.2.3 Poverty and HIV

**Table 5: showing HIV/AIDS has led to poverty and hence children cannot afford to pay for school fees.**

Response	Frequency	Percentage
Strongly agree	28	43.1
Agree	30	46.1
Strongly disagree	4	6.2
Disagree	3	4.6
<b>Total</b>	<b>65</b>	<b>100</b>

**Source: primary data 2008**

The table shows that 43.1% strongly agree, while 46.1% agree, 6.2% strongly disagree and 4.6% disagree. The teachers revealed that most children have lost parents due to HIV/AIDS and therefore cannot afford to pay for school fees. According to the teachers even those who have parents have become poor because they have to spend money on medical care. The study established that many families are becoming poor by losing the bread winners in the family.

The findings indicate that HIV leads to poverty

### 4.3 Relationship between HIV/AIDS and school drop out

The study established that many children are dropping out of school due to the AIDS pandemic. To understand the situation the drop out rates in the five schools was established as shown in the table below;

**Table 7: Drop out rates**

Year	A	B	C	D	E
2004	4	5	4	3	4
2005	3	4	5	5	5
2006	5	5	3	4	5
2007	6	7	4	5	6
2008	8	8	7	6	7

**Source: Administrative data 2008**

According to the table the drop out rates in some years decreases and according to the respondents most children are dropping out to take care of sick relatives and some have lost their parents and cannot afford to pay for school fees.

The findings indicate that drop out rate is increasing as a result of HIV

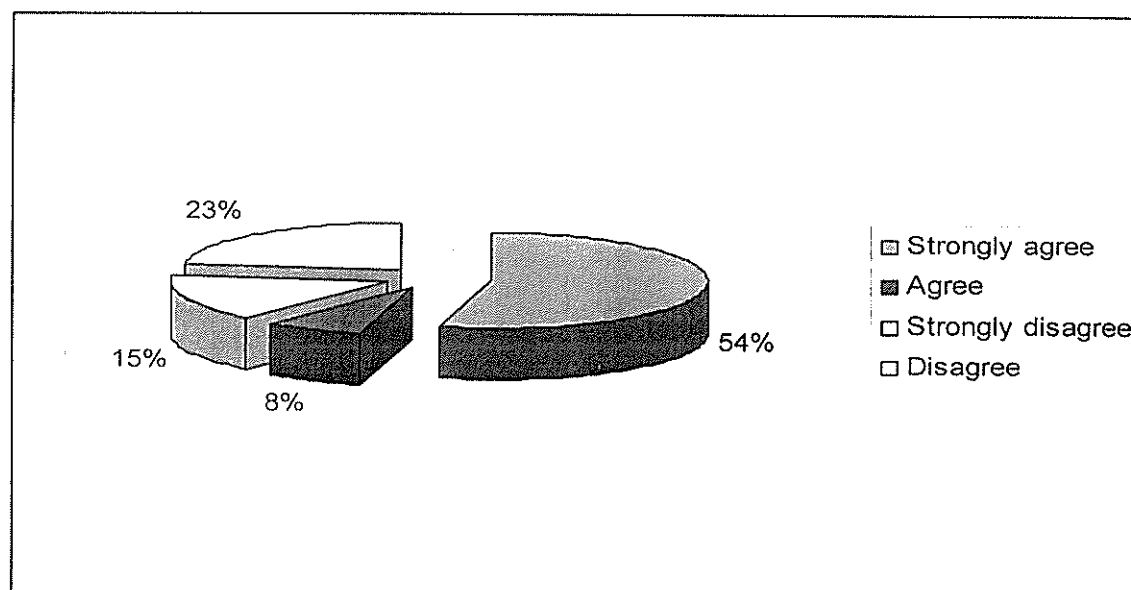
The respondents were asked whether children are dropping out of school to take care of sick relatives and this was the response.

**Table. 8: Children are dropping out to take care of sick relatives**

Response	Frequency	Percentage
Strongly agree	35	53.8
Agree	5	7.7
Strongly disagree	10	15.4
Disagree	15	23.1
<b>Total</b>	<b>65</b>	<b>100</b>

Source: primary data 2008

**Pie chart 1: Children dropping out to take care of sick relatives**



The table and pie chart indicate that 53.8% strongly agree that children are dropping out of school to take care of sick relatives, while 7.7% agree, 15.4% strongly disagree and 23.1% disagree. This shows that majority of children are dropping out of school to take care of their HIV positive children. The teachers revealed that most sick people do not have people to look after them and therefore children have no choice than to drop out of school and therefore take care of them.

*“.....sometimes the decision to drop out is not made immediately. In most cases children leave school hoping they wont take long treating the patient which turns out they have to stay longer and therefore they decide to put a halt to their education.....”*

(Interview with a teacher)

The respondents were asked whether due to poverty caused by HIV/AIDS children are dropping out of school and this was the response.

**Table 9: Because of poverty caused by HIV/AIDS children are dropping out**

Response	Frequency	Percentage
Strongly agree	20	31
Agree	30	46
Strongly disagree	5	8
Disagree	10	15
Total	65	100

**Source: primary data**

The table indicates that 31% of the respondents strongly agree that because of poverty, caused by HIV/AIDS children are dropping out 46% agree while 8% strongly disagree and 15% disagree. The teachers revealed that HIV/AIDS causes poverty in a way that those looking after their families are falling sick and therefore cannot go to work which means that the family has to suffer in regards to basic needs. The teachers added that even those who are working are spending money on medical bills for sick relatives. The

study established that most children have lost parents to HIV/AIDS and therefore upon the death of the parent the child has no choice than to drop out of school since he/she cannot afford to pay for school dues. Data collected also revealed that matters are worse with girls who decide to join prostitution to get money and in turn end up getting infected.

#### 4.4 Challenges teachers face in regards to the HIV/AIDS pandemic

Data collected revealed that HIV/AIDS has not only affected children's enrollment and drop out but has also made it difficult for teachers to teach well.

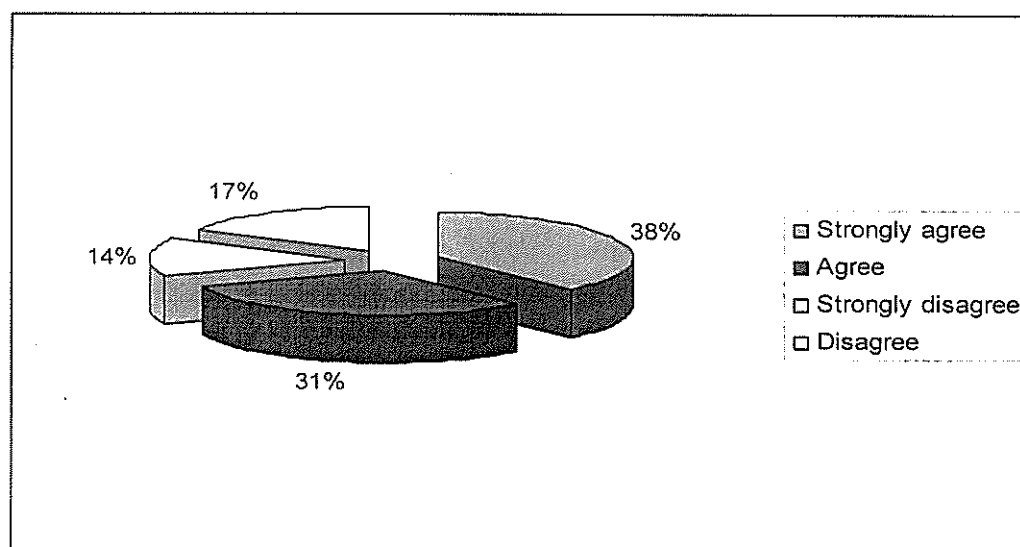
The respondents were asked whether infected teachers are discriminated and this was their response.

**Table 10: Infected teachers and discriminated**

Response	Frequency	Percentage
Strongly agree	25	38
Agree	20	31
Strongly disagree	9	14
Disagree	11	17
Total	65	100

Source: primary data

**Pie chart 2: Infected teachers are discriminated**



The table and chart show that 38% of the respondents strongly agree that infected teachers are discriminated, 31% agree while 14% strongly disagree and 17% disagree. The teachers revealed that HIV positive teachers find it hard to cope in school because they are discriminated. One teacher had this to say;

*".....sometimes children refuse to be taught by a teacher who is HIV positive. When students and fellow teachers learn that a certain teacher is HIV positive he/she becomes the topic at school and fingers are pointed towards him/her wherever he/she passes making life difficult for teachers to cope in such an environment....." (interview with a teacher)*

The respondents were asked whether teachers find it hard to teach about HIV/AIDS and the results are illustrated below.

#### 4.4.3 Ability of teachers to teach about HIV/AIDS

**Table 11: Teachers find it hard to teach about HIV/AIDS**

Response	Frequency	Percentage
Strongly agree	28	43.1
Agree	20	30.8
Strongly disagree	7	10.7
Disagree	10	15.4
<b>Total</b>	<b>65</b>	<b>100</b>

**Source: primary data**

The table shows that 43.1% strongly agree that teachers find it hard to teach about HIV/AIDS, while 30.8% agree, 10.7% strongly disagree and 15.4% disagree. The teachers revealed that sometimes it is hard to teach some topics to children and that the curriculum does not make it easier.

The respondents were asked whether HIV/AIDS has made teachers poor and this was the response.

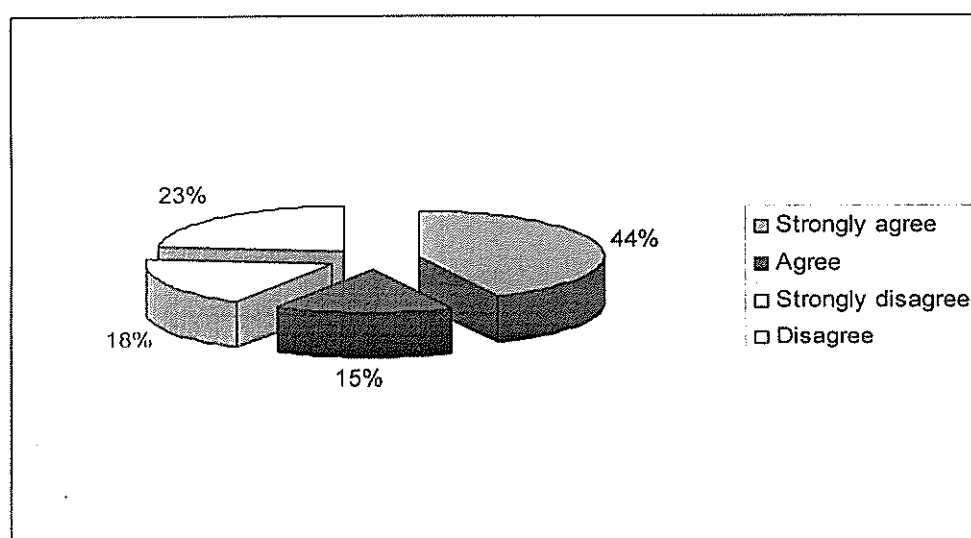


**Table 12: Because of HIV/AIDS teachers are faced with poverty.**

Response	Frequency	Percentage
Strongly agree	28	43.1
Agree	10	15.4
Strongly disagree	12	18.4
Disagree	15	23.1
<b>Total</b>	<b>65</b>	<b>100</b>

Source: primary data

**Pie chart 3: Teachers are faced with poverty due to HIV/AIDS.**



The table and chart indicate that 43.1% strongly agree, while 15.4% agree, 18.4 % strongly disagree and 23.1% disagree. According to the teachers HIV/AIDS has made them poor in two ways; one they have sick relatives who are suffering from HIV and therefore have to provide for treatment which is expensive and secondly HIV positive teachers are always falling sick and therefore miss work which means that they are not paid the allowances they are supposed to get. One teacher complained that HIV positive children are not promoted.

*"..... I have noticed that HIV positive teachers are not promoted and yet it is not written any where that they do not have to be promoted. This according to me is unfair....."* (Interview with a teacher)

#### **4.5 Impact of HIV/AIDS on teachers' participation in education**

According to Carr Hill (2000) teachers' participation and performance in the learning process was reported to have been affected as some of the teachers have been infected and therefore are increasingly unavailable to the students. Students reported that they feared being taught by infected teachers

The respondents were asked whether infected teachers are weak to teach and this was the response.

**Table 13: Infected teachers are weak to teach**

Response	Frequency	Percentage
Strongly agree	20	31
Agree	25	38
Strongly disagree	9	14
Disagree	11	17
Total	65	100

**Source: primary data**

The table shows that 31% of the respondents strongly agree that infected teachers are weak to teach, 38% agree while 14% strongly disagree and 17% disagree. This implies that HIV/AIDS has negatively affected education

by affecting the people who impart knowledge to the students that is the teachers. The teachers admitted that most HIV positive teachers become weak because they cannot afford to pay for the expensive treatment and yet some have families to look after and therefore sometimes miss teaching classes.

*".....most HIV positive teachers have families to look after and therefore cannot afford to pay for the expensive treatment to keep them strong....."* (Interview with a teacher)

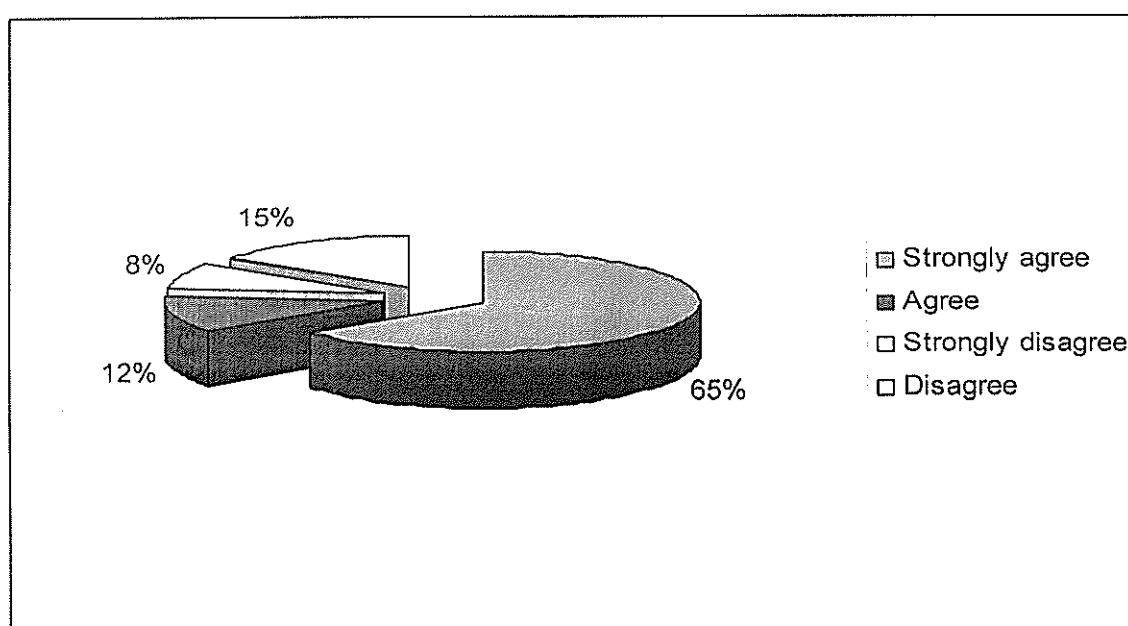
The respondents were asked whether teachers miss classes to take care of sick relatives and this was the response.

**Table 14: Teachers miss classes to take care of sick relatives.**

Response	Frequency	Percentage
Strongly agree	42	64.6
Agree	8	12.3
Strongly disagree	5	7.7
Disagree	10	15.4
<b>Total</b>	<b>65</b>	<b>100</b>

Source: primary data

**Pie chart 4: Teachers miss classes to take care of sick relatives.**



The table and chart show that 64.6% strongly agree that teachers miss classes to take care of sick relatives, while 12.3% agree, 7.7% strongly disagree and 7.7% disagree. Most teachers agreed that sometimes they have to go and look after their relatives who are suffering from HIV/AIDS. This means that they sometimes have to miss teaching some lessons and matters are made worse in the rural areas where transport is a problem.

#### 4.6 Challenges faced by children living with HIV/AIDS in school

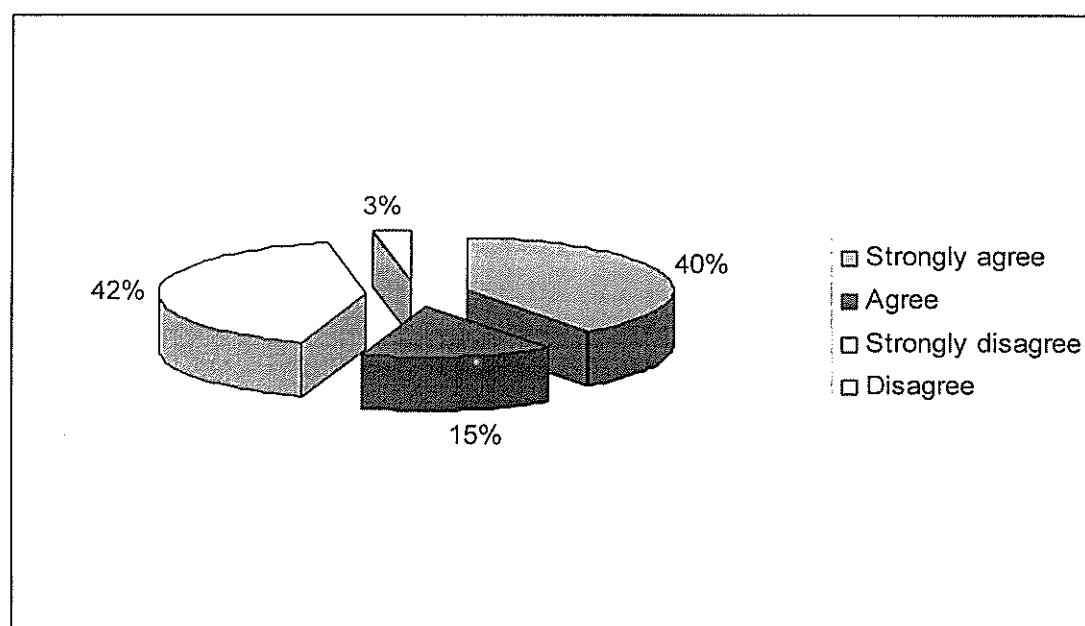
The respondents were asked whether children living with HIV/AIDS are discriminated and this was their response.

**Table 15: children living with HIV/AIDS are discriminated**

Response	Frequency	Percentage
Strongly agree	26	40
Agree	10	15
Strongly disagree	27	42
Disagree	2	3
Total	65	100

Source: primary data

**Pie chart 5: children living with HIV/AIDS are discriminated**



According to the table and pie chart 40% of the respondents strongly agree that children living with HIV/AIDS are discriminated, 15% agree while 42% strongly disagree and 3% disagree. According to the teachers children living with HIV face the biggest challenge of being discriminated. One teacher reported;

".....children make fun of those children that are HIV positive and sometimes do not to talk and play with them saying that they will get infected. This makes life hard for HIV positive children....." (Interview with a teacher)

The respondents were asked whether children are falling sick and dying and this was their response.

**Table 16: children are falling sick and dying**

Response	Frequency	Percentage
Strongly agree	30	46
Agree	31	47
Strongly disagree	1	2
Disagree	3	5
Total	65	100

Source: primary data

The table shows that 46% of the respondents strongly agree that children are falling sick and dying, 47% agree while 2% strongly disagree and 5% disagree. The teachers revealed most of the HIV positive children die early because they do not get proper care. The study established that few parents take their children for testing and so by the time they realize the child is HIV positive it is late.

The respondents were asked whether children are falling sick and therefore missing classes and this was the response.

**Table 17: children are always falling sick and missing classes.**

Response	Frequency	Percentage
Strongly agree	20	30.8
Agree	30	46.1
Strongly disagree	5	7.7
Disagree	10	15.4
Total	65	100

Source: primary data

The table shows that 30.8% strongly agree children living with HIV/AIDS are always falling sick and therefore missing classes, while 46.1% agree, 7.7% strongly disagree and 15.4% disagree. According to the teachers most HIV positive children miss classes because they are always falling sick. As mentioned earlier most parents do not take their children for testing and this means when the children fall sick they are treatment which is not appropriate and hence will continue falling sick.

The teachers also revealed that children who are HIV positive are always withdrawn at school because they feel dejected and are emotionally disturbed. According to the teachers even those who are not sick are also affected because of the trauma they have passed through watching their parents die.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This study determined the impact of HIV/AIDS on the education of selected schools of Keiyo district, Kenya. In this chapter, the conclusions from the study and the recommendations made are presented. The study used both qualitative and quantitative methods of analysis.

#### **5.1 Summary of findings**

The first objective of the study was to determine the effect of HIV/AIDS on the enrollment of children in school. The study revealed that few children are joining school because they have to take care of sick children. This is supported by Carr-Hill. R; Kataboro and Katahoire, A. (2000) that demand on the current formal system has diminished where fewer children seek to enter or stay in school – for example, where fewer children are born, where children are sick, and where children leave school due to changed familial, social and economic circumstances, particularly those children who are orphaned by HIV/AIDS

The second research objective was to determine the relationship between HIV/AIDS and school drop out . The study revealed that most children drop out of school to take care of sick relatives. According to the study AIDS has led to poverty which means that children are not able to pay for school fees and therefore drop out of school. According to Khasiani, S et al (1998) 15.2 million children had been orphaned world wide as a result of AIDS by the end of 2005. upon the death of their parents, a child may be forced to move house and/or be affected by emotional stress and poverty, which can disrupt their education and lead them to drop out of school.

The third objective of the study was to determine the challenges teachers face in regards to the HIV/AIDS pandemic. According to the study teachers find hard to teach about HIV/AIDS. The study also revealed that teachers who are HIV positive face a problem of

discrimination and that HIV positive teachers are not promoted. This is supported by Carr-Hill. R; Kataboro and Katahoire, A., (2000) that HIV positive teachers are less likely to get promoted than those who are not infected, and many claim that they do not feel secure in their job.

The fourth objective of the study was to determine the Impact of HIV/AIDS on teachers' participation in education. The study revealed teachers participation has been hindered by HIV/AIDS because they have to take care of sick relatives and also HIV positive are weak to teach. According to Carr-Hill. R; Kataboro and Katahoire, A., (2000) Teachers' participation and performance in the learning process has been affected as some of the teachers have been infected and therefore are increasingly unavailable to the students.

Lastly the study sought to investigate the challenges faced by children living with HIV/AIDS in school. The study revealed that children living with HIV are discriminated by their fellow children. The study also revealed that HIV positive children are always falling sick and therefore miss classes. According to Hunter Susan and John Williamson (2002) HIV/AIDS has had wide spread effects on children's learning experiences. Children are now becoming subject to many psycho-socio impacts of HIV/AIDS such as stigma, fear, worry, depression and hopelessness.

## **5.2 Conclusion**

The aim of this report was to determine the impact of HIV/AIDS on the education of selected primary schools of Keiyo district, Kenya.

The first objective of the study was to determine the effect of HIV/AIDS on the enrollment of children in school.. The findings indicated that HIV/AIDS has decreased the demand for education and therefore decreased enrollment.

The second objective sought to determine the relationship between HIV/AIDS and school drop out. The findings indicated that children are dropping out of school because of the HIV/AIDS pandemic.



The third objective looked at the challenges teachers face in regards to the HIV/AIDS pandemic. The findings indicated that teachers find it hard to teach about HIV/AIDS and that HIV positive teachers are discriminated.

The fourth objective of the study was to determine the Impact of HIV/AIDS on teachers' participation in education. The findings revealed that AIDS has hindered the participation of teachers in education.

Lastly the study sought to investigate the challenges faced by children living with HIV/AIDS in school. The study established that children living with HIV/AIDS are discriminated.

## **5.4 Recommendations**

Looking at the findings of the study, the following recommendations are made;

The community, students and teachers should be sensitized about stigmatization. Through education, schools can also help to reduce stigma and discrimination – a major problem for people around the world who are living with HIV.

Teachers should be taught more about HIV/AIDS and also taught effective methods on how to teach about aids to students. Teachers who expand their understanding of the subject while researching for a lesson can pass this information on to adults as well as students, and the same can be said for the children themselves; once informed about AIDS, they can go home and tell their parents or their friends what they have learnt.

Schools should give children who are living with HIV a better understanding of their situation. As well as supporting those children themselves, schools can also provide assistance to the families that are caring for them.

The government should take measures to fight HIV/AIDS especially in schools by sensitizing people about the dangers of the disease.

The government should treat people with HIV/AIDS for free since they are poor and do not have the money to treat them selves.

## **5.5 Areas for further studies**

The researcher appeals to other researchers to research more on the study of the impact of HIV/AIDS on education and more especially on stigmatization because even though people know about AIDS HIV positive people are still discriminated.

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## APPENDIX I: TRANSMITAL LETTER



**KAMPALA  
INTERNATIONAL  
UNIVERSITY**

Ggaba Road - Kampala  
P.O. Box 20000, Kampala  
Tel: +256-41-266813 / +256-41-266814  
Fax: +256-41-501974  
E-mail: admin@kiu.ac.ug  
Website: www.kiu.ac.ug

**OFFICE OF THE DIRECTOR  
INSTITUTE OF OPEN AND DISTANCE LEARNING (IODL)**

DATE: . . . . .

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

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

The above named is our student in 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:


. . . . .  
. . . . .

Case Study: . . . . .

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

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

Yours faithfully,

  
MR. MUHWEZI, JOSEPH  
HEAD, IN-SERVICE

## APPENDIX II: QUESTIONNAIRE FOR STUDENTS.

**Dear respondent,**

I am a student of Kampala International University carrying out an academic research on the topic "the impact of HIV/AIDS on education." You have been randomly selected to participate in the study and are therefore kindly requested to provide an appropriate answer by either ticking the best option or give explanation where applicable. The answers provided will only be used for academic purposes and will be treated with utmost confidentiality.

NB: do not write your name anywhere on this paper.

### A) Personal Information

#### 1. GENDER

Male

☐

Female

☐

#### 2. AGE

12-15

☐

16-18

☐

18 and above

☐

#### 2. CLASS

a) Standard six

☐

b) standard seven

☐

c) Standard eight

☐

### The effect of HIV/AIDS on the enrollment of children in school.

1. Because of HIV/AIDS few children are joining school.

Strongly agree [ ]

agree [ ]

Strongly disagree [ ]

disagree [ ]

2. My brothers and sisters did not join school because they had to take care of relatives suffering from HIV/AIDS.

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

3. HIV/AIDS has lead to poverty and hence children cannot afford to pay for school fees.

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

**Relationship between HIV/AIDS and school drop out**

4. Children are dropping out to take care of sick relatives

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

5. Because of poverty children are dropping out

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

**challenges teachers face in regards to the HIV/AIDS pandemic.**

6. Infected teachers are discriminated

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

7. Teachers find it hard to teach about HIV/AIDS

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

8. Because of HIV/AIDS teachers are faced with poverty.

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]



**Impact of HIV/AIDS on teachers' participation in education**

9. Infected teachers are weak to teach

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

10. Teachers miss classes to take care of sick relatives.

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

**challenges faced by children living with HIV/AIDS in school.**

11. children living with HIV/AIDS are discriminated

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

12. Children are falling sick and dying

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]

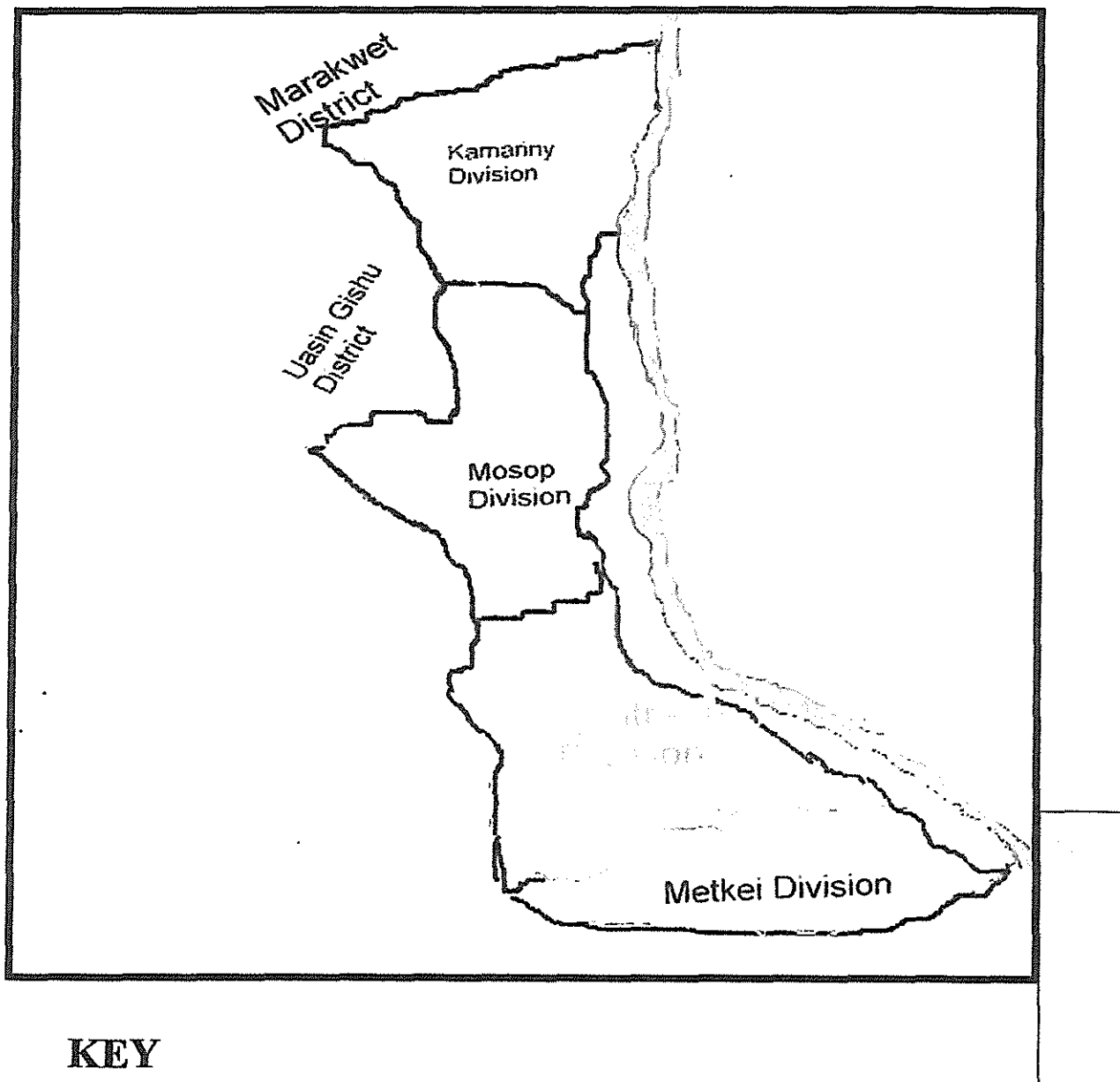
13. Children are always falling sick and missing classes.

Strongly agree [ ]                      agree [ ]  
Strongly disagree [ ]                      disagree [ ]




### **APPENDIX III: INTERVIEW GUIDES FOR THE TEACHERS**

1. What is the enrollment of the school?
2. How has HIV/AIDS affected the enrollment of the school?
3. What is the drop out rate?
4. What is the relationship between school drop out and HIV/AIDS?
5. What challenges do you face in regards to the HIV/AIDS PANDEMIC?
6. How has HIV/AIDS affected the participation of teachers?
7. What challenges do children living with HIV/AIDS?
8. How have children been affected by the HIV/AIDS pandemic

# SOUTERN DIVISION KEIYO DISTRICT



## KEY

-  Southern Division
-  Divisional Boundaries
-  River Kerio