

**HIV/AIDS AND SOCIAL DEVELOPMENT OF CHILDREN AGED 4-6 YEARS
IN KALUNGI SUB-COUNTY, NAKASONGOLA DISTRICT
UGANDA.**

BY

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APRIL, 2018

DECLARATION

I, Kyasima Esther, do hereby declare that this is my own original work and not a duplicate of similar published work of any scholar for academic purpose as partial requirement of any college or otherwise.

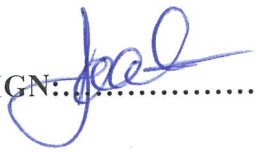
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APPROVAL

This study has been under my Supervision as a University Supervisor and is now ready for submission to the research committee of Kampala International University for examination.

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DEDICATION

This research is dedicated to the creator Almighty God, who gave me the physical and mental strength to undertake and accomplish it in the prescribed period of time.

I dedicate this piece of work to my beloved parents my father Mr. Lugoloobi John, my mother Ms. Nassali Miriam. I wish to extend my gratitude to all my siblings Juliet, Joan Musa, Enock and Godfrey, my friends Hellen, Micheal and Aryatuha and the entire family for their assistance during the time of my research.

My sincere appreciation should be extended to my mentors.

May God bless them all!

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LIST OF ABBREVIATIONS

AIDS	:	Acquired Immuno Deficiency Syndrome
ARVs	:	Anti-Ritro Viral Therapies
CRC	:	Catholic Relief Service
HIV	:	Human Immuno Deficiency Virus
NGO	:	Non-Governmental Organization
OVC	:	Orphans and Vulnerable Children
PLWHAS	:	People Living With HIV/AIDS
PMTCT	:	Prevention of mother to child transmission
VCT	:	Voluntary Counseling and Testing

ABSTRACT

This study is aimed at finding out the effects of HIV/AIDS in social development of children aged 4-6years in Kalungi sub county- Nakasongola District. Most of the African communities have not accepted HIV/AIDS as a disease but it is associated with witchcraft and curses

This has led to a lot of deaths in our societies hence leaving many children in our societies affected and others infected.

In most African societies, the effect of HIV/AIDS has caused a lot of harm in both the affected and infected children. Stigmatization has made millions of the affected and infected children to develop anti-social behavior. The research has shown this kind of behavior especially with street children and in children homes.

The holistic growth and development of children and especially the already affected and infected ones should however be considered equally important to avoid poor social development. The challenge goes to the caregivers, relatives of the orphaned children and teachers to identify these children early enough so as to accept them in their status and find ways of staying and dealing with them.

The study intends to give an insight to people staying and working with children as well as handling children's affairs to enable them to understand the acceptable and unacceptable social practices found within the African communities and how they influence children's social development. These people include pre-school teachers, Sunday school teachers, parents and other care givers. It also intends to equip these people with suitable information and knowledge on the importance of social growth and development and how to monitor its sub sequential progress. By acquiring the knowledge about the affected and infected children will receive the required social support which will enable them cope with the problems surrounding the world today.

CHAPTER ONE

INTRODUCTION

1.0 Background

This chapter is introducing research report on effects of HI V/AIDS on social development of children aged 4-6years in Kalungi sub-county, Nakasongola District. The chapter comprises of background of the sub county- study, statement of the problem, purpose of the study, objectives of the study, significance of the study, delimitations and limitations of the study and definition of operational and conceptual terms.

The study intends to help the researcher to identify the ways in which HIV/AIDS can affect the social development of children. The study will consequently equip the researcher with extensive knowledge on how to pass this vital information to pre-school teachers, parents, heads of children institutions and care givers in counter attacking the spread of this monster.

Social development is one of the main domains that complete the holistic development of children. The domain can be affected by many factors. Orphanage today whether single or both parents have affected the holistic, social, moral, cognitive, physical, emotional, spiritual and language development of many children.

It is through these crucial factors that stigmatization has made the orphaned children to develop anti-social behaviors for instance; one feeling withdrawn, anger and traumatized hence depression and social isolation may all impact negatively on the current and future mental health.

In just over twenty five years, HIV/AIDS has infected 43 million people and affected many millions in every continent. The population of orphaned children and made vulnerable has risen into millions in Sub-Saharan Africa alone, over 12million children have been orphaned due to the ranging effects of this deadly disease.

It has clearly been defined by the children's right Act that every child irrespective of race, tribe and colour has a right to enjoy his/her social life happily. The social activities for the youngster includes children interactions in playing games, sharing of play materials, sharing food, sharing writing materials, sharing play materials and especially those involving taking turns.

As children as both the present and the future of the society, they need to be well equipped with all the practices which will enable them develop socially. This is because today's child belongs to the family, society and the nation at large.

In the course of the study, the researcher will undertake to access for the previously carried programs were committed on these issues shown that social development intermarries positively with all other development aspects. Failure to address it early enough, the social development of the child can negatively affect other domains of development, for instance, if a child fails to develop well socially, his/her cognitive, physical, emotional, spiritual, moral and language development will drastically be affected. This is because the social development of children is powerfully determined during their early years of age. The main challenge in this research to care givers, mentors, parents, heads of children institutions and pre-school teachers is entirely the drastic spread of HIV/AIDS and its related effected to youngsters. "How will this umbrella improve the condition to suit the holistic social development of children as this will ultimately determine the future of this nation and the globe at large."

1.1 Statement of the Problem

The research has shown that HIV/AIDS has caused severe suffering of many lives stigmatization has caused far reaching affects to both the children and the adults whose parents and relatives have been affected or infected by the epidemic disease. Other problems brought about by HIV/AIDS would include: Economic or income reduction by 70% after losing the family bread winner.

Migration from one place to another especially urban to rural migration which is referred to as “going home-to-die” or rural widows going to town to seek for job or help from relatives and other potential care giver.

Change of family composition or change of care givers which may cause emotional distress in children. New responsibilities and work for bereaved children. For instance some of the orphaned can seek for jobs to support themselves in life especially the total orphaned. This may lead to dropping out of school, child abuse and child labour. Extra responsibilities to the new caregivers of taking care of the orphaned children together with his/her own children.

Therefore, the research intends to bridge the gap of stigmatization and other related effects on the social development of the affected and infected children aged between 4-6years. Unless quick action is taken the children in this bracket will feel disgraced by the virus, causing them lose their homes, separation from other siblings and friends leading to social isolation hence making them to feel depressed, withdrawn, insecure and stigmatized.

1.2 The Scope of the Study

The study will be carried out in Kalungi sub county Nakasongola District. It was done from July 2017 to December 2017. The researcher was able to visit the subjects four days per week.

It was aimed at investigating on the effect of HIV/AIDS on social development of children aged between 4-6years in Kalungi Sub County.

It was not only to improve social development but also holistic developments in order to allow full participation in co-curricular activities. These other developments include physical, emotional, cognitive, and moral language. Kalungi consists of eight schools;

In baby classes there are 135 pupils while in middle classes there are 147 pupils then in pre- unit there are 153 pupils. Both the teachers are trained with different levels of training.

1.3 The Purpose of the Study

The study aimed at giving an insight to the people staying, handling and working with children for instance, parents care givers, heads of children institutions, guide and counselor NGO's, religious organizations and other denominations, to enable them understand the social practices found in the society and those which can affect the social development of children and how they influence them.

This insight provided will help to find a way of developing the suitable and acceptable social practices to enhance healthy social growth and development.

He study is hoped to equip people living with children with suitable information and knowledge on the vitality of social growth and development and how to monitor out its substantial progress.

It will also help in solving problems brought about by HIV/AIDS stigmatization which can influence children social development.

The main aim in this study is to work out different modalities to reduce the high rate of spreading HIV/AIDS for better social development of children who will finally find the research being useful to them and the future generations as the youngsters are the hopes of the society.

1.4 Objectives

1.4.1 General Objective

To find out the effects of HIV/AIDS on social development of children aged 4-6years.

1.4.2 Specific Objectives

- i. To find out how stigmatization and discrimination affects the social development of HIV/AIDS orphaned children.
- ii. To identify the impacts of HIV/AIDS to orphaned children in formal learning in schools.

- iii. To find ways and strategies of empowering useful social practices for better social growth and development of HIV/AIDS orphaned children aged 4-6years.

1.5 Research Questions

- i. How do stigmatization and discrimination affect the social development of HIV/AIDS orphaned children?
- ii. What are the impacts of HIV/AIDS to orphaned children in formal school learning?
- iii. Which ways and strategies can help in empowering useful social practices for better social growth and development of HIV/AIDS orphaned children aged 4-6years?

1.6 Significance of the Study

This research aims at bridging the gap between the current trend of stigmatization and discrimination of HIV/AIDS orphaned children and the school.

To achieve this difficult task by the researcher, all the stake holders for instance the care givers, parents, pre-school teachers, heads of children institutions, NGOs, religious institutions and the government need to be involved and to network voluntarily. The government in collaboration with ministry of health, ministry of culture and social services, parastatal bodies and donor agencies need to take the lead.

The study will help children's upbringing stakeholders to understand the effects of stigmatization and discrimination on the social development of children.

The study will also point out all the acceptable and forbidden cultural practices and modern practices in our communities to avoid contracting HIV/AIDS killer disease.

The study will also try to formulate ways and strategies of improving these practices to fit the human needs in this dynamic world today.

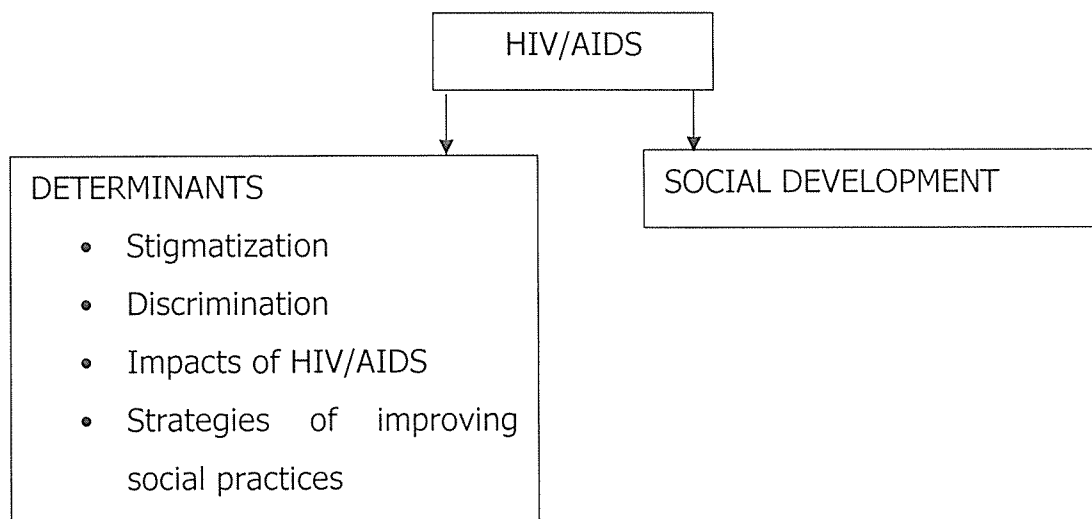
The study will help the parents, guardians and the society at large to change their attitudes towards the issues of stigmatization and discrimination of all HIV/AIDS orphaned children and those living with AIDS to accept them as children who require holistic growth and development.

1.7 Theoretical and Conceptual Framework

1.7.1 Theoretical Framework

- i. Finding out effects of HIV/AIDS on social development.
- ii. Finding out how stigmatization and discrimination affects social development of HIV/AIDS orphaned children.
- iii. Determining the relationship between stigmatization and social development.
- iv. Determining the impacts of HIV/AIDS on orphaned children in formal learning.
- v. Finding out ways and strategies of improvising social practices for social development of HIV/AIDS orphaned children.

1.7.2 Conceptual Framework



1.8 Limitations and Delimitations

1.8.1 Limitations

However, the researcher was faced with a lot of challenges:

The parents/guardians of their subjects were not cooperative enough to give true and reliable data. They feared to be thought weak in revealing their families top secrets.

In some areas the researcher had to walk through different land forms like hill, valleys and thick snake bushes in order to visit the homes of these respondents.

Illiteracy, ignorance and lack of exposure were other factors that contributed to high risk of contracting the disease. Most parents and guardians could shy off to attend the VCT centers to ascertain their health status. The use of condoms for middle aged men and women sounded as a taboo.

The researcher was confined to the study of social development on children aged 4-6years and only those living in Kalungi sub-county.

The area is fertile and the people survive through farming of agricultural practice like maize, beans, vegetable, poultry keeping and fruits. These economic activities rendered the youth to other dirty activities.

It is therefore a clear indication that the HIV/AIDS orphaned children have suffered from stigmatization, insecurity, depression, separation from siblings and friends withdrawal and emotional deprivation. These children have ultimately been traumatized hence developing anti-social behavior because of lack of parental love. The children also appear to be aggressive and less active in social activities such as turn taking, sharing of materials, cooperation leadership, self confidence and self esteem.

1.8.2 Delimitations

The Chairman LCIII and the entire council were supportive since they provided me with ample time to do the investigation of the subjects in the villages.

The language of the subjects did a lot of favor to me as the researcher could communicate well with the subjects and their parents, guardians. This was so because both the researcher

and the subjects were sharing the same language group. The nutritionists Mulago hospital and his staff assisted me with reference materials on HIV/AIDS for instance:

- The hope and dignity centre for African Family Studies CFAS 2000 catholic relief services programs 2005.
- Data of the affected, infected and those who died of AIDS.

1.9 Definition of Terms

Child	Refers to a person below eighteen years
Culture	These are customs and beliefs, art, ways of life and social organization of a particular group.
Discrimination	To be neglected or set out of a particular group.
Dynamic	This means something that keeps on changing, something which is not static.
Growth	Refers to quantitative increase in size of the whole body or its parts
Holistic development	refers to all aspects of complete child development which include language, physical, intellectual, moral, emotional and social development
Monster	A widespread unacceptable and shocking for it is morally unfair disease
Sake holders	Those people interested with the good welfare of children in the society.
Social development	This refers to social characteristics, appearance in terms of happiness, anger, stress, friendliness, withdrawn and interactiveness
Stigmatization	To be ignored or set out of a particular group.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In just over twenty five years, HIV/AIDS has infected 43 million people and affected millions more in every continent. Beyond providing care for people living with HIV/AIDS (PLWHAS), CRS (Catholic Relief Services) is called to support the entire community affected by the pandemic. The population of the children orphaned and made vulnerable has risen to million in Sub-Saharan Africa alone, over twelve million children have been orphaned due to the ravaging effects of this disease.

Most of the pressing problems vulnerable children face includes the burdens of caring for an ailing parent and younger siblings, loss of family's income as parents who are the only breadwinners become ill or die and their sub-sequential withdrawal from school to care and provide the family with food and other needs to cope up with this hectic issue, local organization must enhance their capacity building to respond to the needs of children affected and infected by HIV/AIDS in an effective and sustainable manner.

As HIV/AIDS has globally been declared as a worldwide disaster, heads of states in their countries need to continue initiating modern methods and interventions to reduce the rapid spread of this epidemic. These include;

- i. Behavior change method; these are initiated by being faithful to each other and partners (abstinence).
- ii. Voluntary counseling and testing (VCT).
- iii. Prevention of mother to child transmission PMTCT); this reduces the risk of newly born
- iv. Stigma reduction; developing policies to combat stigmatization and discrimination in crucial as these two aspects are both human rights and public health issues. This helps to reduce anti-social behaviors among people.

- v. Home-based care; this is an intervention strategy that aims at relieving the burden of an already stretched health care system by providing care to a person living with HIV/AIDS (PLWHAS) in homes and within the society.
- vi. Traditional poor cultural practices as wives and husbands inheritance whose spouses have died of HIV/AIDS.
- vii. Witchcraft beliefs among African society should be abandoned. Sick people should be taken to medical treatment in hospitals immediately.
- viii. Blood safety-blood transfusion without doctor's approval should be avoided.

2.1 Impacts of HIV/AIDS to the orphaned children

UNAIDS defines an orphan as a child under 15years who has lost their mother (maternal orphan) or both parents (double orphan) to AIDS. However, according to UN convention on the rights of the child (CRC) an orphan is anybody who has lost parents while under 18years.

In every 50 seconds a child dies of an AIDS related illness and another becomes infected with HIV. Each day approximately 3500 children are infected by or die from HIV/AIDS (UNAIDS 2000).

In terms of its demographic impacts, HIV/AIDS affects children in the following ways:

- Higher infant and child morbidity and mortality rates
- Lower life expectancy
- Higher rate of orphanage

Most young children born of HIV positive begin to show symptoms of HIV infection in their first year of life. Many of them show retarded growth and development due to frequent bouts of opportunistic infections (Aldrich 2001).

A study in Africa (Uganda) found that roughly a third of HIV positive children died in their first year, a half had died by 21 months and three quarter after five years (Martin et al

1996). Still in Africa (Malawi), an estimated 90% of HIV infected children do not survive beyond their third birthday.

On the side of education, the access to education for children especially girls affected by HIV/AIDS include lose of earnings or the need to re-direct house hold spending towards medical treatment, denying the parents to send children to school. In addition children whose parents become ill after have to leave school to care for them. In Uganda, in one study around a half of the infected children reported that attendance and grades in educations have been adversely affected by parental illness (Gibbon 2000). HIV/AIDS also affects the survival and development of children through its impacts on health, family livelihood, social welfare and protection.

Families with one or more members living with HIV/AIDS will spend much higher proportion of their income on HIV related treatments thereby reducing the income available for education hence affecting children performance in school. This will lead to lack of school fees and other education related facilities (human rights watch 2001).

The death of one parent or both and the resulting increased household expenditure on health place more economic responsibilities on children. Many are forced to drop out of school and take up work to contribute to family incomes. In Burundi, children in AIDS affected households becoming involved in petty trading and mining errands at the age of 6 or 7 (Roundy et al 2001). Some children end up working in higher hazardous conditions for example in the informal industries, where they risk severe injury; others involve themselves in sexual activities and paid as sex workers.

2.2 Stigmatization and Discrimination on the Social Development of HIV/AIDS

Orphaned Children

AIDS related stigma refers to prejudice negative attitude and multi treatment directed at people living with HIV/AIDS. They can result in being shunned by family, peers and wide community, poor treatment in health care and education setting. Erosion of right,

psychological damage and negatively affect the success of testing and treatment. AIDS stigma and discrimination exist worldwide although they manifest themselves differently across countries, communities, religious groups and individuals.

According to Children Right Convention (CRC), there are four major principles for instances;

- Right to survival, development and protection from abuse and neglect
- The right to have a voice and be listened to
- The best interest of the child should be of primary consideration
- The right to freedom from discrimination

However, for many children who have been infected by HIV/AIDS, these rights are being comprised. Children who are themselves living with HIV/AIDS or have lost one or both parents to HIV/AIDS often experience discrimination and exclusion from the community as a result of stigma. The growing number of child-headed households also affects the rights of children to education, to rest and leisure, to survival and development, to protection from sexual and economic exploitation and to protection from abuse and neglects. The death of parents and worsening poverty are contributing to growing number of children working in hazardous and exploitive conditions. For many children infected or affected by HIV/AIDS, the fundamental principle of the CRC, especially the right to non-discrimination, survival and development, are most often compromised. These results from fear of HIV/AIDS infected children, their supposed impending deaths are at the rood of most discrimination they face misconceptions regarding HIV/AIDS results in many children whose parents are living with HIV, being stigmatized whether or not they themselves are infected. This stigmatization is made worse by the fact that it comes from every section of the community including other children, guardians, teaches and even parents themselves for instance step mothers (Aidri 2001). Orphans of AIDS may tend to form their own informal peer groups as a result of stigma and process of peer exclusion (Cook 1998).

Some teachers often refuse to allow these children into school. This tragic case was observed in South Africa, a boy living with HIV was denied his right to education and freedom from discrimination hence lack of socialization.

Other equally significant reasons for reduced access to education for children especially girls affected by HIV/AIDS include loss of earning or the need to re-direct household spending towards medical treatment denying the funds to send children to schools where they can socialize with other children (Gibbon 2000).

2.3 Ways and Strategies of improving useful Practices for Better Social Growth and Development

Social development refers to social characteristics, appearances in terms of happiness, friendliness, stressed, withdrawn and interactions.

According to Catholic Relief Services (CRC) programs for HIV/AIDS (2005), hope and dignity in the developed world, states that the rising tide of illness and death and the millions of orphaned left behind endangers the development of many corners of the world especially the developing regions.

Prolonged illness and eventual deaths of those with AIDS diminishes the family's ability and efforts to sustain its livelihood and cohesion among the family members. According to HIV/AIDS training manual titled centre for African Family Studies 2000, HIV/AIDS interventions can broadly be derived into two main categories namely the prevention and care and support although the two are quite interrelated and inseparable. The following are some of the technical prevention strategies from the manual-behavior change communication which are developed easing behavior change methods, condom promotion and its availability, the male condom is currently the only widely available effective protection against the disease (HIV/AIDS). The access to this protective device is essential in prevention strategies targeting many communities in the world especially the most vulnerable ones.

Other technical strategies in prevention of this monster include;

- i. Voluntary counseling and testing (VCT)
- ii. Prevention of mother to child transmission (PMTCT)
- iii. Management of sexually transmitted infections
- iv. Harmful reduction for intravenous drug users. This can help to prevent HIV amongst infecting drug users by implementing community based peers outreach, increasing access to sterile injecting equipment and increasing access to drug dependence treatments.
- v. Blood safety- this accounts for ten percent (10%) HIV infections in countries. There is no reliable blood supply
- vi. Home based care- this is an intervention strategy that aims at relieving the burden of an already stretched health care system by providing care to people living with HIV/AIDS (PLWHAS) in home and community at large.
- vii. Stigma reduction- policies should be developed to combat discrimination. This is crucial to any HIV prevention program. Therefore stigma reduction is both a human right and a public issue. It needs attention of each and everyone.
- viii. Clinical care- this comprises of clinical management of opportunistic infections and HIV-related illness which include preventive therapies, dealing with TB prevention, control and use of anti-retro-viral therapies (ARVs).
- ix. Palliative care- this is the controlling of symptoms relieving distress. Promoting quality of life and attending to psycho-social aspects of illness. These are appropriate in all stages of the disease but not just the terminal illness.
- x. Orphaned and other vulnerable children- the experiences indicate that multi sectoral, collaborative and coordinated responses are essential for the care of orphans and vulnerable children. This can only be facilitated if capacity building in NGOs and CBOs can develop a broader vision and engage more organizations in caring for the orphans and vulnerable children (OVCs).

According to Vygotsky (1986), children social development is powerfully determined by their social and cultural context.

Context here refers to social relationship in which children are involved in and the social institutions that affect their belief and behaviors. All the stakeholders including parents, teachers and care givers are examples of social institutions that would affects the child's social development. Vygotsky also focused on how traditions, believes, skills and values are socially transmitted to the next generations he believed that the family social interactions are important elements in children's social development.

Albert Bandura and Walters (1977) also states that social learning guides the person's behaviors so that it develops according to the norms, values and beliefs of the society thus enabling a person to adjust successfully in the society. Bandura and Walters believed that young children acquire most of their social concepts and behaviors by observing models in their day to day lives. Children learn mostly through observation and imitation of the available models who include parents, care givers, teachers and peers who are being cleared by the monster HIV/AIDS on daily basis. As a consequence a firm stand to fight this deadly disease and its related effect need to be sternly reaffirmed.

For good performance of any activities children's health should be good. Naborrow et al (1988) argued that lack of adequate medical care, severe illness that is not properly treated can greatly retard child's chances of healthy life which is affected by poverty, diseases, malnutrition and conflict. There are certain illness that when not well attended to affects the child's social development. If a child is infected or affected by HIV/AIDS which is a deadly viral disease the child becomes weakly and sickly. This affects the child's development domains, social development among others.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The chapter also provided the necessary research design, location of the study, sample size, targeted population, sampling techniques, research instruments, research data analysis and procedures used. All this is aimed at providing the “effects of HIV/AIDS” on social development of children aged 4-6years.

3.1 Research Design

The study was a case study approach in which the researcher investigated on the effects of HIV/AIDS on the social development of children aged between 4-6years. The researcher has even extended his study to establish some of the cultural practices that have contributed to high rate of HIV/AIDS infection leading to poor social growth and development.

3.2 Location of the Study

The study was carried out in Kalungi sub-County in Nakasongola district.

Population

The sub-county had 417 children who go to school and their use integrated thematic teaching to impact knowledge and skills to learners hence good relationship between the teachers and pupils.

Physical Facilities

The sub-county has all facilities needed as well as Church, enough latrines for both boys and girls and accommodation.

Climate and Economic activities

Area is a flat area near the slopes of hill which receives low rainfall. The people in the area often do business. They rear a few livestock which they sell to meet their family needs. Many of the people are educated and employed.

3.3 Target Population

The school class had thirteen pupils who had been identified as victims of HIV/AIDS. 2 boys and 3 girls.

Using systematic research design, the researcher had to sample two respondent's a boy and a girl. For the subject boy the sampling interval was 5 and that 1, 2, 3, 4, (5). I/or the girl subject the sampling interval was eight and that 1, 2, 3, 4, 5, 6, 7, (8). The numbers encircled became the subjects of the study. The study of the two sampled subjects was carried out in different areas as children were performing different activities. Sometimes it was carried inside a class while children were doing social activities for instance dressing, sharing materials, turn taking in storytelling, leading songs.

The study also outside the classroom with the children performing social activities which included singing, games ,kicking the ball, throwing the ball, rope skipping, modeling which all involved turn - taking skills and sharing materials.

The boy and the girl are aged five and six years respectively. The boy is the second born in a family of two children while the girl is the forth born in a family of four also. Both the victims are the last born.

The boy was born of a single mother who used to be a maid at Luwero town before she died in 2007. She went home when her health status worsened and did an urban rural migration which after referred to as "going home to die" migration.

The girl's parents were business people before they died in 2004 and 2006 respectively. The girl subject had elder sister and also two elder brothers are now being cared for by the

maternal grandmother. “Home care,” an NGO in Hospital has sponsored the two subjects’ uniforms and balanced diet food stuff.

3.4 Sampling Techniques and Sampling Size

The sub-county had a population of pupils with 167 boys and 250 girls. From the 417 pupils, 6 children had been identified to be HIV/AIDS victims, 4 boys and 2 girls. Among the 13 victims, only two were to be sampled a boy and a girl.

The researcher used systematic sampling techniques to select the subjects, a boy and a girl respectively. The researcher had to choose every K^{th} subject (last subject) or element in a sampling list. To get a boy and a girl, boys were to be selected separately from girls. The boy was the first element randomly selected from the population of five boys between 1 and K^{th} (last).

$$K = N/n$$

K = Sampling interval

N = Population sample size

n = required sample size

Since the number of boys was five (5) this was the population sample size then.

$$K = N/n$$

$$K = 5/1$$

$$K = 5$$

The K^{th} interval (sampling interval) was 5(five). The researcher therefore selected the 5th child in the group of boys thus, 1, 2, 3, (5) K^{th} (last).

The same method was used to select the girl subject whereby the first element was randomly selected from the population of girl’s victims between 1 and K^{th}

The formula was;

$$K = N/n \text{ hence}$$

K = Sampling interview

N = Population size

n = Required sample size

The number of girls was eight so the researcher selected the child in the population sample size.

Thus 1, 2, 3, 4, 5, 6, 7(8, Kth) last.

This enabled the researcher to sample out a girl and a boy to avoid being gender biased.

3.5 Research Instruments

The researcher used various research tools to collect the data from the sampled respondents.

Thus included;

- Observation check list
- Oral interview
- Questionnaire

3.5.1 Observation Check list

This is the direct observation of the respondents when they are in their natural settings or environment on in a classroom doing activities or as they play and interact with caregivers.

Advantages

- i. It is rich first hand information recorded by the researcher himself/herself.
- ii. It is bias free.
- iii. It is less demanding on the part of respondents (independent of respondents' willingness).
- iv. Researchers can validate verbal reports by comparing them with actual behaviors.

Disadvantages

- i. It is expensive in terms of time and money
- ii. The information provided is very limited.
- iii. Ethical issues are raised relating to ones privacy unseen factors may interfere with observational tasks.

3.5.2 Oral Interview Schedule

It is a direct dialogue between the respondents, teachers, parents, guardians and other care givers. All these will socialize and talk direct with the researcher who is the interviewer. It is a conversation in which close relations of the respondents share the information with the researcher.

Disadvantages

- i. The interview can be biased
- ii. It is expensive both in time and money
- iii. Illiteracy can be a hindrance in communication or responding to the questions.

3.5.3 Questionnaire

It is a set of questions requiring one to fulfill the blank spaces or giving short answers which may include yes or no. it will be conducted by the researcher to the caregivers.

Advantages

- i. It caters for privacy and confidentiality. One cannot be held responsible of nay leakage of any personal information

Disadvantages

- i. Sometimes not clearly understood by the interviewers
- ii. The provided information can be wrong because of unfaithfulness of those working in it.
- iii. Very expensive in time consuming and money.

3.6 Data Analysis and Procedures

This section shows how information was collected, analyzed and drawn. Direct observation of children doing different social activities was used. These activities involved turn taking, showing, cooperation, leadership, initiating friendship, outlaying of confidence, self esteem. The activities enhanced the social growth and development.

The final results were recorded on a checklist on how they could perform the activities individually. The subjects were also observed during their free play time performing activities of their own choice. This was to allow the children an opportunity to choose what they like most and perform it freely and well.

The information collected was further on recorded using tally sheets that is, use of frequencies for education purpose to show the subjects achievement in every activity. The data in this part is presented in a bar graph, pie charts, percentage representation and linear graphs.

Oral Interview

This was done on general particulars of the subjects by asking their guardians, parents about the social behavior of the subjects during their bringing up. The results were filled on a questionnaire.

Interview schedule for the class teacher; this related to subjects, relationship with other children, his/her age, name, length of time the teacher has known the subject. Interview schedule for pre-school management; this related to the history of the school and the ownership. It was to be filled by the head teacher and other members of the staff

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

In this chapter, the background of these two families will be dealt with. The observation reports on the social activities performed by the subjects to determine the degree of severity of HIV/AIDS all will be tabulated in the frequencies, bar graphs, pie charts and on linear graph.

Young children affected by HIV/AIDS are themselves highly vulnerable to HIV/AIDS infection. There risk for infection arises from the early outset of sexual activities, commercial sex and sex abuse. All this may be due to economic need, rape, child defilement or lack of parental supervision.

Children affected by HIV/AIDS are most likely to drop out of school or have poor school attendance. They sometimes tend to be unfriendly, lack parental love, are aggressive feel depressed and withdrawn. These effects occur in a number of overlapping and interdependence domains which include psycho-social, emotional deprival in poverty and social disorganization.

Lack of enough food reduced access to better health services, worsening conditions of illness and death of caregivers can lead children into poor and desperate hardship of social growth and development.

Such children who are affected or infected with HIV/AIDS and HIV/AIDS orphaned children are most likely to drop from attending school in order to avoid being stigmatized and ridiculed by peer and other playmates. The orphans are likely to have severe health and nutritional problems which make the subject vulnerable to many deficiency diseases for instance kwashiorkor, beriberi, and marasmus. Quick interventions to reduce the severity of the disease and its related effects need to be taken.

4.1 Family Background

He is aged 5 years. He is the second born in a family of two children. He was born of a single mother who used to be a bar maid at Luwero town before she was migrated in urban-rural migration after known as “going-home-to-die”. The mother of the boy and another one sister who was also single who worked in the same career at Luwero. The boy’s grandmother’s family is an extended family with the highest academic level of education achievement of UCE.

The available land is very small due to financial instability. The subject is under the care of his maternal grandmother who is aged eighty two years. The subject has been sponsored by an NGO known as Home Care with learning materials and balanced foodstuff.

She is a girl aged six years. She is the fourth born in a family of four. The parents of the girl father and mother were business people before they died in 2004 and 2006 respectively. The subject together with her elder sister and two elder brothers are now cared by their maternal grandmother. “Home care,” an NGO in district hospital as sponsored the subject with uniforms and balanced diet foodstuff.

4.2 How Stigmatization and Discrimination Affects the Social Development of HIV/AIDS Orphaned Children

According to the research, the results have shown that HIV/AIDS has led to severe suffering of many lives. Stigmatization and discrimination have caused far reaching effects to both the children and adults whose parents have been affected or infected by this epidemic disease.

The affected and orphaned children are often traumatized and suffer a variety of psychosocial reactions to parental illness and death. In addition, they endure exhaustion and stress from insecurity and stigmatization as it is assumed that they are too infected with HIV/AIDS or their parents have been disgraced by the virus.

Loss of home, dropping out of school, separation from siblings and friends, increased workload and social isolation has increased poor social development.

HIV/AIDS orphaned children have poor social growth and development that following social skills as they are often stigmatized and discriminated by others;

- i. Sharing skills shown during drawing, modeling and painting
- ii. Self-esteem shown in drama presentation
- iii. Cooperation shown during group activities
- iv. Leadership shown during role playing
- v. Turn taking skills shown during rope skipping, game playing.

Table 1 The checklist drawn below shows the performance for the two subjects on social skills

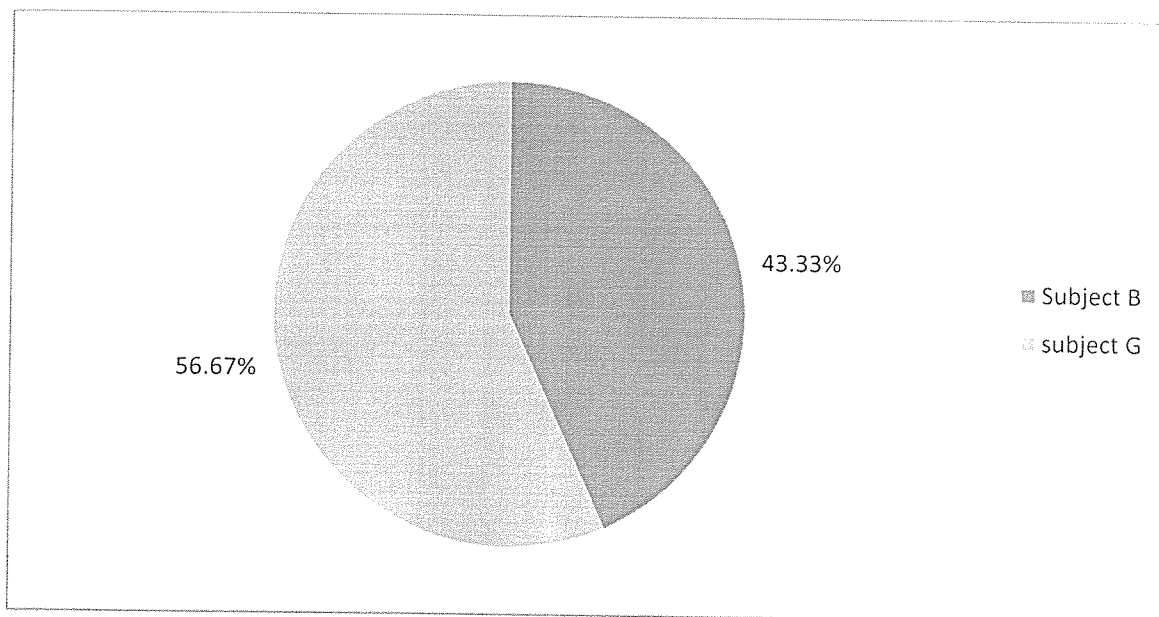
Social skill observed	Subject B		Subject G	
	Mark scored	Total mark	Mark scored	Total mark
Sharing	2	5	3	5
Turn taking	2	5	3	5
Leadership	2	5	3	5
Cooperation	2	5	2	5
Self-confidence	2	4	3	4
Making friends	2	3	1	3
Self esteem	1	3	2	3
Total marks	13	30	17	30
Percentage (%)	43.33%	100	56.67%	100

KEY: B – Boy = 43.33%

G – Girls = 56.67%

The data above for social skills was presented on the pie chart below;

Figure 1 Total percentage scored by each subject B and G.



The same data for social skill was presented on the bar graph below;

Figure 2 Social skill observed and mark scored by subject B

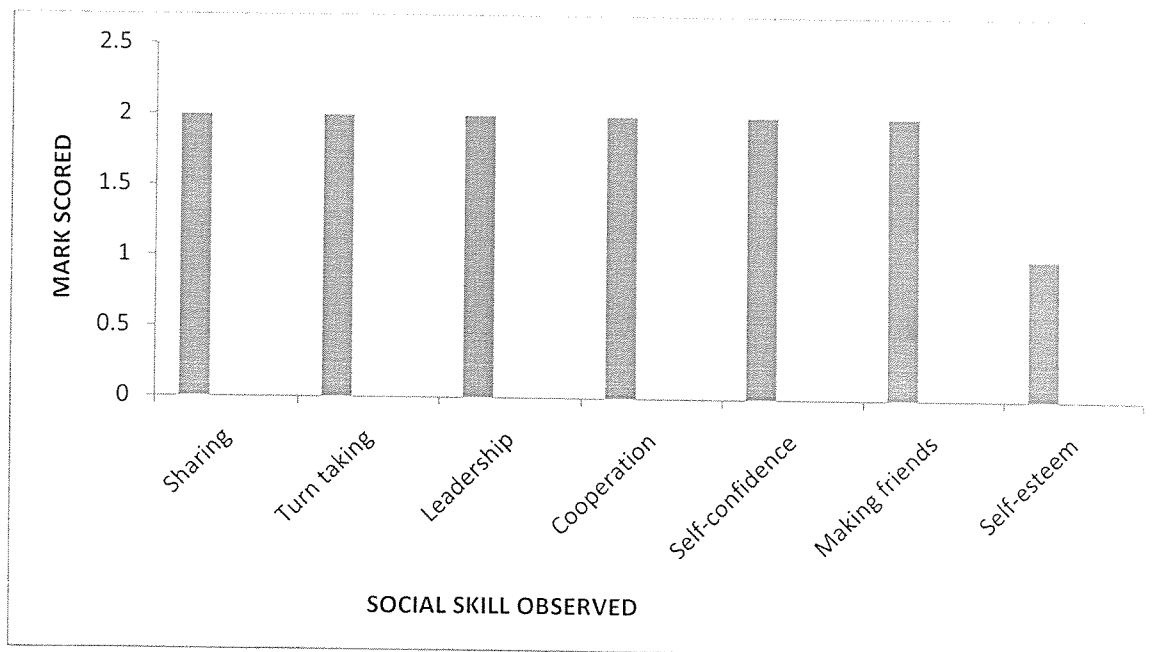
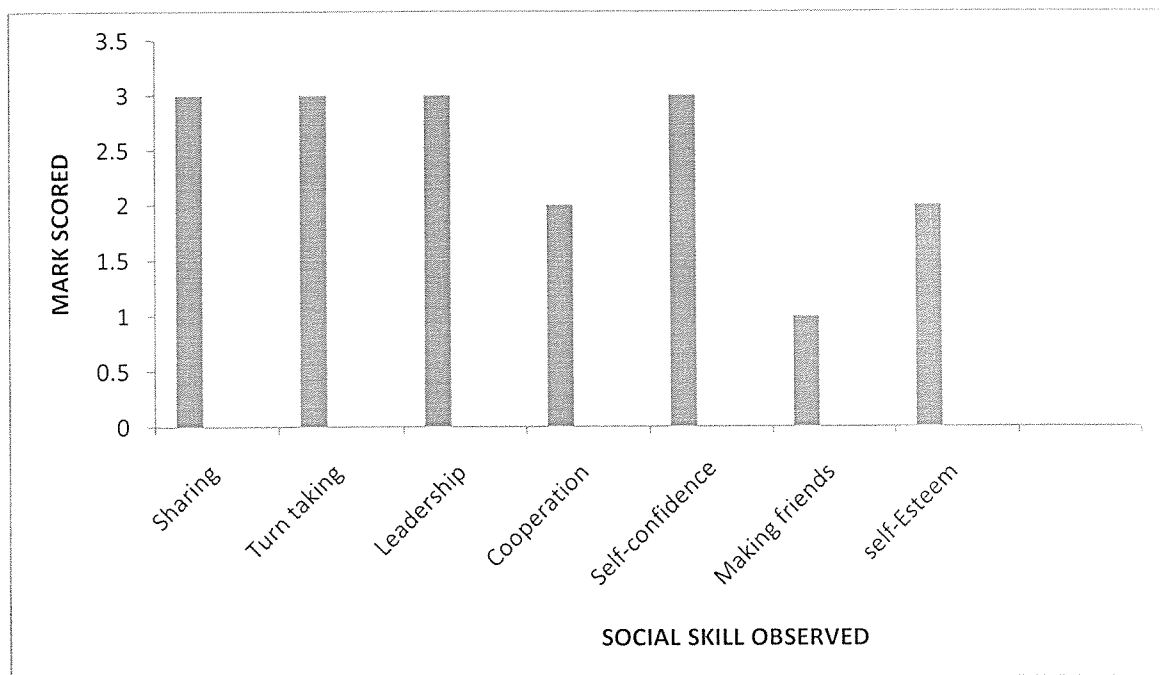


Figure 3: Social skill observed and Mark scored by Subject G.



From the above analyzed data, subject G performed relatively better than subject B. This could be because before the parents died on 2004 and 2006 respectively they had laid a firm social development in the child. Also the image of the home and land ownership had been established. The older sibling has played a great role on parents in providing love, support and enough balanced diet through their maternal grandmother. From the beginning subjects B has never received parental love from both parents. This could have led to poor performance. The subject has never received further love as the mother was single. The maternal grandmother might be stressed by poverty hence being antisocial to the child.

4.3 Impacts of HIV/AIDS on Social Development of HIV/AIDS Orphaned Children

From the data collected and presented by the researcher, the girl was able to perform social skills more than the boy. Could be, this is because the girl has been brought up by the grandmother and they could have been interacting with her also could be the girl was good in socialization because the two parents supported her with play materials when they were alive and also the elder brothers and sisters usually socialized with the subjects in play and house hold activities.

On the side of the boy, could be the boy had no enough time to stay with the single mother to socialize. The boy has only one sibling to socialize with. He has no father in the house to stay with or to support him materially and socially. This could have led to the poor performance in social activities.

The impact of HIV/AIDS already identified in this research occurs in a number of overlapping and independent domains. The main developments are:

Economic impacts; in most countries the income in orphan household has been found to drop from 20%-30% lower than in non orphaned households. Expenditure on health care quadruples, savings freeze making families to go into debts to care for sick persons. Migration has been identified as an important family and community routine in the fall of HIV/AIDS epidemic. This pattern has been seen to take place between rural to urban and urban to rural. Some identified form of migration include “going home to die” meaning rural widows moving to towns or to rural areas to seek for work or heal of relatives and potential caregivers. Children are relocated to other caregivers and relatives meaning they migrated from their own homes to other new homes.

Change in caregivers and family composition; as a result of death of parents and migration, Family members including dependent children often move in and out of households. Adolescents are particularly affected and most likely subjected to emotional distress. Death and migration may result in the creation of child headed households.

Psycho-social impact; affected and orphaned children are often traumatized. New responsibilities and work for children these responsibilities and work both within and outside the house hold increase dramatically when parents and caregivers become ill or die. These responsibilities may involve a variety of formal or informal labor subjecting them to child abuse practice such as rape, defilement, child labour, prostitution by those entrusted to them.

Education; In most of households affected by HIV/AIDS the pupils school attendance drops drastically since their labour is required for subsistence activities. This is because the earmarked money for school fees is used for other basic necessities for instance medical care. Stigmatization may also prompt the affected children to stay from school rather than being ridiculed by teachers and peers.

Health and nutrition; Children affected by HIV/AIDS may receive poor care and supervision at home suffering from mal-nutrition diseases such as kwashiorkor and Marasmus.

Loss of home and assets; As effects of HIV/AIDS on household deepen and parents fear children may suffer loss of their homes and livelihood through the sale of livestock and land for survival. Assets are likely to be stripped by relatives less of skilled workmanship may also be lost as the group is dying.

The economy has dropped that much since most of the working people are either affected, infected or even others have died. These people cannot work as those who are not suffering hence this drop.

Many people move or migrate either to urban centres or rural areas seeking for their relatives to care for them. They are unable to support themselves.

On the side of the change of caregivers, this often occurs where the children lose both parents. These children are transferred from their homes to their uncles, aunts or even other relatives. This affects the children negatively as it seems to be difficult to adopt the new life. Most of the children who have lost their parents drop from school or even change the school to other schools. Some even leave school to care for their young brothers and sisters. Others are transferred to other schools where later on, due to their disturbance perform poorly.

On the side of health and nutrition, this mostly occurs to orphans since most of the money has been used in treatment of the parents and by the time the parents die they leave their

children with nothing. In most cases those who take the responsibility are not financially stable leading to poor health care nutrition.

4.4 Ways and Strategies of improving useful Culture practices on Social Development of Children aged 4-6years.

From the data collected and presented by researcher it shows that the boy was weak in performance compared to the girl. Could be, this was due to cultural beliefs and practices presenting socialization for instance, some of the socializing activities which the pupils were involved in are against their culture and are more feminine than masculine.

Traditional beliefs on witchcraft have led many people lose their dear lives on the fact that they have been bewitched hence contact a witchdoctor to remove the wrath. This is merely a waste of money instead the sick child need only to be taken to the doctor and get medical advice. People should be educated to know that AIDS is real and is there.

Wife and husband inheritance whose spouse have died of undiagnosed disease have also led to increase of HIV/AIDS. In order to avoid all these misfortune and psychological fortune to our children it is better for the caregivers, teachers and the health community workers to create awareness to the people accordingly. Thus the ABC formulae would be the solution to the lives of many people globally. Instead of inheriting, people should be informed on ways of surviving through visiting health centres for guidance and counseling.

Female Genital Mutilation (FGM) has also caused great harm to adolescent girls as it causes excessive bleeding and using unsterilized equipment which are likely to cause HIV/AIDS.

Here, they mutilate using one knife. If one of the members is sick, this spreads the disease to the rest of the people hence increasing it the more. On the side of boys circumcision should be done in hospitals by qualified people in order to avoid the spread of the diseases. The government and religious organizations have completely banned this primitive practice on girls.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes what the researcher has found could be the effects of HIV/AIDS to orphaned children, impacts of HIV/AIDS orphaned children to formal learning in school and ways of improving the useful social practices for better social growth and development of HIV/AIDS orphaned children aged 4-6 years.

5.1 Summary of the Study

Stigmatization and discrimination have adversely affected the holistic social growth and development of children aged 4-6 years. As a result of the parents of the subjects dying of HIV/AIDS the orphaned children school attendance drops drastically to avoid being ridiculed by their teachers and peers. The children are psycho-socially affected because they lack potential withdrawn, depressed and traumatized.

The relationship between stigmatization or discrimination and social development are two inseparable and interrelated factored to HIV/AIDS children. The relationship can only be determined by subjecting the respondent to social skills activities. These activities may include turn taking initiating friendship, self confidence, self-esteem, initializing cooperation, sharing and leadership.

The HIV/AIDS

Impacts identified are overlapping and interrelated. They include: -

- i. Drastic drop in economic impact following the death of parents who used to be breadwinners.
- ii. Health and nutrition care and supervision at home following the death of the caregivers.
- iii. Migration whether urban to rural or rural to urban centers where the widows go to seek for work or other looking for help from volunteers and potential caregivers.

- iv. Expenditure on health care quadruples making families to go into debts.
- v. Education; in household affected by HIV/AIDS school attendance will automatically drop.
- vi. Change of care givers and family composition affects adolescence particularly by girls are most vulnerable.

5.2 Conclusion

Stigmatization or discrimination has negatively affected the social dimension of HIV/AIDS orphaned children. This is evidenced in the observation check list data presentation whereby subject G was able to score 56.67% as compared to subject B who scored 43.33% in social skills observed by the researcher.

The difference in performance by the two subjects may have been because of the difference between background of subjects for her sister and brothers from whom she would have learnt turn-taking leadership and self confidence social skills in which she excelled. Alternatively subject B did not perform well. The reason would have been that he was the second born and his elder sister was still young to train him in co-operation turn-taking, self confidence making friendships and building self esteem. His mother was a single parent and no time to initiate all the above social skills.

There was a close relationship between stigmatization and social development. The stigmatized and discriminated seemed to have a drop in school attendance to avoid being ridiculed by their teachers and peers.

Poor health and nutrition also affected their social development loss of homes and family composition made the children to lose their self esteem and self confidence.

5.3 Recommendations

Some of the recommendations of the study are as follows:

- i. There is need to bridge the gap between stigmatization, discrimination, social growth and development in HIV/AIDS orphaned children. This can be achieved by having the parents, teachers and other caregivers supervised on the methods

of handling these orphans in their homes and day care centres. The orphaned children need love and warm environment so it should also be provided. The same people who handle children have a duty to initiate full participation in all social skills to their children both at home and in school.

The NGO's and CBOs in collaboration with the government should continue taking care of the affected and infected families through the provision of balanced diet foodstuff, healthcare services and education services. This can be done by providing school bursaries to the orphaned children.

Behavior change, stigma reduction, visiting of VCT and safe blood transfusion should take the lead by the government and NGOs.

- ii. Traditional belief in witchcraft, inheritance of wives and husbands of whose spouses have died of HIV/AIDS be abandoned. The ABC formulae should be followed to avoid contracting HIV/AIDS disease. Stern rules and penalties should be given to all those who rape and defile children, and also those who practice child labour to avoid anti social behavior.
- iii. HIV/AIDS impact social development of children aged between 4-6years following the death after serious sickness of the parents who were breadwinners. There was a certain drop of economic supply as the strong ones are unable to feed, educate and hospitalized the young ones adequately. Changes in caregivers and family composition have affected adolescents particularly elder girl child who has to drop out of school to work for her sisters and brothers.

Young children have been assigned new duties or responsibilities which may lead both girls and boys to sexual abuse and child labour.

- iv. There have been poor traditional and cultural practices which have enhanced poor social development children. These include FGM which cause HIV/AIDS infections. The worst is inheriting of wives and husbands whose spouses have

died of HIV/AIDS, the witchcraft beliefs and unprotected sexual relationship all needs to be abandoned and banned.

5.4 Areas for Further Research

Education is very vital in the community and so much interest is involved on it by the government. In Kalungi sub-county, education has gone down hence predicting dead future for the young generation as the government is putting more concern on it to achieve the objectives of the vision 2030. The researcher encourages the future researchers to research on HIV/AIDS and education in as it could be one of the reasons why the division has experienced a tragic drop in performance on the side of education.

REFERENCES

African Development Consult (2006), *The Influence of the Media in respect of Economic, Social and Cultural Rights of Children in West Africa*. A case study of Ghana, Accra: Ford Foundation.

Bandura, A. and Walters, R.H (1963), *Social Learning and Personality Development*, New York, Halt, Rinehart and Winston.

Catholic Relief Services (2005), *Hope and Dignity in the Developing World*, Baltimore: West Fayette.

Centre for Africa Family Studies, Action Aid International (2000). Management and coordination of decentralized HI V/A IDS Responses: A training manual, New York, Mucan Ltd.

Derib, A. (2005). *Ending Physical and Humiliating Punishment against Children*: Summary, Addis Ababa; Save the Children, Sweden.

Meece, J.L (2004), *Child and Adolescent Development for Education* (2' Edition), New York: McGraw-Hill

APPENDICES

APPENDIX A: OBSERVATION CHECKLIST

Social skill observed	Subject B		Subject G	
	Mark scored	Total mark	Mark scored	Total mark
Sharing				
Turn taking				
Leadership				
Cooperation				
Self-confidence				
Making friends				
Self esteem				
Total marks				
Percentage (%)				

NB: Marks are awarded between 3 and 5 per skill

KEY:

B- Boy

G-Girl

APPENDIX B: INTERVIEW SCHEDULES

APPENDIX B (I)

INTERVIEW FOR CLASS TEACHERS

1. What is your name?_____

2. What is your class enrolment?_____

3. For how long have you been teaching in this school?.....

4. How do the subjects (sample children) relate with others in the class?

.....

5. How old are the subjects?

a) Boysyears

b) Girlsyears

6. How is the school attendance of the subjects?

.....

.....

7. Why is this attendance so?

.....

.....

APPENDIX B (II):
INTERVIEW GUIDE QUESTIONS FOR THE GUARDIANS OF SUBJECTS

1. What is your name?.....
2. What is the name of your child?.....
3. How old is the child?.....
4. Does your child assist you in household activities?.....
5. How often does your child interact with others in play?
.....
.....
6. What is your occupation?.....
7. What do you think was the cause of death of the mother/father/parents of the child?.....
8. At what age was the child during the time parents died?
.....
.....

APENDLX B (III):

INTERVIEW GUIDE QUESTIONS FOR SCHOOL MANAGEMENT

1. What is the name of the school?.....

2. When was the school started and by who?

.....
.....

3. How many teachers are there now?

4. How many teachers are trained?.....

5. How many class rooms do you have?.....

6. How many are permanent?.....

7. Is the school integrated with primary school in the feeding program?

.....

8. What play materials does your school have?

a).....

.....

b).....

.....

c).....

.....

d).....

.....

9. Who provides learning materials?

.....

APPENDIX C:
QUESTIONNAIRE FOR CARE GIVERS

Instructions:

Please complete the questionnaire as honestly as possible

Name.....

Address.....

Tel. No.....

1. How far is your home from Kalungi sub-county?

.....

2. How many children do you care for?.....

3. Do you give your children time to play? (Tick where possible)

a) Yes ☐ b) No ☐

4. Do you give play materials to your children?

a. Yes ☐ b. No ☐

5. In your own opinions, which are some of the factors which influence social development in this area?

.....
.....
.....
.....