

**Effects of HIV/AIDS on the Academic Performance of Pupils
in Kabare Zone, Kirinyaga District, Kenya**

By

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DECLARATION

I, JANE WANGECI GOTA, declare that this project is my original work and has never been presented to any other university for award of any academic certificate or anything similar to such. I solemnly bear and stand to correct any inconsistency.

Signature JG.

JANE WANGECI GOTA
BED/10599/61/DF

DATE 05/08/08

APPROVAL

This is to acknowledge that this report has been under my supervision as a university supervisor and is now ready for submission.

Signatures 

Date 05/09/08

MS ONEGO ROSELINE

DEDICATION

This research is dedicated to my dear husband Eston Mathenge, children Kelvin, Brian and Charity for their moral support and encouragement while I undertaking this research

ACKNOWLEDGMENT

First of all I give thanks to the almighty God for his mercy and grace granted to me during this time of my degree course and through this researcher project

I would like to thank my supervisor MS ONEGO ROSELINE for being there for me whenever I needed her and also offering her professional advice where necessary.

I would like also to thank my family members and my friends purity and Margret for all they have done for me and their wishes during this study.

I would also like to thank the head teacher of Kianguenyi Primary School and his staff for their moral and material support.

I would also like to thank the respondents who returned the questionnaires and those who were cooperative to me.

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ABSTRACT

The causes of dropping out of school in any population are manifold and complex. The economic and social consequences of dropping out of school cause global concern, as they affect not only the individual who abandons school, but also his/her family and friends as well as the wider community and society.

Recent research statistics has shown that the prevalence of girls dropping out of schools in Kenya is expanding rapidly to the distraction of the society. Kenyans cannot afford to be complacent about it, thus there arises an immediate need to conduct an investigation on the factors responsible for school dropouts especially the girls hence to establishing the factors responsible for girls dropping out of school.

The study adopted a descriptive research design. This enhanced the researcher to obtain a better understanding of the factors responsible for school drop out among girls in Kabare Zone, Kiriinyaga District. The method chosen allowed a collection of comprehensive and intensive data and provided an in-depth understanding of the topic under study.

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

This report provides suggestions for more effective approach to the issue of school dropouts among girls and measures based on the lessons learned from practical experience of others. It is designed for policy makers, planners and stakeholders in the education sector.

ABSTRACT

The impact of HIV/AIDS in any population are manifold and complex. The health and social consequences of the scourge cause global concern, as they affect not only the individual who is infected, but also his/her family and friends as well as the wider community and society.

Recent research statistics has shown that the prevalence of HIV/AIDS in Kenya is expanding rapidly to the distraction of the society. Kenyans cannot afford to be complacent about it, thus there arises an immediate need to conduct an investigation on the issue of rampant HIV/AIDS among the population especially in the education sector hence to establishing the impact of HIV/AIDS on academic performance of pupils.

The study adopted a Descriptive research design. This enhanced the researcher to obtain a better understanding of the causes, problems and impact of HIV/AIDS on academic performance of the pupils in Kabare Zone, Kirinyaga District. The method chosen allowed a collection of comprehensive and intensive data and provided an in-depth understanding of the topic under study.

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This report provides suggestions for more effective practice in the field of HIV/AIDS and Prevention measures based on the lessons learned from practical experience of others. It is designed for policy makers, planners and practitioners who have responsibilities in the area of HIV/AIDS and prevention.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Recent estimates indicate that 42 million people were living with HIV/AIDS (Human Immunodeficiency Virus!Acquired Immune Deficiency Syndrome) by the end of 2002. The total of AIDS deaths in 2002 was 3.1 million. No country or region is immune or shielded from the pandemic, though the prevalence rates vary (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2002a). Sub Saharan Africa (SSA) is the worst affected region, where 29.4 million people are living with HIV/AIDS (UNAIDS, 2002g). 10 million out of these are young people between the ages of 15-24, while 3 million are children under the age of 15 (UNAIDS, 2002a). Overall about twice as many young women as men, aged 15-24, are infected in some SSA countries (UNAIDS, 2002b). Teenage girls are 5 times more likely to be infected than boys, as girls often become infected by older men (United Nations Development Fund for Women [UNIFEMI, 2003). Approximately 3.5 million people in SSA became infected with HIV in 2002. In some countries the prevalence amongst the adult population, aged 15-49, has risen higher than expected, exceeding 30% of the population (UNAIDS, 2002a), The number of HIV/AIDS deaths in SSA during 2002, is estimated to 2.4 million (UNAIDS, 2002g). Due to insufficient HIV prevention, treatment, care and support, death stalks the continent and the numbers of deaths are believed to continue rising (UNAIDS, 2002b). Patel et al. (2002) put it quite eloquently: "The human costs are, like the distances between stars, impossible for a human being to properly appreciate."

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 (FAQ, 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.

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)

1.2 Statement of the Problem

There is sufficient data to prove the effect of HIV/AIDS on different aspects of life; health, education, social and psychological aspect of life. The sad part of that is that HIV/AIDS is depriving children from accessing education and competing with their counterparts who are not affected or infected yet they are supposed to be tomorrow's leaders. This research aims at providing data on the effects of HIV/AIDS on the academic performance of pupils in Kabare zone Kirinyaga District, Kenya

1.3 Objectives of the Study

1.3.1 General Objective

The overall objective of this study is to investigate the effects of HIV/AIDS on the academic performance of learners in Kabare zone

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1.3.1 General Objective

The overall objective of this study is to investigate the effects of HIV/AIDS on the academic performance of learners in Kabare zone

Kirinyaga District, Kenya and suggest possible solutions to improve the academic performance of learners in this area.

1.3.2 Specific Objectives

1. Analyze the relationship between school drop out and HIV/AIDS
2. Examine the relationship between stigmatization and academic performance of learners
3. To assess the relationship between parent's loss to HIV/AIDS and academic performance of learners
4. To discuss the Impact of HIV/AIDS on teachers participation in education

1.4 Research Questions

1. What is the relationship between school drop out and HIV/AIDS?
2. What is the relationship between stigmatization and academic performance of learners?
3. What is the relationship between parent's loss to HIV/AIDS and academic performance of learners?
4. How has HIV/AIDS affected the participation of teachers in education?

1.5 Scope of the Study

The study was carried out in Kabare zone in Kirinyaga district. Kirinyaga District is an administrative district in the Central Province of Kenya. Its capital town is Kerugoya. The district has a population of 457,105 and an area of 1,478 km². The study was limited to the objectives in regards to the impact of HIV/AIDS on achievement of learners. The study was carried for three months that is between September and December. This time was convenient because schools were open for a new term and therefore it was convenient to get the respondents.

1.6 Significance of the Study

This study was of great importance both at the macro and micro level; At the macro level, informed decisions in policy formulations and in the building of the institutions aimed at

HIV/AIDS counseling as a management tool for the fight against stigma and discrimination.

The Ministry of Education will be 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

CHAPTER TWO REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter reviews 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

2.1 School Drop Out and HIV/AIDS

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 pupils themselves are getting infected and some of them infect others; attendance and performance in schools is affected; pupils 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.

General participation in the activities of life is therefore restricted by stigmatization (Sowell, Seals, Moneyham, Demi, Cohen & Brake, 1997).HIV/AIDS has 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.

2.3 Parent's Loss to HIV/AIDS and Academic Performance of Learners

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. (Saoko, 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.

2.4 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 pupils. Pupils 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

CHAPTER THREE METHODOLOGY

3.0 Introduction

This chapter focused on the method and procedure used in the study. This included the research design, area of study, sample selection, instrument and procedure of data collection and analysis.

3.1 Research Design

Since the study was largely an evaluation one seeking opinions and attitudes, the researcher used a descriptive research design, adopting a cross sectional survey. The descriptive survey attempts to picture or document current conditions or attitudes to describe what exists at the moment Mouser & Katton (1989). A cross sectional survey design was particularly chosen because the study was concerned with gathering perceptions from a cross section of community members.

The study employed both qualitative and quantitative methods of data analysis. Most of the findings were analyzed qualitatively.

3.2 Area of Study and Population

The study was conducted in Kabare zone Kirinyaga District, Kenya. It included teachers, pupils and community members

3.3 Sample Selection

Using random sampling the pupils and community members were selected. The teachers were selected using purposive sampling. The researcher further adopted the probability proportional to size sampling design to arrive at the required sample.

3.4 Source of Data

The primary data was used from the community members who participated in the study. The secondary data about the stigmatization and discrimination of HIV/AIDS positive pupils drop out of children, impact of teacher's participation and loss of parents and its effects on learners.

3.5 Data Collection Methods

3.5.1 Instrument

A questionnaire structured to give information by way of content and purpose will be the main instrument of data collection and will be distributed to pupils. Interviews will be carried on with teachers and focus group discussions with the teachers.

After the necessary introductions and outlining the objectives of the study to the authority in the areas of the study, the researcher will be granted permission to carry out this research in the places of interest for the study

3.6 Data Analysis and Interpretation

3.6.1 Data analysis tools

Data from each questionnaire will be categorized and edited for accuracy and completeness of information. This is to ensure that all questions are answered. All the questions will be pre coded. After this process, the statistical packages for social science (SPSS 12.0 version) computer programme will be used to produce frequencies and percentages.

3.6.2 Data Interpretation

Analyzed data from the questionnaires will be presented in chapter four (4) in form of tables showing frequency counts and percentages. This information will be further triangulated with information from secondary sources for meaningful interpretation and discussion.

CHAPTER FOUR

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter deals with the analysis of the data as given in the questionnaire and the interviews. The research findings were based on sample size comprising of Kianguenyi, Gatunguru, Gatugura, Kabare boys and Kimunye primary schools. The respondents were the teachers and pupils from the schools. The summary of the collected data for each factor is presented by the use of tables to give a clear picture of the scores of responses that were gathered.

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

TABLE 4.1 Response rate

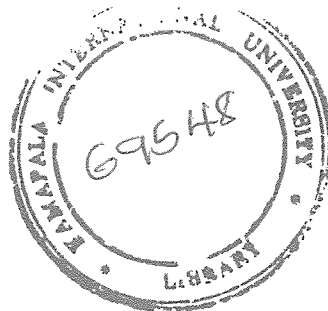
Type of response rate	Sample planned	Actual response	Response
Teachers	30	28	75%
pupils	30	21	84%
Total	60	49	82%

Source:primary data (2008)

Therefore the response rate:-

$$\frac{\text{Actual number responded} \times 100}{\text{Planned number responded}} = \frac{49 \times 100}{60} = 82\%$$

After compiling the interview data and the questionnaire the interpretations of the implications of HIV/AIDS on the education sector is seen below and since the main theme of the research was to find out the implications of HIV/AIDS on the education sector, most of questionnaires and quantitative analysis will be based on the questionnaire answers.



4.2.0 Teachers Bio-Data

4.2.1 Age of Respondents

The results of the field study on age respondent from the selected school where 28 teachers responded revealed that 79% (ii) of the respondents were below 39 years, while 21% of respondents were above 39 years. This is an indication that the sample comprised young professionals are spearheading education growth in Kenya as shown below.

Table 4.2 on percentage age distribution in years

Age bracket	Frequency	% Age	Cumulative % age
23-30	8	29	29
31-38	14	50	50
39-above	6	21	21
TOTAL	28	100	100

Source: primary data (2008)

4.2.2 Respondents work Experience

The results of the field study on years of work-experience showed that 20% of the respondents ranged between 1 -5 years and 40% of the respondents having 5 -10 while 40% had 5 and above years of work experience. This signifies that information was collected from teachers with long term experience are represented by 78% of the sample.

TABLE 4.3 respondents work experience

YEARS	NO.OF RESPONDENTS	NO.OF RESPONDENTS (%)
1-5	2	22%
5-10	3	39%
10-above	3	39%
Total	28	100

Source:primary data(2008)

4.3.0 Pupils Bio-Data

Out of the 50 target pupils, only 41 responded. The researcher deemed this as adequate and sufficient for the purpose of data analysis since it represented 84%.

4.3.1 Distribution by School

Table 4.4 distribution by school

PRIMARY SCHOOL	Frequency	Frequency (%)
Kianguenyi	3	14
Gatunguru	1	5
Gatugura	3	14
Kabare	4	19
Kimunye boys	7	33
Total	21	100

Source: primary data (2008)

From the table above it can be seen that the research focused on all pupils in the school. T

4.3.2 Distribution by Gender

Table 4.5 distribution by gender

GENDER	FREQUENCY	PERCENTAGE (%)
Male	12	57
Female	9	43

Source: primary data (2008)

The research was carried amongst the sexes as seen from above.

4.3.3 Age of Respondents

The results of the field study on age respondent from the selected school where 21 pupils responded revealed that 39% of the respondents were 14 years and above, while 39% of respondents were between 12-13 years, while 22% were between 10-11%. This is an indication that the sample comprised of all the target sample of pupils as shown below.

Table 4.6 on percentage age of distribution in years

Age bracket	Frequency	% Age	Cumulative % age
10-11	2	22	22
12-13	3	39	39
14-above	3	39	39
TOTAL	21	100	100

Source: primary data (2008)

4.4 Pupils Analysis

Table 4.7 summary of response on whether HIV/AIDS was impacting on the education sector

RESPONDENT	FREQUENCY	PERCENTAGE
YES	21	100
NO	0	0
TOTAL	21	100

Source: primary data (2008)

All the respondents who responded said that HIV/AIDS was impacting negatively on the education sector in Kenya.

Table 4.8 Summary of response on whether preventive measures in place were Effective

RESPONDENT	FREQUENCY	PERCENTAGE
Great extent	7	33
Very Great extent	3	14
Lower extent	4	19
Very low extent	7	33
TOTAL	21	100

Source:primary data (2008)

According to the table it clearly shows that preventive measures have been effective to a great extent according to 33% of the respondents., 14% said effects to great extend (19%) said to a lower extend said to lower extend while (33%) said that affects to a very low extend

Table 4.9 Summary of response on whether there are challenges encountered in the implementation of prevention strategies

RESPONSE	<i>FREQUENCY</i>	PERCENTAGE
Very high	12	57
Moderate	5	24
Low	3	14
Very low	1	5
TOTAL	21	100

Source:primary data source(2008)

According to the majority of respondents (57%) responded that there were challenges encountered in implementation of prevention strategies, (24%) said they were moderate while (14%) and 5% responded they were low and very low consecutively.

4.5.0 Teachers Analysis

Table 4.11 summary of response whether HIV/AIDS is impacting on the education sector

RESPONDENT	FREQUENCY	PERCENTAGE
Yes	28	100
NO	0	0
Total	28	100

Source; primary data (2008)

From table 4.11 all the respondent said that the socio-economic factors influence a student on drug abuse.

Table 4.12 summary of response on how effective are the preventive measures to caution pupils against HIV/AIDS

RESPONSE	FREQUENCY	PERCENTAGE
Very effective	10	36
Effective	12	43
Very low effect	6	21
No effect at all	0	0
Total	28	100

Source;primary data(2008)

From the table 4.12 majority of response (43%) said that the preventive measures were effective while (36%) said that it was very effective while the remaining (21%) said that it had very low effect.

Table 4.13 summary of response on whether there are challenges encountered in the implementation of prevention strategies

RESPONDENT	<i>FREQUENCY</i>	PERCENTAGE
NO	4	14
YES	24	86
TOTAL	28	100

Source:primary data(2008)

From table 4.13 majority of respondents (86%) said that there were challenges especially to them as teachers in implementing the policies from the ministry of education since the information from the ministry of health was missing. While (14%) said there were no challenges encountered.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

One of the main findings of this study is the confirmation that uneducated girls face greater risks of HIV/AIDS, sexual exploitation and child trafficking. They are also less likely to have healthy children and less likely to send their children to school. Estimates indicate that there are around 115 million children out of school worldwide, the majority of them girls and millions of them affected by HIV/AIDS.

Another finding of the study is that drug abuse is a major contributor to HIV/AIDS transmission

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

Dealing with potentially dangerous substances and issues of intrusion and invasion of personal freedom necessitates a thorough and updated knowledge of relevant laws. Firm, consistent policies against drug and alcohol abuse lend credibility and seriousness to assistance programs. It is also important to involve students in peer support groups and student-organized, drug-free social activities.

The best plans are comprehensive, long-term, and integrated into overall school curricula and policy. They respond to the diverse needs and particular characteristics of each school district and each student. And, as **Sagor(1999)** reminds, we must restructure our institutions "to focus on youth's legitimate need for self-esteem and usefulness... we must make peace with our children."

Evidence shows that early in the AIDS epidemic, there was a positive correlation between levels of education and HIV prevalence. What is less evident is whether this correlation is a global pattern or country-specific, i.e. countries where the epidemic has had a later start could initially experience the same positive correlation between level of education and

HIV prevalence at the population level, and over time show evidence that the higher educated respond more quickly to the epidemic through sexual behaviour changes than the less educated. It would be interesting to see the evidence and analysis correlating education and HIV prevalence over time in countries with earlier incidences of HIV, such as the Democratic Republic of Congo and Rwanda, compared with the evidence from countries with late incidences of HIV.

While the influence of a secondary education seems to have a greater impact than primary education on decreasing HIV infection levels, there is no specific breakdown of the impact that each additional year of education (for primary school and secondary school) has on HIV rates. In addition, further research and analysis on the percentage of primary school students who enter secondary school would be relevant.

While there has been much research on the differential impact of education on males and females, there has been relatively little on rural and urban sub-populations. The evidence available indicates a *less* negative correlation between education levels and HIV prevalence for rural populations. In any case, these sub-populations need further examination.

There is strong evidence of the positive effect of mothers' levels of education on the health of their children. It may be interesting to examine the effect of mother and father education levels, and their impact on the HIV infection levels of their children, although this may be difficult to research and correctly attribute. A higher parental educational level/lower child infection rate would have interesting implications in terms of producing a compound effect of decreasing prevalence rates.

The research available seems to indicate that DHS survey evidence and other surveillance data collected between "1990-1995/6" constitutes the "early evidence", showing no correlation or a positive correlation between education and HIV prevalence.

Unfortunately, it is difficult to be more precise because the time range does not determine which year or years were the turning points towards negative correlation. This may be a limitation in making conclusive statements concerning the available research.

While educating young people, especially girls, is critical to mitigating the epidemic, the harsh reality is that tuition and other school fees may hinder many students from receiving a primary education. There is a global push for universal primary education (Millennium Development Goal, no. 2) and some countries are putting Universal Primary Education (UPE) on their national agendas. Development partners, in partnership with others, needs to work with governments to maintain UPE in place, not only as a Millennium Development Goal, but also as a strategy for combating the epidemic.

There needs to be closer scrutiny of both general education curricula, which are often overloaded and outdated, and HIV prevention curricula, and whether they will both live up to the challenge of educating a generation growing up in the era of AIDS. HIV prevention curricula need to be taught within an environment of frank discussion and concrete learning. Some research has shown that this has not been the case in many countries, however. General education curricula need to incorporate subjects “relevant to the most important issues of their lives and [which] equip them to address health, social and economic issues with accurate, practical information”, as recommended by participants from a US Agency for International Development (USAID) Colloquium on HIV/AIDS and Girls’ Education (25-26 October 2000). WFP, with others, should advocate for education curricula which address the needs of this generation of young people.

Moreover, there has been much evidence and literature indicating the destructive impact of the epidemic on the education system as a whole. HIV/AIDS is rapidly decimating both the supply of educators and the demand for education by young people. Therefore advocating higher levels of education as a strategy for stemming future HIV infections may place even greater pressure on a system on the brink of collapse. WFP should partner with NGOs and other

As Vandemoortele and Delamonica conclude, the face of AIDS is changing. While evidence from the early 1990s showed a positive correlation between levels of education and HIV prevalence, recent evidence presented in this review indicates otherwise – the less educated are becoming increasingly vulnerable to HIV infection. While the effect of education on sexual behaviour such as condom use, multiple sexual partnerships and the age of first sexual experience may differ depending on the affected sub-population, and while all the evidence correlating levels of education and HIV prevalence is not yet conclusive, higher levels of educational attainment are increasingly correlate with safer sexual behaviour and thus lower HIV prevalence rates.

With the changing face of AIDS, an appropriate response to this recent evidence would be to increase the educational opportunities available to young people, particularly for those children least likely to receive them.

Despite the fact that “sustaining and building upon existing education services will be extremely difficult and will require extensive resources. the attempt has to be made and will pay dividends in reducing HIV transmission, morbidity, mortality, as well as in underpinning more positive development strategies.(Gregson and Waddell, 2001). To this end,The Ministry of Education has an important role to play: focusing on educating children of some of the poorest and highest AIDS impacted regions of the world by increasing enrolment and attendance in school through school feeding programmes, and working collaboratively with governments, donors and NGOs to achieve this objective.

5.2 Conclusions

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

While awareness is increasing, decision makers require better data: good policy and programmes require good analysis. No single measurement or data aggregate can reflect the complex nature of drug abuse problems, but basic indicators are needed for planning

and action. All estimates are in some ways incomplete, but an incomplete estimate used well is better than none at all.

What is the social and economic drain of HIV/AIDS? Answers to this question are needed to facilitate policy planning. Current efforts to prepare estimates of costs, now under way in some countries, should continue, providing models for the assessment of costs at both the national and international levels. These estimates should include direct and indirect cost elements involving health, crime, education, poverty and employment impacts.

International agencies have a wealth of expertise on HIV/AIDS, and their combined experience gives a unique opportunity to tackle complex problems. A mechanism of collaboration is needed to focus cooperation of international agencies on selected drug abuse problems. An example of a suitable area for collaborative work by agencies is drug abuse by children in the developing world: use of marijuana, volatile solvents, glues and other cheap intoxicating substances must be prevented.

Widespread throughout the world, this kind of problem needs the active collaboration of agencies such as UNICEF, ILO, and UNESCO, WHO, and the World Bank. Other examples of problems suitable for this type of international collaboration are drug abuse, crime and violence, preventive education and integrated rural development as they pertain to drug abuse, and AIDS.

Under the umbrella of UNDCP, the combined expertise of key organizations of the United Nations system and other organizations could develop models for uniquely effective interventions.

5.3 Recommendations

The resulting recommendations given in this report are based on the lessons that have been learned from planning, managing and implementing the project highlighted above. The policy recommendations provide a sound basis for further policy planning and development in the field of drug abuse prevention. They are summarized as follows:

(i) To ensure continuity, and to achieve the desired objectives, appropriate and relevant legislation should be adopted.

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

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

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

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

.(v) As part of the work in prevention of HIV/AIDS, employment, recreational and educational opportunities need to be provided to young people to increase their choices for a healthier life style. Drug abuse and HIV/AIDS prevention, and health education in general, should be part of the national school and college curriculum

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

5.4 Areas of Further Studies

While the influence of a secondary education seems to have a greater impact than primary education on decreasing HIV infection levels, there is no specific breakdown of the impact that each additional year of education (for primary school and secondary school) has on HIV rates. In addition, further research and analysis on the percentage of primary school students who enter secondary school would be relevant.

More research into the prevalence and social dimensions of HIV/AIDS needs to be commissioned to enable funds to be directed where they are most needed.

REFERENCES

- Abagi, O. (1995). Gender equity for implementing EFA: Recounting gender issues in the provision of Education for All in Kenya. In Basic Education Forum, vol. 6.
- Abdool Karim, Q., Tarantola, D., Sy, E. & Moodie, R. (1992). Government responses to HIV/AIDS in Africa: What have we learned. *AIDS*, 1 1(suppl. B), S143-S149.
- Amnesty International 2004: Amnesty International and the fight against HIV/AIDS. Questions and answers. <http://web.amnesty.org/library/print/ENGACT750052004> (2008-03-10)
- Barnett, T., & Blaikie, P. (1992). *Aids in Africa: Its present and future impact*. London: Belhaven.
- Carm et al. (1999). Draft Report. Evaluation of Stromme Foundation child Sponsorship Programme.
- Carr-Hill, R.; Kataboro and Katahoire, A., (2000) "HIV/AIDS and Education".
- Unpublished Draft report by Institute of Development, University of Dar-es-salaam and University of Makerere.
- Cheever, L. (2000). Adherence to HIV therapies. In J. Anderson (Ed.), *A guide to the clinical care of women with HIV* (pp. 139-148). Washington:
- US Department of Health and Social Services. Crewe, M. (1992). *AIDS in South Africa: The myth and the reality*. London: Penguin
- Development, Arlington, VA, 1997.
- Douglas, M. (1995). *Risk and blame: Essays in cultural theory*. London: Routledge.
- FAQ (1995) The effects of HIV/AIDS on farming systems in eastern Africa, Food and Agriculture Organization, Rome. Online at www.fao.org/hivaids

Feinberg, J. & Maenza, J. (2000). Primary medical care. In J. Anderson (Ed.) A guide to the clinical care of women with HIV (pp. 79-138). Washington: US Department of Health and Social Services.

Ferguson, A., Johnston, T. (1999). AIDS, Gender and school drop-out. Population Communication Africa.

GOK/UNICEF KCO (1999). Fighting the war against HIV/AIDS in Kenya: An Emergency Plan of Action.

Grange, J., Story, A. & Zumla, A. (2001) Tuberculosis in disadvantaged groups. *Current Opinion in Pulmonary Medicine*, 7(3), 160-164.

Grundlingh, L. (1999). HIV/AIDS in South Africa: A case of failed responses because of stigmatization, discrimination and morality, 1983- 1994. *New Contree*, 46, 55-81.

Hunter Susan and John Williamson (2002) children on the Brink: Strategies to support a generation isolated by HIV/ AIDS, Health Technical Services Project for United States Agency for International

Johnston, T., Ferguson, A., & Akoth, (1997) C. A profile of adolescent AIDS orphans. Population Communication Africa.

Kalichman, S. (2004). AIDS stigmas as barriers to HIV prevention, diagnosis and care. Paper presented at 2nd African Conference on Social Aspects of HIV/AIDS Research Alliance, 9-14 May, Cape Town.

Khasiani, S., Odhiambo, S. Omariba, W., Kuna, E., Akwara, P., Otieno, A (1998). A survey of children in especially difficult circumstances in

GOK/Ministry of Home Affairs and National Heritage / UNICEF/ Kenya Country Office.
Leclerc-Madlala, S. (2002). Youth, HIV/AIDS, youth and the importance of sexual culture and context. *Social Dynamics*, 28 (1), 20-41.

- Lee, R., Kochman, A. & Sikkema, K. (2002). Internalised stigma among people living with HIV-AIDS. *Aids and Behaviour*, 6 (4), 309-319.
- Nyambedha, E. O. (1999). Preliminary report on a study of support systems for orphaned children in Nyan'goma sub-location, Bondo District. Nairobi: Kenya Danish Health Research Project.
- Nyambedha, E. O. (1999). Preliminary report on a study of support systems for orphaned children in Nyan'goma sub-location, Bondo District. Nairobi: Kenya Danish Health Research Project.
- Parker, R., Aggleton, P., Attawell, K., Pulerwits, J. & Brown, L. (2002). *HIV/AIDS related stigma and discrimination: A conceptual framework and an agenda for action*. Washington: Horizons Report, Horizons Project.
- Report of New Orphan Estimates and a Framework for Action, Population, Health and Nutrition Information Project for United States Agency for International Development, Washington, D.C., 2004
- Republic of Kenya (1994). Development Plan 1994-1996. Nairobi. Government Printer.
- Ross, F. & Levine, S. (2002). Perceptions of and attitudes to HIV/AIDS among young adults at UCT. CSSR Working Paper, No. 11, Cape Town.
- Saoke, P. & Mutemi, R. (1994). Needs assessment of children orphaned by AIDS. Nairobi: UNICEF, KCO.
- Sowell, R., Seals, B., Moneyham, L., Demi, A., Cohen, L. & Brake, S. (1997). Quality of life in HIV infected women in the south eastern United States. *AIDS Care*, 9(5), 501-512.
- Strebel, A. (1993). *Women and AIDS: A study of issues in the prevention of HIV infection*. Unpublished PhD thesis, University of Cape Town.
- UNAIDS, (2004) *Report on the global AIDS epidemic*, Joint United Nations Programme on HIV/ AIDS, Geneva, June 2004.

UNAIDS, UNICEF and USAID (2004) children on the Brink: A Joint van der Vliet, V. (1996). *The politics of AIDS*. London: Bowerdean

WHO/UNICEF (1994). Action for children affected by AIDS: Program profiles and lessons learned. WHO/UNICEF.

Wiener, L., Battles, H., Heilman, N., Sigelman, C. & Pizzo, p. (1996).

Factors associated with disclosure of diagnosis to children with HIV/AIDS. *Pediatric AIDS and HIV Infection*, 7(5), 3 10-324

APPENDIX B: QUESTIONNAIRE: PEOPLE LIVING WITH HIV/AIDS

Dear respondent,

I am a student of Kampala International University carrying out an academic research on the topic” the effect of HIV/AIDS on the academic performance of pupils in Kabare zone, Kirinyaga district, Kenya” 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

(I) Personal Data

1.) Sex:

1. Male [] 2. Female []

3.) Age:

1. 15—25yrs[] 4. 46—55yrs[]

2. 26 — 35 yrs [] 3. 56 — 65 yrs []

3. 36 — 45 yrs [] 6. 66 yrs and above []

4.) Marital Status

1. Single [] 2. Married []

3. Divorced [] 4. Widowed []

5. Other_____ []

School drop out and HIV/AIDS

1. children are dropping out due to HIV/AIDS

Yes[] No[]

Not sure []

2. children miss classes to take care of sick relatives

Yes[] No[]

Not sure []

3. Children living with AIDS are always sick and hence miss classes

Yes[] No[]

Not sure []

Stigmatization and academic performance of learners

4. Children living with HIV/AIDS are stigmatized and hence do not participate in school activities

Yes[] No[]

Not sure []

5. Stigmatization affects the emotional status of children

Yes[] No[]

Not sure []

6. children who are stigmatized refuse to go to school

Yes[]

No[]

Not sure []

7. HIV positive teachers are weak to teach

Yes[] No []

Not sure []

8. Teachers are dying due to the HIV pandemic.

Yes[] No[]

Not sure []



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Office of the Director

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR... JANE WANGECHI GOTA

REG. #... BED/10599/61/DE

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

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

EFFECTS OF HIV/AIDS ON THE ACADEMIC
PERFORMANCE IN KABARLE, KIRINYAGA
DISTRICT KENYA

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

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

Yours Faithfully,


MUHWEZI JOSEPH
HEAD, IN-SERVICE

