KAMPALA INTERNATIONAL UNIVERSITY

TITLE:

HIV AND EDUCATION IN KENYA

CASE STUDY:

EASTERN PROVINCE

BY

ESTHER WAYUA NDENG'E

BED 14909/62/DF

SUPERVISED BY:

REV. ERICH KASIRYE

A RESEARCH REPORT SUBMITTED TO THE FACULTY OF BUSINESS ADMINISTRATION IN PARTIAL FULFILMENT OF THE AWARD OF A BACHELOR OF EDUCATION DEGREE OF KAMPALA INTERNATIONAL UNIVERSITY.

APRIL 2009

DECLARATION

I, ESTHER WAYUA NDENG'E-BED 14909/62/DF

do declare that the information given in this research report is made by myself and has never been presented by any other person, for the award of the degree of Bachelor of Education

Signature:.....

Date: 14/4/2009

APPROVAL

This is to certify that ESTHER WAYUA NDENG'E-BED 14909/62/DF
has successfully completed her / his research report and now is ready for submission with my approval.

Signed: Rev. Erich Kasirye.....
REV. ERICH KASIRYE
KIU SUPERVISOR

DATE 17.04.09.

69%
Rev. Kasirye
17/4/09.

DEDICATION

To my beloved husband Gerald William Mathuva and daughters –Evelyne Ngina, Yvonne Nduke, Carolyne Muttu, Brenda Mawia and Mercy Mwende.

ACKNOWLEDGEMENT

I would like to thank the good Lord for giving me strength and courage to compile this research report because without Him I would not be able to accomplish anything.

Special thanks go to my supervisor, Rev. Erich Kasirye who was a good mentor and advisor during the compilation of this work. To my family members and especially staff of Kasunguni Primary School.

May the Good Lord reward you abundantly.

GLOSSARY

Definition of terms

Defined as a child under the age of 18 who has lost his/her mother or father or both.

Child Labour: As defined as any form of economic exploitation or any work that is likely to be harzadous or interfere with a child's physical mental, spiritual or social development.

Child work. Light work after school or legitimate apprenticeship opportunities for young people in the family or comminutes

Child: All persons under the age of 18

CRC: Convention on the Rights of the child: - An Agreement by all member states of the United Nations on what all children should have and are entitled to for their growth and well being.

Children's Right: These are entitlements that all children should have and are entitled to for their growth and well being regardless of their age, sex, race, nationality, religious, political beliefs & Language.

HIV: (Human Immune Deficiency Virus). A virus, which leads to AIDS (Acquired Immuno-deficiency Syndrome)

AIDS : Refers to Acquired Immune deficiency Syndrome. It is caused by a virus (HIV) which attacks the body's defense mechanisms, weakening it thus exposing one to various infections such as T.B., persistent diarrhoea and vomiting, skin infections, pneumonia, etc. The progression of these infection leads to death.

Sexual Abuse: A term that refers to the following
i. Rape or forced sex, involving children whether with peers or adults.
ii. Sodomy, that is, forced anal sex.

Sexual harassment: To include touching a child's body in a sexual manner; using language with sexual connotations with children, and exposing children to pornographic materials.

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child.
AIDS	Acquired Immune Deficiency Syndrome
ASAL	Arid and Semi Arid Lands
CAA	Children Affected by AIDS
CBOs	Community Based Organizations
CBS	Central Bureau of Statistics
CESA	Comprehensive Education Sector Analysis
CNSP	Children in need of special protection
COTU	Central Organization of Trade Unions
CRC	Convention on the Rights of Children
DASCO	District AIDS STIs Committee
DC	District Commissioner
DEB	District Education Board
DEO	District Education Officer
DIAC	District Inter – Sector AIDS Committee
GOK	Government of Kenya
GTZ	German Technical Corporation
HIV	Human Immuno-deficiency Virus
ILO	International Labour Organisation
IEC	Information, Education and Communication
IPEC	International Program on the Elimination of Child Labour
KAACR	Kenya Alliance of Advancement of Children Rights
KAP	Knowledge Attitudes and Practices
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KDHS	Kenya Demographic and Health Survey
KIE	Kenya Institute of Education
KNUT	Kenya National Union of Teachers
MOEST	Ministry of Education Science and Technology
MOH	Ministry of Health
MOHCS	Ministry of Home Affairs Culture and Sports
MOLHRD	Ministry of Labour, and Human Resource Development
MOPND	Ministry of Planning and National Development
NACC	National AIDS Control Council
NASCOP	National AIDS STIs Control Programme
NCPD	National Council for Population and Development
NFE	Non –Formal Education
NGOs	Non Governmental Organizations
OAU	Organization of African Unity
OP	Office of the President
OVP	Office of the Vice President
PTA	Parents Teachers Association
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TSC	Teacher Service Commission
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

The general objective of this research study was to investigate the impact of HIV/AIDS on education. The study also sought to find out how education can be used in the prevention and control of HIV/AIDS.

The specific objectives of the study were to:
- determine the impact of HIV/AIDS on children's learning experiences;
- determine the impact of HIV/AIDS on communities participation in education;
- find out how education can be used in the prevention and control of HIV/AIDS;
- build local capacity in child focused research.

The methodology for the study was qualitative and child focused. The study used a set of methods, which included written methods such as listings and essays, visual methods such as visual stimuli and drawings. Role-plays leading to focus group discussions were also conducted with children. Focus group discussions and key informant interviews were used to collect background information. Data from written records available in the research sites and communities were obtained to cross check information given by informants as well as to help determine some of the impacts. Observation was also done throughout the study to capture the general context of the research sites. Data analysis was done qualitatively and descriptively, mainly using content analysis.

The study was national in scope, however, the criteria used to select study sites was designed to capture prevalences, variety of population characteristics, availability of information and resources as well as taking into account the existing HIV/AIDS interventions. Consequently, the study was done in depth in Mombasa, Thika Garissa and as supplementary in Busia, Kisumu, Kisii, Machakos, Nakuru, Turkana and Kilifi. In the process, at least one district was covered in each of the eight provinces.

The findings of this study show that HIV/AIDS has had wide spread effects on children's learning experiences. Children living in a world of AIDS experience many challenges. As parents, guardians and members of communities increasingly become infected by HIV/AIDS and eventually succumb to diseases, children are increasingly lacking basic needs such as food, clothing, shelter, health and even education. Children are now becoming subject to many psycho-socio impacts of HIV/AIDS such as stigma, fear, worry, depression and hopelessness. All these impact negatively on their learning and development.

The study further revealed that children's learning has been affected by HIV/AIDS in many ways. Children's participation was reported to have 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. All these are compounded by pupils' lack of love and guidance as well as material support as parents and guardians also get infected by HIV/AIDS.

The study also found perceptions, which indicated that the teaching force has also been affected by HIV/AIDS. 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.

Teachers' participation in school is also being compromised by HIV/AIDS related commitments in the community. Teachers were also reported to be dying from HIV/AIDS related causes and they are not being replaced hence are lost to the educational system. The results of the study also indicate that the resources available to support education have increasingly been diverted to meet HIV/AIDS related needs.

The study also established that education is an important tool, which may be used to stop the spread of HIV/AIDS. Pupils and community leaders called for the integration of HIV/AIDS education into the curriculum at all levels. This is more so, when it is noted that children reported that as a result of education, children are able to take initiatives and look for more information about HIV/AIDS. The study however, found out that while there is a lot of information and messages, the children felt that these were not relevant to them, as they seemed targeted at adults. There seemed to be knowledge gaps and misconceptions about HIV/AIDS as pupils and students asked the researchers many basic and fundamental questions about HIV/AIDS.

The study found out several things which children said they could do to stop the spread of HIV/AIDS. These included, abstinence and having safe relationships. Children in most of the research study areas reported that there existed such social-cultural practices which expose children to HIV/AIDS infection as circumcision, early marriages, incisions on the body, wife inheritance, extended burial ceremonies among others.

The study also found out that some pupils were of the opinion that their learning had not been affected by HIV/AIDS. This was especially in Garissa, which may be indicative that there are areas where AIDS is still seen as not a reality.

The study came across some perspectives, which indicated that HIV/AIDS had also led to some positive impacts amongst children. These included the fact that, as children increasingly become aware of the dangers of HIV/AIDS, they are now becoming more responsible and strict to themselves and uphold moral values.

The study recommends that listening to Children's voices is important in project design, implementation and evaluation. Since children are suffering psycho-social impacts as a result of HIV/AIDS, communities and institutions working with children should be sensitized on the needs of these children.

Communities should be encouraged to integrate safe procedures in those social-cultural practices. There should be immediate interventions in schools through guidance and counseling for infected and affected children. Mechanisms should be put in place for follow up in the implementation of HIV/AIDS in schools. School children should be educated in life skills, peer education and counselling.There is need for information and messages that are targeted at and are appropriate for children.

1.0 INTRODUCTION

The research described in this Report was carried out for the Government of Kenya (GOK) and UNICEF Kenya Country Office (KCO) in response to concern that the HIV/AIDS epidemic is affecting:

The quality of education, due to reductions in the teaching force;
The demand for education;
The supply of education;
The planning and management of the educational system;
The content, process and role of education in national development;
Rates of retention, performance and completion within the formal education system.

The Study also sought information about the impact of educational interventions on reducing the progress of the HIV/AIDS pandemic in Kenya.

The Government of Kenya and UNICEF KCO base their research and programming on a rights perspective, which implies that children's views and opinions must be taken into account, using appropriate ways for them to express their ideas and experiences. This also means that child research should be multi-disciplinary and inter-sectoral. Building on UNICEF experiences elsewhere, particularly Tanzania (Ahmed et al, 1999), the research process was used as an opportunity to strengthen capacity in child research in Kenya. The research instruments were specifically designed for the Study by the researchers themselves, in the light of research questions proposed by a group representing major stakeholders. The underlying philosophy was that:

- Effective learning is based on practical, meaningful experience. Thus, capacity-strengthening in children-centred research has little basis in the classroom and theory. Understanding is developed through carrying out action research, based on the knowledge requirements of stakeholders;

- Rights based programming for children can only take place if children's perspectives are meaningfully involved in the collection and analysis of information.

The scope was national and the topics included:

- Children and childhood in Kenya, with particular focus on HIV/AIDS – children infected by HIV, children affected by HIV/AIDS, and children living in a world affected by AIDS;

- Education in Kenya: the impact of HIV on informal (socialisation/initiation), formal (schooling) and non formal systems; the methods and curricula, teachers and resources in all three;

- HIV-related health and education services for children in Kenya, with particular reference to children's understanding of the messages conveyed, and the potential for changing behaviour;

- Changing dynamics of child and adult interactions and coping mechanisms in families and communities with respect to duties, expectations and responsibilities, as well as any gender differences, focusing on the effects on children's experiences of education and socialisation, including a consideration of changing traditional practices;

The outcomes of the process are:

- Better understanding of the ways in which HIV/AIDS is affecting the interface between children and the education system;

- Improved research and analysis skills amongst a core group of researchers and a reference group of stakeholders, which can be used for improving the impact of programming and advocacy work with and for children in the area of HIV/AIDS and education.

Within this framework the aims were:

- To provide information on the impact of HIV/AIDS on children's experiences of and access to education in Kenya, and the implications for future policies and programmes.

- To develop this information through a process of building, strengthening and maintaining capacity in systematic gathering, analysing, storing and using information about the lives and rights of Kenyan children, within a rights based framework, among:

  Government of Kenya and its collabourating NGOs and professionals to improve planning, evaluation and technical support;

  Academic institutions and researchers, to develop skills in children centred data collection and analysis; knowledge and understanding of children and childhoods in Kenya; and regional child research links.

Thus the intention was that, by the end of the process, there would be:

- Improved research and analytical skills amongst staff and partners of GOK/UNICEF KCO (whether producers or users of information), in order to improve the impact of

programming and advocacy work with and for children;

- A sustainable, national institutional basis of research and analytical skills for future capacity building and strengthening in child research in Kenya at all levels, bridging the gaps between 'academic' and 'practical' research, as well as between national and international networks of child researchers;

- Nationally appropriate materials for training, research and capacity building in children-centred, participatory research, at a variety of levels and for different purposes;

- An adequately supported, national institutional base for leading the development of children focused research in Kenya, driving a national research agenda that links applied and pure research and is situated within regional and international networks of child research institutes and processes.

This process took place through an integrated programme of capacity strengthening research that focused on the impact of HIV/AIDS on the education system. A multidisciplinary research team, together with a co-ordinator, was recruited through a workshop that was also practical, capacity-building experience. The research team was further supported by a Reference Group, an international technical advisor, a local facilitator and liaison focal points within UNICEF and the Children's Department. The process took place from March to November 2000, with a total of eight weeks in the field, during which a total of 6,145 items of data were collected. This report represents the first exploitation of these data, which is also a rich resource for other researchers.

2.0 BACKGROUND

Kenya

Kenya covers an area of 582,311 square kilometers. It borders Ethiopia in the North, Sudan in the Northwest, Uganda in the West, Tanzania in the South and Somalia in the East. Kenya lies in the East Coast of Africa, with the Equator nearly dividing it in half. It has 400 kilometers of Indian Ocean shoreline, and lies between 3 degrees north and 5 degrees south and between 34 and 41 degrees East.

The country has an unusually diverse physical environment, including savanna grasslands and woodlands, tropical rain forests, and semi-desert environments. About 80% of the country lies in the so-called arid and semi-arid lands in the northern and eastern regions. These regions suffer from frequent droughts, which invariably create economic and social problems that impact on education. The populations (mainly nomadic pastoralists) which inhabit the ASAL pose special problems for government in terms of educational provision. A large proportion of the ASAL has been set aside for wildlife conservation.
The main climatic feature in the whole country is the long rainy season from March to May, followed by a long dry spell from May to October. Short rains come between October and December. However, in the area around Lake Victoria in the west, rains are well distributed throughout the year

The majority of Kenya's population live in the rural areas where they depend on agriculture for a livelihood. While agriculture is the mainstay of the domestic economy, tea, tourism, coffee and horticulture are the main foreign exchange earners. Kenya's economy has been adversely affected in recent years by declining world market prices and drought conditions in the country. In the recent past, drought has led to low water levels in the hydro-electric dam reservoirs thus affecting the power supply adversely and thereby, impacting negatively in the economy. The other factors which have impacted negatively on the socio-economic life of the nation include, the world wide economic recession, refugee influx, ethnic clashes, unemployment and the external debt burden.

Kenya was a British colony over the period of 1895-1963 and gained independence in 1963, after a bloody liberation struggle. Between 1960 and 1969, Kenya operated as a multi - party democracy, but reverted into a 'one' party state from 1969 to 1982. In November 1991, following strong local agitation and International pressure, the country again reverted to multi-party politics. Against this background, there is considerable debate over the nature of democracy and attendant issues of representation with accountability and transparency. Presently, human rights and responsibilities are a major concern to all as is the equitable distribution of social goods and services.

According to the provisional results of the Housing and Population Census of 1999, Kenya's population is currently estimated at 28.7 million people. This is a population growth rate of 2.9% as compared to the 1989 growth rate of 3.4%. Almost half of the population is aged below 15 years. The total fertility rate

between 1995 and 1998 is estimated at 4.7 children per woman. The Kenya Demographic Health Survey (1999) attributes the decline in the growth rate to the widespread use and accessibility of family planning services and facilities. The fertility rate is higher in rural areas than in urban areas (5.2 and 3.1, respectively), a pattern that is evident at every age (KDHS, 1999).

Kenya is divided into eight provinces. The country is multi-ethnic, with 43 ethno-linguistic groups, although Christianity and Islam are the major religions. Kenya has diverse cultural and religious communities, and each of these communities has certain rules and norms, which are their regulating mechanisms. Each ethnic community has its own traditions and customs. Some have common cultural practices, while others are so diverse. These religious and cultural practices have relevance to social behaviour, which are related to transmission and spread of HIV/AIDS and also the way children relate to the rest of the community. It is therefore pertinent to look at the various stages, roles and responsibilities within the various childhood ages, when doing research on the impact of HIV/AIDS on Education.

2.1 HIV/AIDS in Kenya

The joint United Nations Programme on HIV/AIDS (UNAIDS, 1999) estimates the number of people infected with HIV to be 33.3million, out of these 23.3million live in sub- Sahara Africa representing three quarters of the total population infected.

From a single reported AIDS case in Kenya in 1984, the Kenyan National AIDS Control Programme (1999) report estimates the reported AIDS cases to be close to 90,000, while over 2 million people are reportedly living with HIV. The report estimates the number of HIV/AIDS orphans to be 850,000. NASCOP collects its data from public hospitals or clinics using two methods of sampling. These are sentinel surveillance for ante- natal mothers and random blood testing for those who have sought treatment of sexually transmitted infections from selected sites. It is also possible that there are many unreported cases in the two groups who seek for the same services in private clinics/hospitals. Indeed, a study in Kisumu by Kahindo et. al. (1997) showed that many of those seeking treatment of STI's do it discreetly for fear information leaking and hence prefer private medical services.

Currently the surveillance is conducted in 13 urban and 11 peri - urban/rural sites around the country. It is from these sites that NASCOP gets the estimates of the prevalence, with that of the adults standing at 13.5%. The areas with high prevalence according to the strategic plan on HIV/AIDS prevention (NACC 2000) are Thika and Busia with 33 and 34 percent respectively.

The prevalence is generally higher in urban areas with an average of 11- 12%. Available data (NACC 2000) shows that 80-90% of infections are in the 15- 49 years age group. and 5 -10% occur in children less than 5 years of age .

Most AIDS deaths occur between ages 25 and 35 for men and between 20 and 30 for women, assuming an average of incubation period of 9 to 10 years, these deaths suggest that most infection occur in the teens and early twenties . This also suggests that young women are more vulnerable to infections than men of their age group. It is important to note that data quoted has largely been collected from AIDS surveillance units which are not well distributed geographically hence the need to corroborate and confirm their reliability.

AIDS mortality affects population projections. Kenya population is often projected to pass the 60 million mark by 2025. It may see its potential future population size reduced by nearly half, this however is under the assumption of a moderate spread of HIV/AIDS (Population Reference Bureau, World Population Data Sheet 1996).

Kenya National Aids and STDs Control Program (NASCOP) estimates adult HIV/AIDS prevalence in Kenya by conducting a systematic sentinel surveillance, which became operational 1990 and has been conducted annually since then.

NASCOP's 1999 report on AIDS in Kenya estimates adult prevalence at 13.5%, which means that Kenya has one of the most serious HIV/AIDS epidemic in the world when compared with figures available from other countries. However the percentage quoted by NASCOP is simply a percentage of some of the 15 to 45 year olds. This measuring system is also used by UNAIDS and omits a large number of those infected below the age of 15 and above 45years of age. In some cases in urban and rural areas some of the women do not attend antenatal clinics and therefore the results will not give a true picture of the realities within the selected sites.
Results from the report indicate that of all the pregnant women tested in the high prevalence districts of Busia, Kisumu and Thika, 20-35% of them were HIV/AIDS infected. Kakamega, Nairobi, Meru, Nyeri, and Mombasa had a rating of 10-25%, while Garissa, Kitui, Mosoriot, Kaplong, Njabini showed a rating of 3-10%.

Using the data available to them from the sentinel surveillance sites and adjusting it to represent the whole country NASCOP estimates that 1.9million Kenyans are HIV positive, with the projection that this number will increase to 3.3 million in the year 2010

Infected adults occasionally will break away from the family upon learning their diagnosis. This will cause a restructuring in households, with increasing numbers of children left to take care of themselves, or to be cared for by aging grandparents or other relatives. The illness and death of females will have particularly drastic effect on the family. Family food security is threatened particularly where families, depend primarily on women's labour for food production, animals tending, or planting and harvesting, and especially given that women provide the majority of labour and managerial services for small holdings in rural areas.

AIDS will also impact on the economic development of this country in a number of ways. The loss of young adults in their most productive years of life will certainly affect overall economic output. These impacts are likely to be larger in some sectors than others. For instance, a loss of agricultural labour is likely to cause farmers to switch to less labour-intensive crops. In many cases, this mean switching from export crop to food crops. This could affect the production of cash crops as well as food crops.

2.2. HIV and education in Kenya

2.2.1 The Kenyan education system

The Kenyan formal education system is structured in a four-tier framework, pre-primary, primary, secondary and tertiary.

Pre-primary education

Pre-primary or early childhood care and development saw a steady rise in of enrolment from 15.3% in 1989, to 37% in 1994. The gains were influenced by the management structure and training programmes instituted by GOK in support of this sub-sector. Growth in access has been most pronounced in the districts where District Centres for Early Childhood Education (DICECE) have been established. The demand for this level of education has been influenced by the head-start advantage that those who have been through pre-primary school benefit from on entry in primary school. The age of entry to this level of education is 3-5 years. In connection with the 1990 Jomtien Declaration of Education for All (EFA) Kenya had a target of 50% participation rate in year 2000. This goal has not been met, however, and as a follow-up of the recommendations of the World Forum on Education in Dakar in 2000, which evaluated progress since Jomtien, Kenya now aims to achieve the 50% enrolment in pre-schools by 2005.

Primary education

Primary Education in Kenya has an eight-year structure. Participation rates increased by 1.1% in the period 1980 to 1989 but then declined by 6.6%, during the period 1989 to 1993. This meant that gross enrolment declined from 90.6% in 1989 to 84.6% in 1993. As enrollment is recognised to continue to be on the decline, the overall goal of the Jomtien Declaration of universal primary education for all is unachievable in Kenya at this stage.

The commonly cited factors by guardians and parents underlying declining participation in primary education is poverty, combined with the increased burden arising from cost-sharing measures introduced by GOK. The youthful structure of Kenya's population and a population growth rate of 2.95 also exerts pressure on available resources.
Communities are losing the race to build, furnish and maintain schools at a rate that will cater for Kenya's expanding school-age population. At the same time, parents and

households face very difficult choices about investing in primary education or concentrating on short-term survival goals such as food, security and income generation.

Secondary education

Secondary education in Kenya is a four-year cycle. Like primary education it has recorded declines in enrolment as well as fluctuations. In 1990, the gross enrolment in secondary schools was 30.2% but in 1998, it had fallen to 24%, which indicates that well over 70% of eligible children in Kenya do not have access to secondary education. The 15-18 years old population bracket can therefore be categorized as largely comprised of those who never went to school, those who dropped out of primary school and those who completed primary, but failed to enter secondary school. The critical issue then is what happens to those categories of vital human resources in Kenya? How many of them gain access to alternative forms of education and training, such as technical and vocational institutions? How many succeed in getting jobs or becoming self-employed? How many are condemned to marginalised life in the subsistence sector, or to turn to petty crime in urban areas?

Tertiary education

This is a vital sub-sector for skilled manpower development to meet the needs of Kenya's economy. Technical and Vocational (TEC-VOC) institutions provide parallel opportunities to general primary-secondary-higher forms of education, and students can opt for this alternative during or after primary/secondary education. Despite the GOK's efforts to boost this sub-sector in the interest of national development and individual choice, enrolment levels are disappointingly low. Factors underlying low enrolment include a negative perception which views TEC-VOC as being for drop-outs and those who cannot cope with academic education. Also, existing capacity is not fully used due to lack of equipment and materials.

There are however some positive signs that TEC-VOC is becoming a genuinely attractive alternative to a wide range of school leavers. This is due in part to progressive strategies adopted in the development of TEC-VOC programmes and institutions. It is also due to an element of reality brought on by the unemployment crisis, which has awakened young people to the merits of TEC-VOC for employment prospects.

University education in Kenya has seen a rise in the number of institutions offering under graduate degree courses from one, in early 1980 to six public universities. This expansion has been due to demand for university education. The expansion has also seen seven private universities established. Unfortunately, admission to public universities has been pegged at 10,000 with a provision for a 3% annual increase since 1991; hence those who miss entry into public university may be admitted to private ones, though they are very expensive.
Public universities operate on independent charters, and rules and regulations governing them are enacted in Acts of Parliament. However, their curriculum packages have to be approved by the Commission of Higher Education (CHE).

HIV and the education system in Kenya

The magnitude of HIV/AIDS impact on education is not well documented. A World Bank (1999) report on Impact of HIV/AIDS on Education in Kenya indicates the impact as likely to be felt more in terms of reduced supply and demand of educational service, changing clientele for educational services, processes and content of education and planning for the sector. For example, the report shows that the annual attrition of teachers stands at 1800 and has attributed deaths to what is suspected by the Teachers' service commission as HIV/AIDS related deaths. There is a need to explore this.

The HIV/AIDS epidemic will also reduce the demand for education in Kenya. First and foremost, there will be fewer children of school age because of the impact on the population size of the country. Families affected will have fewer resources available for schooling.

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

The demand for educational services also declines, because of reduced family resources available for schooling in AIDS affected households. HIV/AIDS also changes the character of the school age population. Most importantly, it is causing a considerable rise in the number of orphans in the country who may not afford education.

Many orphans also live in child-headed households without basic needs. In Uganda, a study of four sub-counties or locations (out of a total of 15 in the district) found 160 child-headed households, (Carm et. al. 1999). The sample was drawn from randomly selected households within the location with a history of parental deaths within the three preceding years. Figures from Zambia estimated that 7% of Zambia's 1.9 Million households are headed by children aged 14 or less (M.J Kelly 1999). For these households, schooling may seem a far-fetched demand.

In addition to stigma, orphans have to overcome many barriers if they are to continue schooling. Stigma and prejudice lead to social isolation. About two thirds of children born to HIV positive mothers do not contract the virus and hence have the potential to grow up as any other child. Evidence suggest that AIDS orphans are more likely to die from preventable disease because of the mistaken belief that their illness must be due to AIDS, and that medial help is thus pointless (UNAIDS 1997).

HIV/AIDS will also affect the process and content of education in Kenya. The seriousness of HIV/AIDS means that it needs to be integrated into curriculum for students throughout the country.

Illness and deaths among the administrative staff at national, regional and local level will negatively affect the systems ability to plan, manage and implement policies and

programs, and will further distract the planning and managing of educational resources e.g. the projection and planning of future teacher deployment, management and planning of future teacher deployment, management and recruitment will be extremely difficult.

The loss of trained and experienced teachers and interruption of teaching programmes due to illness will reduce the quality of educated. A study by Armour-Thomas et al (1989), found that teacher qualification accounted for more than 90 of the variation in student achievement in mathematics and reading across the grade levels. The loss of the most qualified and experienced teacher have hence represents a serious threat to the quality of education.

An important challenge for HIV/ADIS awareness is how to reach as many people as possible, as soon as possible with relevant and correct information so as to help curb the menace, through positive behaviour change.

Knowledge attitudes and practices on HIV/AIDS in Kenya

The Kenya Demographic and Health survey (KDHS) 1998, after interviewing 7,881 women aged 15-49 years and 3,407 men aged 15-54 years found out that the most common single source of knowledge about HIV/AIDS is the radio. This study found out that 73% of the women and 87% of the men interviewed said they got HIV/AIDS's messages from the radio. The next most commonly cited source of HIV/AIDS messages were newspaper for men 42%, and friends and relatives for women 56%. The study generally found out that men obtain their HIV/AIDS messages through the mass media and work place, while women on the other hand are likely to receive these messages from community level networks, for example churches, friends, schools and health facilities.

This survey only used one instrument, a questionnaire, targeted households and not the youth and children. It also did not look at the impact of HIV/AIDS on education and how education can be used to prevent and control the disease.

A baseline survey conducted by Kenya Institute of Education (KIE) in 1994 to identify appropriate sources and channels of communicating HIV/AIDS education so as to facilitate the AIDS education project for the youth in and out of school, where the sample interviewed consisted of teachers, students, sponsors and community leaders from 8 districts found that the sources and channels for communicating HIV/AIDS education were as follows: radio, television, teachers, friends, siblings and newspapers. This survey further pointed out that most of youth express confidence and openness among their peers and this was also considered an important avenue for conveying the messages to the youth.

The KIE's AIDS Education Project for youth has been providing and publishing HIV/AIDS educational materials for primary and secondary schools. They also publish facilitators' handbooks, good health magazines and curriculum for the same. How ever, these materials have not yet been disseminated at national level to all education institutions. Furthermore, the project although also intended for youth out of school does

not address how similar HIV/AIDS education messages can be communicated to this group.

2.3 Children and childhood in Kenya

2.3.1 Child demography

The 1999 Census results have not been released yet, but a statement from the Ministry of Planning (March 2000), indicates that, Kenya's population is 28.679 million. This is a growth rate of 2.9% since 1989 when the population was 21.449 million. Table 1 is based on the analytical report of the 1989 Census, which gave projections to the year 2003 based on the 1989 census.

The figures from the 1989 projection can be compared with the figure for total child population (less than 18 years of age) in 1998 provided by UNICEF in The state of the world's children 2000, which puts the child population in Kenya at 15,025,000. The population of children who were HIV positive was 106,621 in 1998 (NASCOP 1999). This can be compared with a total population of 1,944,623 people who were HIV positive in the same year. According to the projections, children aged 5-14 years numbered 8,225,000 in 1997. They are at risk of contracting HIV/AIDS in the near future but, because their HIV sero-prevalance is believed to be low, they have been been referred to as 'a window of hope' by UNAIDS (1999). The majority of this population is in primary school, and requires to be safeguarded from HIV/AIDS.

Overall prevalence of HIV/AIDS in Kenya is 13.9% with the majority of infections in the age group 15-49 (NASCOP 1999). This greatly influences the child population, changing dependency ratios and meaning that many of the children left orphaned may not be able to enrol in school, and/or to complete their education. As the trend of HIV/AIDS continues, the number of orphans will increase with resultant drop-out from schools, poor care and support systems and general reductions on gains already made in access to education.

Table 1: Population projections 1989 - 2003

POPULATION	Population ('000s)							
	1989		1992		1997		2003	
	N	%	N	%	N	%	N	%
TOTAL	23,150	100	25,240	100	29,011	100	33,264	100
CHILDREN 0 - 4 YEARS	4,190	18.1	4,421	17.5	4,741	16.3	4,907	14.8
CHILDREN 0 - 4YEARS	11,316	48.9	11,999	477.5	12,966	44.7	13.829	41.6
CHILDREN 0 - 17 YEARS	12,761	55.1	13,686	54.2	15,096	52.0	16.210	48.7
PERSONS 15 - 64 YEARS	11,315	48.9	12,645	50.1	15,273	52.6	18,418	55.5
PERSONS 65 + YEARS	519	2.2	596	2.4	772	2.7	1,017	3.1
FEMALES 15 - 49 YEARS	4,999	22.5	5,585	22.1	6,733	23.2	8,075	24.3
PRIMARY SCHOOL AGE 6 - 13 YEARS	5,701	24.6	6,077	24.1	6,576	22.7	7,141	21.5
SECONDARY SCHOOL AGE 14 - 17 YEARS	2,106	9.1	2,442	9.7	2,966	10.2	3,260	9.8

Source: Kenya Population Census 1989 - Analytical report volume VII

Children and childhood in Kenya

Various communities in Kenya perceive childhood depending on the roles , duties and responsibilities associated with each particular stage of development . It is in light of this that this research team looked at the various stages of development, roles, responsibilities and duties of their various ethnic groups. The childhoods were categorized into age groups of 0-1 year, 1-6 years, 6- 15 years and 15 - 20 .The roles, duties and responsibilities of each age group were identified:

- 0-1 age group: In some communities, the life of a child starts with an expectant mother. For example, an expectant mother among the Abagusii (called *Ebwateranitie*) has some certain duties and roles, such as being cared for, appreciated and feeding well. After birth the child at this stage is expected to cry, play and breastfeed.
- Between 1 and 6 years different communities have different expectations of roles and responsibilities of the child. This is a stage of a small boy or girl (known as *nyathi* among the Luo, *kaiji* for a boy and *kaari* for a girl, among the Ameru, *ahasiani* (boy), *ahahana* (girl), among the Luhya. More serious responsibilities and training starts at this stage, for example taking care of siblings, little errands in the house, fetching water and schooling.
- From 6 to 15 years, the child is a big boy or a girl. A child is known by various names in different communities, for example, *rawera* (boy), *nyandundo/nyanduse* (girl) among the Luo; *kahii* (boy), *kairitu* (girl), among the Kikuyu; *egesagane* (girl), omoisia (boy) among the Abagusii; *kavisi* (boy), *mwiitu* (girl) among the Akamba; *raja-dulhara* (boy) and *rahi-duhari* (girl) among Asians. At this stage, a child has slightly more complex duties, such as taking care of siblings, cooking, participating in the family's income generating activities and also undergoes initiation and continues with schooling.

- Between 12 and 20 years, the child is a young adult boy or girl, known by different names, for example *omomura* (boy) and *enyaroka* (girl) among the Abagusii; *nyako mopong* (girl) and *wuoyi motegno* (boy) among Luo; *muthaka* (boy) and *mwari* (girl) among the Ameru. The child at this stage may continue with similar duties and responsibilities as in age 6-12 years stage. However, in all communities, initiation, rites of passage coupled with instructions for preparation of adulthood and marriage are carried. These instructions also include training on sexuality. At this stage children may also be involved in community service and continues with schooling. Marriage and employment may also occur at this stage.

Sexual abuse and sexual exploitation

Sexual abuse and exploitation is a phenomenon found in Kenya. According to the Ministry of Home Affairs (1998), both boys and girls in Kenya are vulnerable to sexual abuse and exploitation. Girls of less than 10 years are more prone to sexual abuse than boys. The Ministry of Home Affairs (1998), reports that the main offenders are guardians, parents, relatives and house helps. The main predisposing factors of sexual

abuse include poverty, overcrowding and lack of proper childcare. Reported cases of sexual abuse and exploitation are but highlights of the problem hence there is need systematic data to determine the extend of the problem.

Child labour

The framework and guideline to national and international programs to child labour is provided by ILO instruments and their accompanying recommendations, the chief which are, the minimum age convention 1973(N0.138) and the Convention 1999 (N0.182) which defines the worst forms of labour as:

a) All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
b) The use procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
c) The use procuring or offering of a child for illicit activities in particular for the production and trafficking of drugs as defined in the relevant international treaties;
d) Work which, by it's nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

According to the African Charter on the Rights and Welfare of the Child (African Charter) Child labour is defined as 'any form of economic exploitation or work that is likely to be hazardous or to interfere with a child's physical, mental, spiritual or social development.In the Convention on the Rights of the Child (CRC) states are called upon to protect children from work that is a threat to health. education or development (Article 32).

In Kenya , the analytical report of labour force in the population censors (1989) gave some data on child labour . It stated that 596,569 children aged between 10 and 14 years old were in the labour force These figures were not inclusive of the children below 10 years old and those between 15 - 18 years old. This indicates that there could be more children in the labour force. The exclusion of child labour from the national statistical surveys makes it impossible to quantify or provide accurate data on its existence in Kenya. This, sometimes could be due to traditional practices and the roles that families play. For example, children used to work in preparation for their future, boys were taught the trade or occupation of their father's and girls were taught to do tasks they would be expected to do when they became mother and wives. This obviously involved work in which the training went together with economic production. This had the positive impact of 'on the job training' as well as supplementing family labour force in the subsistence economy as such , it becomes extremely difficult to pinpoint and differentiate child labour and child work situations . Child labour often involves many forms of work which have no bearing on their up bringing and are in many cases exploitative as defined in the Worst Forms of Child Labour Convention 1999(182).

According to a report on child labour by Central Organisation of Trade Union (COTU,1996) in Kenya, child labour is prevalent in the following economic sectors of the country; agricultural , domestic services , fisheries, quarrying and mining , informal sectors (food kiosks, small workshops, street trade and market places) formal industries and construction.

Street children

Street children is a term generally used to refer to a general group of children who live and work in the streets. The National Poverty Eradication Plan (1999), lists street children as among poor children in Kenya who have a socially psychologically and economically deprived childhood due to neglect, abuse, exploitation, poverty and lack of parental care (Ministry of Planning 1999: 182). These children are vulnerable to drugs, delinquency and HIV/AIDS.

2.4 Children and social policy

2.4.1 Children's rights

It is impossible in the late 1990s for research, policy-making or programming concerning children to proceed without using the 1989 United Nations Convention on the Rights of the Child (CRC) as the guiding framework. This Convention has been ratified by almost all nations, which now have the obligation to report regularly to the Committee set up under Article 43 of the CRC to monitor the implementation of this international human rights instrument. Now that the CRC has been almost universally ratified, the task is to ensure implementation of its provisions. This is particularly challenging because the CRC covers all possible areas of children's lives, from provision of services to protection from abuse and exploitation, from juvenile justice to the right to participate in decisions made on their behalf, from family life to childhood in state care. The CRC is the first international human rights instrument to cover not only civil and political rights but also economic, social and cultural rights. The implication of this for implementation is that policy and practice with respect to children's rights has to take into account a wide range of academic disciplines, expanding the field beyond the traditional fields of education, social welfare and psychology.

Perhaps the most exciting development to come out of the almost universal ratification of the CRC is that it has been taken as the framework for programming by major international child welfare agencies and their partners, as well as by indigenous NGOs. In the international sphere, UNICEF's Mission Statement (January 1996) makes it explicit that the lead agency for child welfare within the United Nations system now considers that all its work must begin from a child rights perspective.

In addition, the Convention on the Rights of the Child has stimulated considerable debate on appropriate definitions of childhood. Many of the crucial themes in these discussions are particularly pertinent in Africa. It has been argued, for example, that it is not possible to apply the principle of the 'best interests of the child' in the same way in different cultural and legal settings (Armstrong, 1994). Moreover, it is clear that even to discuss children's rights in isolation may be inappropriate. It may be that children's rights cannot be separated from adult duties. Indeed, as the complementary regional instrument of the Organisation of Afdrican Unity, the African Charter on the Rights and Welfare of the African Child (African Charter) makes clear, children themselves are often regarded as having duties to their families and societies (African Charter Article 31). The African Charter is a complementary instrument, designed to ensure the implementation of the CRC in African countries, in the face of 'certain local conditions' such as:

> severely depressed economic situations, shortage of basic social amenities, widespread occurrence of armed conflict, and resultant displacement of populations (OAU, 1990).

The African Charter, drafted by the OAU and the African Network on Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) with the assistance of UNICEF, as a result of the First Regional Meeting to examine one of the final drafts of the Convention in 1988, is designed to 'retain the spirit as well as the substance of [the] letter' of the CRC while making 'special provisions guided by the ground situation in Africa' (ibid).In Kenya as in many other developing countries, over 50% of the population is under the age of 18 and cannot vote, which has implications for the development of democracy.

2.4.2 GOK policies for children

Several instruments, both national and international spell out the legal position as well as inform national policies on the rights of children. The international documents include the Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC) which entered force in September 1990 after ratification by twenty countries. Kenya ratified this convention on the 30th of July 1990. The African Charter on the Rights and Welfare of the African Child, adopted in July 1979 by the General Assembly of the Organization of African Unity is not yet in force but has been ratified by the Kenya government.

For international conventions to attain the force of law in Kenya, Parliament has to pass an enabling act. The Childrens Bill (1998) which has just been discussed by parliament domesticates the international conventions as well as offer a comprehensive legal framework that will safe guard the rights of children in Kenya (Childrens Bill 1998). These instruments bind states to guarantee the well being of all children. There is therefore need to find out how comprehensively and adequately they address issues pertaining to HIV/AIDS and children, and in particular, how they are operationalised and implemented.

Kenya is also party to the World Declaration for All and a framework for action to meet basic needs, adopted in Jomtien, Thailand in MARCH 1990. The import of this declaration was the affirmation of all human beings right to education. Kenya has geared her education policies to be in tandem with this declaration (Abagi, 1995;Gok 1989; 1992).

The right of children in Kenya has hitherto been taken care of under diverse legislation. Foremost, the Constitution of Kenya, which is the supreme law of the land, guarantees the fundamental rights and freedoms of citizens under Chapter 5 sections 70 to 86. This chapter is otherwise referred to as the Bill of Rights. It guarantees among others things the right of life (section 71), right to personal liberty (section 72) and protection from discrimination on the grounds of race, tribe, place and origin or residence or other local connection, political opinions, colour, creed or sex (section 82).

Several pieces of legislation touch on children. These include Children and Young Persons Act (Cap 141), the Age of Majority Act (Cap 33), Penal Code (Cap 63) and the Employment Act (Cap 211). The problem with this legislation and the inherent gap in them with regard to children is that foremost, the child is prominently absent. The child is not explicitly defined. The Children's Bill 1998 now defines a child as any person boy or girl who is below 18years.

The Kenya government policy on HIV/AIDS is contained in the Sessional Paper No. 4 of 1997,which was approved on September 24th 1997. The policy framework was seen as a pre-requisite to effective leadership in efforts to combat the HIV/AIDS epidemic. The goal of the Sessional paper is to provide a policy framework within which AIDS prevention and control efforts will be undertaken for the next 15 years and beyond. This policy is operationalised through the establishment of a National Aids Control Council (NACC). While the policy paper addresses the plight of children in the face of threat of HIV/AIDS there is no mention of what the youth and children will do in this effort.

2.4.3 Children and HIV/AIDS in Kenya

HIV/AIDS has numerous ramifications for children. Our understanding of the effects of HIV/AIDS on children are predominantly based on adults' observations and perceptions of how children are or might be affected (for example, Saoke & Mutemi, 1994; UNICEF, 2000). Article 12 of the CRC states that children have a 'right to express an opinion in matters affecting the child and to have an opinion and to be heard.' There is need to take into consideration children's observations, experiences, and perceptions of the impact of HIV/AIDS.

In the context of HIV/AIDS, the impacts on children can be investigated by focusing on three categories of children:

- Children infected with HIV/AIDS;
- Children affected by HIV/AIDS;

•Children living in a world with HIV/AIDS.
This research study focussed on the third category which includes all children.

The proceedings of the Second National HIV/AIDS Conference in 1998 identified interventions that provide for the basic needs and protection of orphans as one of the gaps that exist in HIV/AIDS programs (MOH, 1999). Although a variety of formal and informal support systems for HIV/AIDs orphans exist, the extended family network is singled out as the most ideal care structure (MOH, 1997; Saoke & Mutemi, 1994). The government policy is that communities should be persuaded to care for orphans to avoid stigmatization, exploitation and alienation (MOH, 1997). However, the extended family network faces constraints that have largely rendered it incapable of adequately caring for orphans (ACTION-AID, 1995; Barnett & Blaike, 1992; Nyambedha, 1999). Consequently, some orphans are forced to take care of their younger siblings. Estimates by the Ministry of Home Affairs (1998) indicate that child-headed families represent 5% of all other family types. The extent to which orphans' needs are met in these families and the impact of increased responsibilities on children are issues that need to be addressed.

2.4.4 Children's awareness and understanding of their rights

Article 42 of the CRC seeks to make the principles and the provisions of the Convention widely known by appropriate and active means to both adults and children. Organizations such as Kenya Alliance for the Advocacy of Children's Rights (KAACR), Christian Children's Fund (CCF), ACTION-AID Kenya, and PLAN International have launched awareness projects that target children and adults. However, the tendency for NGOs to focus more on priviledged groups of children such as those in schools excludes disadvantaged and vulnerable children. In this research study, school children were asked to list their rights and the rights they are denied. Children's perceptions of their rights were examined in relation to predisposition to HIV/AIDS and children affected by HIV/AIDS.

2.4.5 HIV/AIDS and children's rights

HIV/AIDS has several implications for children's rights. Affected children lack basic needs such as food, clothing, shelter, health, and education (ACTION-AID- Kenya, 1995: Johnstone, Ferguson, & Akoth, 1999; Nyambedha, 1999; Saoke & Mutemi, 1994). The lack of parental protection and poverty associated with parental loss increases orphans' vulnerability to sexual abuse and exploitation.

Despite the prevalence of HIV/AIDS in Kenya, the social stigma associated with it has forced communities to remain silent. Consequently, HIV/AIDS orphans are denied the right to information and knowledge of the cause of parental death. Explanations provided to children attribute parental death to a curse or witchcraft (Johnstone et al. 1999; Saoke & Mutemi, 1994). A similar pattern of silence is observed among health workers who often give the last opportunistic infection as the cause of HIV/AIDS related deaths. The

- Role play combined with focussed group discussion: Role plays were used to set the stage for focussed group discussions with children. Children were requested to prepare a five-minute play on the topic for discussion. The role plays were entertaining for children and helped to establish rapport between the children and between the researchers and the children. Role plays were also used to enable children to communicate to the researchers on sensitive topics such as rites of passage. The role plays were then followed by a focus group discussion on the same topic. Focus group discussions with children were used to provide children an opportunity to elaborate on key issues emerged from the pilot study. Instruments 2, 3B, 9, 10, 22, and 23 used role plays leading to focus group discussion.

- Visual method and focussed group discussion: Children were shown a set of pictures followed by a focussed group discussion on issues pertaining to the pictures. Researchers used pictures of basic needs to ask children questions that pertain to access to basic needs. Instrument 7 used pictures of various forms of education to stimulate discussion on children's perceptions of education.

Ethical checklist for researchers

- Children and adults should be informed about the research, what information is being sought, what methods will be used, how the research results will be used and its possible consequences;
- Based on this information the adult or child can consent or dissent at any point in the research process;
- Ensure that no child, or adult or community suffers harm as result of research;
- Protecting anonymity and confidentiality;
- Protecting safety and security (including of researchers);
- Not causing distress;
- Dealing with distress if it occurs;
- Ensure the best interest of the child is the cardinal principle in all cases;
- Do not encroach on privacy:
- Asking intrusive questions;
- Probing for information when it appears that a child or adult would rather not give an answer;
- Recognize the moral obligation of an adult to protect a child that is placing itself at risk by taking team decisions on when and how to intervene;
- Do not act as a teacher or instructor, do not tell children they are wrong or contradict the information they give;
- Minimize the power imbalance inherent in relations between children and adults;
- Acknowledge authorship and ownership of products of research;
- Respect cultural traditions:
  - Codes of dress and behaviour:
  - Politeness, ways of asking questions:
  - Social hierarchies;
  - Customs;
  - Food and ways of eating;
  - Do not criticize;
- Always keep promises made to children, adults and communities;
- Do not give children information about things they do not yet know and are not yet ready to know.

Methods used with adults (and children)

Key informant interviews: Structured interviews were used to obtain data from key informants on various issues. One researcher asked the questions while the second

- one recorded the responses on the interview schedule. Instruments 24, 25, and 26 were interviews.

- Written records: Records kept by key informants on specific issues that were of interest were obtained from all the research sites. These were used in conjunction with key informant interviews (Instruments 24, 25, and 26).

- Observation: In each research site, researchers were required to make general observations. A detailed record of the elements in the setting in which all the instruments were administered was made in a standard observation sheet. This was done to provide a context for the responses obtained and to record occurrences that may have interfered with data collection. Observation was also used to collect data on substance abuse in the community (Instrument 8) and HIV/AIDS messages found in each research site (Instrument 21). A standard observation sheet was used to guide the researchers' observations.

- Still Photography: Pictures of interesting scenes were taken to provide a context for data collected using other methods and provide information that could be best captured on film.

- Personal Communication and Observation: Informal discussions with key informants and community leaders provided useful information on issues that had not been anticipated. Information obtained was recorded in diaries. Each researcher kept a comprehensive diary of their experiences and observations in the field.

2.5.4 Research sites and the criteria used to select them

The selection of the research study sites was based on various factors and considerations. to enable the collection of varied data and also to be as representative as possible of the whole country. The criteria were:

- Prevalence: Current information on HIV in Kenya categorises prevalence into either low or high in the various parts of the country and it was necessary to carry out research in both kinds of area.

- Population Characteristics: The country's population is characterized by a variety of ecological zones, ethnic groups, and socio-economic groups. The research sought to capture all these varieties.

- Information: The study took into consideration the availability of information on education, previous and on-going research and existence of UNICEF Programmes within the locality.

- Existing HIV/AIDS interventions: Existing HIV/AIDS interventions by the GOK, UNICEF and others needed to be taken into consideration.

- Resources: The research study has to take into consideration the available human, financial and material resources available. The time span within which the study has to be done was also taken into consideration.

Research sites

The research sites originally identified by these criteria were divided into the following groups:

Indepth areas, where all the study instruments would be used:
- Mombasa – Kilifi
- Thika (urban and rural)
- Garissa

Supplementary areas, where only some of the study instruments will be used:
- Busia – border
- Kisumu (urban and rural)
- Kisii (urban)

Focal points where secondary data would mainly be used:
- Nairobi
- Kisumu

In the course of the research Turkana, Machakos, and Nakuru were added supplementary sites in which not all instruments were used. The reasons for adding these sites were:

- National outlook. In the initial sites selected, two provinces; Rift Valley and Eastern, were left out. For the research to have truly national scope, Machakos in Eastern Province and Nakuru and Turkana in the Rift Valley Province were added.

- Turkana District was also added because of the pastoral-nomadic lifestyles of the inhabitants of the district. The research had to capture this socio-economic group.

The following descriptions give the main characteristics of the final field work districts:

- Busia district is one of the six districts that form western province. It borders Kakamega to the east, Teso to the north, Siaya to the south- east and The Republic of Uganda to the west. It falls within the lake Victoria basin with altitudes varying from 1130 m. on the shores of Lake Victoria, to 1375m.

The central parts of Butula and Nambale occupy a plain characterised by low flat devides of almost uniform in height, which are often capped by laterites and shallow incised swampy drainage systems. The southern parts are covered by are range of hills comprising the Samia and Funyula hills which run from northeast to south west culminating in port Victoria. This region is covered by Yala swamp.

The lower parts of the district covers parts of Funyula and Budalangi divisions, which is a fairly flat terrain. There are two main rivers in the district, Nzoia and Sio-Port rivers, both of which drain into Lake Victoria. The numerous streams and undulating topography support agriculture but constrain the development of roads due to the large number of bridges and culverts required.

There are two rainy seasons, the long rains (March to May) and short rains (August to October). During the long rains, crops such as maize, sorghum, sweet potatoes, soya, beans, cowpeas, green grams, beans and onions are grown in most parts of the district. The climate also supports crops that grow all the year round or have long gestation period such as sugarcane, robusta coffee, cassava, avocados, sisals and bananas.

The total population of Busia was 275,074 in 1989 and this was expected to rise to 348,292 in 1997 and 369,459 in 1999 and 391,913 in 2001. The total population of Busia is expected to rise further with the revival of the East African Cooperation and the setting up of the Busia sugar factory.

Currently Busia and Thika are ranked by NASCOP as leading in HIV prevalence in Kenya, (NASCOP 1999) with the percentages for Busia standing at 34 %-36%. This active border town greatly contributes to predisposition. There is also the fishing activity at the busy Sio-port and Port Victoria towns. Like other fishing ports, the fishmongers engage in sexual activity with the many ladies who flock the ports and are ready to offer sexual favours in exchange for fish. During our research a priest at Port Victoria told us he was tired of burying HIV/AIDS victims, sometimes up to four in a day.

Culture is also a predisposing factor in the district, in Butula, the research team came across 50 year old women infected after being inherited. Polygamy and circumcision were also mentioned by community leaders as other HIV/AIDS predisposing factors. A new practice has also hit the area known as 'sweetie parties'. These parties are really opportunities for people to meet and engage in casual sexual activities.

- Garissa is one of the three districts of the northern province of Kenya. It borders Wajir district to the north, Lamu district to the south and Tana River and Isiolo disrtict to the west and Somalia to the East. It covers an area of 43,931 square kilometres, with an estimated population of 241,000 people (District Development plan 1997 – 2001. The district is arid and low-lying with altitudes ranging between 70 and 400 meters above sea level.

The large population in the district has put pressure on the available resources like land. This has resulted in a higher level of idleness among the youth, who have ended up using drugs and engaging in irresponsible sexual practices. Children's' responses and key informants indicated that the most abused substances/ drugs are Busaa, Kangara, Changaa, Kuber and Bhangi. Of all the above Kuber is the most abused as it is readily available in shops. The movement of men with prostitutes is another predisposing factor. Most men once they have received their earnings from their agricultural products engage in extra-marital relationships. Earnings especially from the tea bonus attract twilight girls from as far as Nairobi and Kisumu.

- Kisumu is one of the nine districts of Nyanza Province, bordering Nyando, Siaya, Vihiga and Lake Victoria Kisumu is the major town in western Kenya and is therefore a major trading Centre. The soils are black cotton soil, which is ideal for the cultivation of cotton, sugar cane and millet. These crops are grown in abundance. Other crops grown here include maize, sweet potatoes, cassava and green vegetables. Fishing is an activity that is predominant in Kisumu and is responsible for the livelihood of the majority of the people here. This area has two rainfall seasons, from March to May and from August to October.

  Workers in the sugar industry are mainly men who leave their homes for long periods of time to go and work on the sugar plantations. When they are away from home, they find the local women with whom they engage in sexual activities. Culture greatly contributes to predisposition. In particular, wife inheritance, where even young unmarried men take up widows who may have been exposed to HIV/AIDS. Poverty in this area is also rampant forcing widows and young girls to engage in sexual activities in order to get money to buy their necessities. Funerals also predispose people as they attract large crowds. These funeral ceremonies take many days forcing many of the mourners to stay away from their families for long periods.

- Machakos is in Eastern Province. It borders Nairobi and Kajiado to the west, Mbeere and Thika to the North, Kitui to the east and Makueni to the south. Most part of the district is semi-arid with unreliable rainfall. People from the Kamba ethnic group predominantly inhabit the district. Machakos town, the district headquarters is a cosmopolitan town and is the district headquarters. The main commercial activities are trade and some manufacturing. The major socio-economic activities in the district are small-scale agriculture, sand harvesting, handicrafts and small scale trade.

  The Trans-African highway runs through the western border of the district. The numerous long distance trucks and their crew stop at the small towns along the towns. Close proximity to Nairobi means there is a lot of interaction between the people of Machakos and those from Nairobi. All this predisposes the people of Machakos to HIV/AIDS infection.

- Mombasa district has an area of 282 square kilometres and is the smallest of all the six districts in Coast Province. It borders Kilifi district to the north, Kwale district to the south and west and then Indian Ocean to the east. The population in Mombasa is

projected to rise to 661,085 by 2001 with a predominately Muslim centre with extensive flat areas rising from 8 m above sea level in the east, to about 100m above sea level in the west.

The district has a climate different from that experienced by inland districts. The long rains occur between the months of March and June with a 60% reliability with the months of May and June recording the heaviest rains. The short rains start towards the end of October and last until December or January.Agricultural activity has suffered to a large extent from the unreliable rainfall. However, while farming activity has been affected by the weather, the tourist industry has benefited greatly from the sunny and dry weather that prevails in this region. The hottest months are December to February while the coolest months are from June to August. This kind of climate is favourable for growing tropical fruits such as oranges, coconuts and mangoes. Other crops that can be grown include cashew nuts and cassava. However, with the growth of urban settlements, agriculture is being marginalised by industrial development. Land available for agriculture is limited. Housing is also a problem. There is a large population of landless and squatters in the district. The main activity of Mombasa is its port activities where goods for the hinterland to Kenya and its landlocked neighbours such as Uganda, Zaire, Burundi, and Rwanda pass.

Mombasa district has several historic sites. These combined with the beautiful sand beaches, attract tourism, which is also a major industry in Mombasa. The attendant lifestyle of the urban population and tourism may create situations, which may predispose people to HIV infection.

- Nakuru district is located in the central part of the Rift Valley. Nakuru is on the highway and railway line connection eastern Kenya with the west. The principle economic activity of the district is commercial agriculture, mainly producing foods. Nakuru town is the headquarters of the district. There are a few industries. These economic activities and the fact that the town is the Rift Valley Provincial headquarters attracts people from all parts of the country. The main activities that predispose inhabitants of Nakuru to HIV/AIDS are:

  (a) Nakuru is traversed by the busy Trans - African highway with numerous transit track drivers, with stopovers on shopping centers that dot the district along the road.
  (b) Migrant workers working in the Rift Valley Provincial and district headquarters, agricultural processing plants and the agricultural service Industries in the town.
  (c) Child labour in the large and small scale farm as well as the town and other trading centres.
  (d) Nightlife in the various nightclubs that dot the town and on the shopping centres along the trans-african highway where truck drivers stop.

- Thika is a cosmopolitan town located approximately 34 km from the city of Nairobi. It is largely an industrial town with commercial agriculture being the major socio-economic activity in the outlying rural areas. The key cash crop areas are coffee and

pineapples. Some of the people who work in the industries and plantations in the area are migrant workers from all parts of the country. Consequently, they are usually unaccompanied by their spouses, a situation that could lead to risky sexual behaviour. In addition child labour in the coffee plantations is common and could put children in situations that could expose them to infection.

Thika town also has a vibrant nightlife in entertainment spots. These could encourage promiscuity and expose young people to infection.

- Turkana is located in the Rift Valley Province bordering Sudan and Ethiopia to the north, Uganda to the west, Marasabit and Samburu to the east and West Pokot and Baringo to the north. The indigenous population is largely Turkanas who are nomadic pastoralists. There also exists a large presence of refugee population in Kakuma consisting of Ethiopians, Ugandans, Sudanese, Zairians, Somalis and Congolese. Within the urban centers there exists a small proportion of other national tribes.

Turkanas are culturally polygamous where the man has a minimum of six wives. The man's duties consists primarily of providing security to his family and animals while the boys herd. The woman duty is to give birth, nurture, and look for food collect firewood and water, and construct the *manyattas*. Their daughters assist the women. There are certain prevailing issues that affect their social life:

(a) SECURITY: This is of great concern to the Turkana's daily life as they are frequently exposed to bandit attacks from the bordering tribes; Ugandans (Karamojong) and Somalis, for their animals.
(b) WATER: Due to the drought, which has lasted since 1998, many rivers have dried up leaving no water for them and their animals.
(c) FOOD: The Turkanas have lost a lot of animals due to the drought and this has greatly predisposed them to hunger and poverty. In turn they have been forced to move to peri-urban areas camp near the urban centers for survival.

The urban population in Lokichogio consists predominately of individuals who have moved there from other parts of Kenya in search of employment. Some have been fortunate in acquiring employment with the numerable NGOs and bilateral agencies that are providing humanitarian assistance to southern Sudan. The local Turkanas are mostly employed as security personnel, cleaners and restaurant staff with very few of them holding professional positions which are generally given to the Sudanese.

The drought emergency situation has predisposed the community to contracting HIV/AIDS due to the increase in poverty. The Turkana men come to sell their goats in the town, half of the money goes to the family and the balance in spends in town drinking alcohol and engaging in sexual activity with the young girls who have come from the neighboring divisions looking for employment with the NGOs. These same girls also engage in commercial sex with the men working

with the NGOs who are living in Lokochoggio and Kakuma without their families. The Turkana man then goes back to his many wives unaware of whether he has contracted any STI and thus passes it on.

Child labour is very common, where you get young boys who run away from school during the day to ferry water for pay and girls who work as domestic help for payment in the form of money or food. Mothers out of desperation walk door to door looking for work for their daughters. Most of these girls work for single men who live in these urban areas without their families. There are times when these girls are sexually abused by the same men, and even they do not get the payment due to them until their mothers get the chief intervene.

The local Turkanas do not take much interest in sending their daughters to school, and those girls who go to school and stay in school is due to their own individual initiative of seeking for financial assistance from well-wishers and NGOs. Turkana girls are considered more valuable by staying at home and assisting in domestic work till marriage. She is then married off and the father gets dowry, which is their wealth.

The Turkana youth have a local dance called 'Edonga', which all the youths participate in. And it is during this dance that the young men pick their girlfriends and after this activity they engage in sexual activity. And during the next such dance one picks a different partner.

The local Turkana girls have learned from those 'upcountry' girls that one can get money through sex so they have also started engaging in similar activities to support their families. There is a street in Lokichoggio called 'Mapenzi Street' where women brew local alcohol and rent out rooms for sex.

2.5.5 Study Timetable

9th March – 11th April: Secondary data collection according to work plan based on research questions developed by reference group

9th July - 30th July: Capacity building workshop- participatory research with children within a rights based framework. Piloting and refining research instruments. Analysis of secondary data and refinement of research questions. Development of research protocol with customized research instruments. Fieldwork research work plan (including precise field sites).

1st August – 11th Sept: First Field work period

12th September – 15th Sept: Capacity building workshop- Analysis of data from the first fieldwork. Development of additional research questions. Development of second – level research instruments (including questionnaires)

16th September – 31st September: Second field work period collection/questioners

1st November – 10th November: Capacity building workshop – Analysis of data and Report writing

11th November – 30th Nov: Finalizing report writing and report delivery.

DEFINITIONS OF KEY TERMS

Child: A person under the age of 18 years

Orphan: A person under the age of 18 who has lost his/her mother or father or both.

Child Labour: As defined as any form of economic exploitation or any work that is likely to be hazardous or interfere with a child's physical mental, spiritual or social development.

Child work. Light work after school or legitimate apprenticeship opportunities for young people in the family or communities

HIV: (Human Immune Deficiency Virus). A virus that leads to AIDS

AIDS : Acquired Immune Deficiency Syndrome, caused by a virus (HIV), which attacks the body's defense mechanisms, weakening it thus exposing one to various infections such as TB, persistent diarrhoea and vomiting, skin infections and pneumonia. The progression of these infections leads to death.

Sexual Abuse: A term that refers to the following :

i. Rape or forced sex, involving children whether with peers or adults.

ii. Sodomy, that is, forced anal sex.

Sexual harassment: To include touching a child's body in a sexual manner; using language with sexual connotations with children, and exposing children to pornographic materials.

2.5.6 Some of the factors which influenced the research process and outcome.

In the course of fieldwork, three more research sites were added to enhance the study's national coverage. These were Nakuru, Machakos, and Turkana. All the same, the research team was to submit the draft report on the earlier agreed set date. These changes increased the workload and pressure on the research team.

Due to logistical delays, some data collection had to be done during August (school holidays) and in October and November, when Kenya National Examinations, and schools end of year examinations were in progress. Again, due to limitation of time, psychological entry into some of the research sites was problematic.

While the team appreciates the support they received from UNICEF (KCO) in the course of the research, they experienced delays in accessing computer/printer facilities, and this slowed down the data analysis and report writing processes.

Except for transportation, all other fieldwork expenses for the researchers were not catered for and this was a constraint to the researchers.

The researchers were selected with an objective of building a core group of child focused researchers in Kenya. The team was composed of relatively young professionals, some of whom had limited research experience. This research hence, was also a training and a learning process.

3.0 DATA AND DISCUSSION

3.1 Key ideas

Children need appropriate HIV/AIDS education, at home, at school and in the community. Their rights are being violated. Other pressing needs, such as food, water and security, push HIV/AIDS into the background. If these needs are not addressed the messages about HIV/AIDS will be viewed as inappropriate.

3.1.1 Children

Children have a sense of hopelessness in the face of HIV/AIDS: They need support

Various children's rights are denied by HIV/AIDS, inc;uding survival and development. protection and participation). Children are adversely affected by AIDS in a number of ways, including their education. HIV/AIDS has made access to education an unrealisable dream for many affected children. Those who are in school have fewer chances of accomplishing their goals. They are at risk of infection at home through parental sexual abuse, in school through teacher abuse and within the community. Children assume adult roles prematurely.

Children need peer education and counseling to address hopelessness and life skills education in order to be able to protect themselves against predisposing activities, such as promiscuity and drug use.

Youth-friendly centres should be established to take care of children's and youth's needs for socialisation, recreation and counseling as well as sports centres.

Parental role in guidance and information is central to children

Children want their parents to take a guiding role (as often stressed in the text of the Convention on the Rights of the Child), yet parents barely talk to them about HIV/AIDS. Children need their parents to communicate openly with them on their sexuality as well as on HIV/AIDS. Parents thus need HIV/AIDS education, peer education and counseling.

Children of infected parents are afraid their parents may infect them, and they are angry that their parents have let them down by being 'bad role models'.

Children-appropriate messages about HIV/AIDS are needed

Children are curious about, more accepting of and know more about condoms than we tend to think. They are keen to know some very fine details about HIV/AIDS, asking about research, testing, history and drug use for example.

Children need to be listened to, heard and included in planning HIV/AIDS interventions

Children are well aware of, and understand the impacts of AIDS. Yet research focuses on adults. When communities grapple with HIV/AIDS children are forgotten actors, despite the fact that they are affected in many ways.

The media influence is important – for example the association between 'Trust' and condoms. This could be exploited in messages for children.

Children are asking for the inclusion/integration of HIV/AIDS in the curriculum. Teachers need training in HIV/AIDS to be open to discussion with children and to be supportive of affected and infected children.

In some areas (GSA, KSM, TH) street children are at risk of HIV infection

3.1.2 Schools/formal education

Even though they are affected, schools are inactive

- Schools lack HIV/AIDS education resources;
- Teachers hardly talk about HIV/AIDS to children;
- Teachers lack the knowledge and skills for HIV/AIDS education;
- Teachers should be (but often are not) good role models and abide by professional codes of ethics, particularly with respect to sexual abuse of students.
- Parent education and community education should be integral to the education system (life-long education as in CRC Article 29, Jomtien Declaration (1990) and Dakar Agreement (2000).

3.1.3 Society/informal and non-formal education

Communities are ill-equipped to communicate with children.

Culturally-appropriate messages are required

Underlying predisposing factors, such as loss of livelihood, circumcision, wife inheritance, incision and polygamy, should be addressed.
HIV/AIDS messages should be available to all community members, especially at grass roots level. Communities should be involved on the design and dissemination of messages. They should be supported in caring for individuals living with AIDS, those infected/affected by AIDS, AIDS orphans and community education.
International organisations should be sensitized to the need for their messages to be culturally appropriate, and youth sensitive.
Some attempt should be made to censor pornographic materials.

There is widespread awareness of HIV/AIDS among adults and children, combined with widespread misconceptions