# IMPACT OF HIV/AIDS ON ENROLMENT RATE IN ECD CENTERS; IN TIGITHI ZONE, LAMURIA DIVISION, LAIKIPIA CENTRAL DISTRICT, KENYA.

BY

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# DECLARATION

This research report is my original work and has not been presented in any other college or university for the award for the award of Diploma or Degree.

Signature ..... Date 8/12/2010

**Name:**

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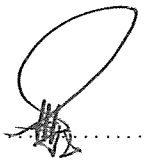
# APPROVAL

This research report has been done under my supervision as the university supervisor and it is ready for examination

Signature  Date 8/12/2021

**NAME: MR. SSEKAJUGO DERRICK**

# DEDICATION

I dedicate this work to my husband Robert Muchemi, children James, Joseph, Benjamin, Magdaline, Leah, my parents Mr. Joseph Waitiki Mrs. Leah Wandia, my sisters, my brothers, my workmates and friends for the love and patience they portrayed throughout the period of the work.

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**May the Almighty God bless you abundantly.**

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# ABBREVIATIONS

HIV – Human Immune Deficiency Virus.

AIDS – Acquired Immune Deficiency Syndrome

STD – Sexual Transmitted Disease

HOMOSEXUAL – Sexually attracted person of the same sex e.g. man to man.

WHO – World Health Organization.

UNAIDS – United Nations.

IDU – Intravenous Drug Use.

SSA – Sub-Saharan African.

NACC – National Aids Control Council.

# DEFINATION OF TERMS

**Patriarchy** – Male dominance

**Orphans** – Children who have lost parents under the age of 15 years.

**Sexuality** – According to Webster dictionary it is a condition of having sex or sexual activity or interest especially when it is excessive.

**Adolescents** – Transition period of growth between childhood and adulthood.

**Youth** – Refers to those in the age group of between 15-24 years.

**Prevalence** – Most common at a particular time or place

**STI** – Sexually Transmitted Infection.

**Deviance** – Violates norms concerning sexual behavior

**Patriarchy** – Male domination

**Infected** – To make an illness spread, contaminate, give a disease, and become ill or sick.

**Affected** – Have an influence or impression on a nut, to produce a change.

**Infant** – A child between the ages of zero months to six years.

**Mortality** – Large number of deaths.

**Rate** – Number, standard of reckoning obtained by bring two numbers into relationship.

**Infant mortality rate** – Is defined as the number of infant deaths during the first year of Life per 1000 life births.

**Child mortality** – Is defined as the number of children who die before reaching their fifth birthday per 1000 life births.

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# ABSTRACT

The study was about the impact on HIV/AIDS on enrollment, performance and the dropout rate in ECD centers in Tigithi location

The study sampling was done by picking the first four ECD centers purposely. I purposefully sampled three public and one private ECD center.

The schools were visited to carry out the research. A questionnaire was used to collect data the data. This was done through filing gaps in the questionnaire. The questions were based on the number of pupils enrolled in three years and drop outs in the same years.

There questions on the number of total orphans and those who have one parent; data on the performance of the orphans was given by the teachers. The study was guided by the objectives. HIV/AIDS affects enrollment in ECD centers. Performance of the orphans and children affected and infected with HIV/AIDS was affected by the disease. The other objective was on the drop out rate. The study proved that HIV/AIDS have an impact on dropout rate. Performance and enrolment.

I recommend that children infected and affected with HIV/AIDS should be treated with a lot of care considering guidance, counseling, provision of love, care and other physical needs e.g. shelter, clothing and food.

# CHAPTER ONE: INTRODUCTION

## 1.0 Introduction

This chapter outlined the general background of the research findings, challenges and purpose of the study, scope and limitations of the study.

## 1.1 Background

Education is one of the most valuable assets a parent can give to a child. It has become one of the basic rights of a child. Through education children are able to acquire knowledge, skills and altitudes which are positive. Education has a critical role to play in addressing issues of gender equity, finance, agriculture and the social aspects of the society. Education is widely recognized as a key to national development. The increase in access and quality of education relates to national population is critical to social, economic growth and productivity, increased individual earning and subsequently reduced income inequalities and the reduction of poverty. It also render significantly to improved health, it enhances democracy, good governance and effective leadership. Since the time of independence attainment in 1963 the government of Kenya has placed emphasis on the role of education in social economic and political development. As a result the government has tried to achieve the millennium goal of education through opening of more schools e.g. 60,508 and 151 secondary schools with enrollment of 891,553 pupils and 30,121 in primary and secondary school respectively in 1963. By 2004 there were 17,804 public and 1,839 private primary schools with a total enrollment of 7,394,763 pupils.

In the world HIV/AIDS has turned to be a pandemic infecting and affecting a large percentage of the population. The infected are dying in large numbers across the continent and in the world at large. The infected are also affected by the disease the number is also multiplying. Indiscipline and absenteeism in schools have become a menace. The government and the people of the areas affected should do some thing to the pandemic.

Looking at the education of the location it might drop due to low enrollment in early years of education. If the target group between 3-8 years is neglected in a few years to come. This would increase the poverty level of people of Tigithi location in future. In order to save the situation the government, the community and education institutions in the area, well wishers and donors should support education programs and institutions for children between the ages of 3-9 years. This would give the HIV infected and affected children a chance in education.

HIV/AIDS has turned to be a national disaster in Kenya and the world at large. The disease has no proven cure. If infected by the virus one loses immunity against any other disease. This means that any opportunistic disease can be fatal leading to death. The disease remains one of the biggest catastrophes to have hit mankind in the last three decades.

The Sub-Saharan Africa is the hardest hit with the disease killing more than a thousand patients daily. Many countries in the region have a prevalence rate of about 10-12% and the pinch of the impact of the disease is felt in all the sectors of the countries economies.

In Kenya the pandemic has impacted heavily on orphans and their guardians. The infection rates are going up and many people succumbing to the disease. The number of Aids orphans has been on the rise. The sad thing is that majority of those who die from the disease are young and energetic workers who are also the breadwinners of the families and when the y die the job of providing is left to the children some as young as 3 years of age. The disease has had negative effect on orphans and guardians as regards access to education, basic needs such as foods, clothing and shelter. The disease has subjected the young school going children to poverty immoral behaviors and absenteeism in schools. Since most are left under care of old and poor guardians struggling to make ends the are unable to provide needs like the school uniform, food, discipline and unable to pay pre-primary tuition fees.

## 1.2 Statement of the problem

Studies done before reflect a great difference in enrollment of the children, performance of children and the dropout rates in ECD centers 2003 and 2007. However the research on the impact of HIV/AIDS on the enrollment had not been done in Tigithi. The researcher wanted to investigate the effect of HIV/AIDS on enrollment and dropout rate in Tigithi location of Lamuria Division, Laikipia Central District.

## 1.3 Purpose of the study

The aim of the study was to compare the effects of HIV/AIDS on enrollment and dropout rates in ECD centers in Tigithi location of Lamuria Division, Laikipia Central District.

## 1.4 Objectives

1. To investigate the effects of HIV/AIDS on enrollment in ECD centers.
2. To compare the performance of children affected and infected by HIV/AIDS and those leading normal life.
3. To investigate the dropout rate in ECD centers due to HIV/AIDS related reasons.

## 1.5 Research hypothesis

1. The enrollment in ECD centers was higher in 1990 than in 2006.
2. Performance by normal children was better than that of children affected and infected by HIV/AIDS.
3. HIV/AIDS affected the drop out and low enrollment in ECD centers.

## 1.6 Significance of the study

***The study will benefit:***

Government.

It would create awareness to the government to improve on teacher's employment, material development, health facilities and motivation of parents, teachers and pupils.

The study would help the government to achieve the 2030 millennium goal for education for all. It would help expand free education to ECD centers.

Community

The community would accept and respect children affected and infected by HIV/AIDS.

They would benefit by expanded free education to all children in ECD centers.

Stake Holders

They would be made more aware of HIV/AIDS. They would respect children and other members of the community affected and infected by HIV/AIDS.

## 1.7 Scope and limitations

The research had a few limitations and challenges some being financial some schools were far away requiring money for travel. Some teachers were not co-operative making it difficult for the research. Teachers helped children to answer the questionnaire resulting to false results some children feared strangers and could not be able to speak. The research was done in Tigithi location of Lamuria Division, Laikipia Central District involved children between ages 3-8 years. The infected and the affected by HIV/AIDS those who had dropped due to HIV/AIDS.

HIV/AIDS remains a doubting global challenge; all of us must recognize aids as our problem. All of us must make it a priority to defeat it. All of us must not stigmatize those infected and affected (Koffi Annan UN secretary general).

# CHAPTER TWO: LITERATURE REVIEW

## 2.0 Introduction

This chapter outlined a belief history of HIV/AIDS the mythology, scientific facts, mode of transmission, and stages of development and methods of prolonging life.

## 2.1 History of HIV/AIDS

HIV/AIDS is a virus disease, it was discovered in U.S.A in 1983. It was then named HIV because of its role of lowering the immunity of those infected it was named HIV type 1.

In 1986 a second of virus was discovered in West Africa (Ghana) and was named HIV type 2. The two types are known as retroviruses. They have a peculiar enzyme which enables them to change their genetic or inheritance mechanism when they get into human body.

When the virus gets into human body they enter only the cells T Lymphocytes. The Lymphocytes are responsible for the manufacture of immune substances like white blood cells. When one is infected with HIV one is left with no protection from diseases. HIV puts you in the danger of other opportunistic diseases.

## 2.2 HIV MYTH of origin

Frequent Questions

1. How and where did AIDS originate?

No one knows how it originated or where it may be that HIV has been around for along time infecting only a few people and only recently started spreading.

2. Why Africa the most hard hit

WHO estimates 70% of all AIDS cases occurred in Africa. HIV is increasing; this may be due to (a) Poverty (b) The high prevalence of other sexually

transmitted diseases (c) partners of work migration (d) Military conflicts (e) Cultural practices and beliefs (f) Low health status in the population.

3. Can HIV be transmitted through other modes?

Yes, however there are few confirmed cases. Low levels of HIV have been found in saliva there is no evidence that HIV can be transmitted through kissing; mosquitoes cannot transmit 'a small amount of blood. There is no evidence of mosquito transmission. The origin of HIV/AIDS is not clearly understood. There are different believes of origin of HIV some people belief that HIV/AIDS was manufactured in the American science laboratory to control the population of Africans.

Africans are believed to have increased in population at an alarming rate of migrating to every part of the world. African population was straining World Food Programme and economy. Food shortages in Africa were alarming; Africa being poor continent, America sought an average way of solving the problem and that was through the manufacture of HIV/AIDS. That is why many of the affected are in Africa. The disease is believed to have been manufactured by combining Gonorrhea and Leukemia. Melanin was also involved.

Africans have more melanin than Europeans. HIV/AIDS is believed to infect more Africans than the lighter skinned people. Others believe that HIV/AIDS is a disease of the poor.

The other myths are that HIV/AIDS is a weapon of neo-colonialism HIV/AIDS is a disease of the monkeys found in Asia and central Africa from the cultural view HIV/AIDS is a result of witch craft and a curse of ancestors.

In Africa and Western Europe HIV is associated with homosexuals.

Christians believe that HIV/AIDS is a curse, from God for human transgressions. These myths occupy people and divert them from the real facts about HIV/AIDS.

## 2.3 HIV/AIDS in the world

HIV/AIDS is a global problem than a national one. Many people have died, most recently at the productive age of 25 years of age and 45 years. It is referred as a Global epidemic which has gone far more extensive than what predicted a decade ago. WHO estimated that at the end of 2000 the number of people living with HIV/AIDS was 36.1 million the figure is 50% higher than WHO's global prediction.

The epidemic has spread to many people although some countries ha had successful prevention programmes e.g. Uganda. The heterosexual mode of transmission is predominant in Africa while intravenous drug use is predominant in the rest of the world in Australia and New Zealand transmission is by homosexuals.

## 2.4 HIV/AIDS in Africa

Africa is the home to 70% adults and 80% of children living with HIV/AIDS in the world which amount to 25.5 million people living with HIV/AIDS. Half of all these people live in East Africa. In West Africa, Nigeria has the largest number at 2.3 million people. South Africa has 3 million people. The countries worst affected by the epidemic ruling sickness and death take place.

## 2.5 HIV/AIDS in Kenya

The Kenya national HIV/AIDS control programme (NACC 2000-2005) HIV/AIDS is a national disaster on 25$^{th}$ Nov 1999. The first HIV/AIDS case was detected in 1984.

2.2 million Kenyans are estimated to be living with HIV/AIDS, 75% of those infected live in rural areas. Adult prevalence rate in 2000 was 13.9% (Urban17.7%, Rural 12.4%) By June 2000 1.5 million people had developed and died of Aids living approximately one million orphans. The main mode of transmission is through sexual contact.80-90% infected is in the 15-49 years age group while 5-10% occurs in children less than 5 years old. Most Aids death occurs between ages 25-35 years for men and 20-30 years for women. This assuming an incubation period of 9-10 years it suggests that most

infections occur in the teens and early 20's. The prevalence rate per region is Thika leading with 34% and Busia with 33%. Mombasa and Nairobi has a stable prevalence of 15% of HIV/AIDS transmission.

HIV/AIDS is transmitted through sexual contact, blood transfusion, parental where the children get the infection from mothers at birth or through breastfeeding.

About 40%of babies born from infected mothers will themselves get infected 60% will not be infected, but they risk of being orphans. 70000 children under age of 5 years are infected.

Most of the HIV/AIDS is transmitted through Heterosexual contact. Although the probability of transmitting HIV in a single act of the intercourse can be quite low. A number of factors increase the risk of infection. The presence of STI/STD in either partner such as Syphilis or Gonorrhea. Those having a large number of sexual partners are also at high risk.

Other modes of transmission are sharing of unspecialized skin piercing Instruments e.g. needles, thorns, intravenous, injections, razor blades, knives, syringes and surgical instruments, open wounds expose one to HIV/Aids, cultural practices, Vaginal secretions(fluid) found within the female vagina. Other fluids are semen and saliva.

HIV/Aids is a dangerous disease, it is found through out the world. Research has found out that HIV/Aids attack more Africans than light skinned people. HIV/Aids in Africa was first discovered in early 1980's in Ghana it was then known as 'Slim'.

In Kenya HIV/Aids was discovered in late 1983's since that time Aids has spread at an alarming rate until 1996 when it became a serious national problem. By this year over 65,000 people had died due to Aids it is estimated that over 4.5 million people in the world are infected. In Kenya one out of every eight adults is infected. More than 200,000 people do not know they have HIV. The estimates are the actual number because not all AIDS cases are reported because of the following reasons.

1. Some people don't seek medical care for AIDS.

2. Some doctors may not want to record a diagnosis of AIDS because of the stigma attached to it.

3. HIV/Aids positive patients may die before they are diagnosed of AIDS.

4. Some rural health care facilities may not have the capacity to test HIV/Aids infection (National Aids and STD's)

5. The incubation period is too long between six months to 10 years most people in this period may not have symptoms and therefore may not be aware that he/she has HIV/Aids.

6. People fear voluntary counseling and testing.

7. Some African cultures believe that HIV/Aids is witch craft mailing members of these communities not to seek treatment in government hospitals.

8. HIV/Aids positive people get treatment from herbal doctors who do not record the treatment to be incorporated with the national grind on HIV/Aids.

9. some people with HIV infection may die of other diseases before they are ever diagnosed as having aids and some rural health care facilities may not have the capacity to test HIV infection (from national Aids and STD'S control programme)

## 2..6 Modes of transmission

There major modes of transmission:-

1. ***Heterosexual Contact*** – The majority of infections are transmitted through heterosexual contacts although the probability of transmitting HIV in a single act of intercourse can be quite low. A number of factors increase the risk of infections
2. The presence of either partner of a STD such as Syphilis or Gonorrhea
3. Having a large number of sex partners.
4. ***Prenatal*** – Many children are infected perinatary. They receive the infection from their mothers during pregnancy at the time of birth or through breast milk. About 40% of babies born from infected mothers themselves be infected, 60%

will not be infected but at risk of being orphans. 70,000 children under the age of 5 years are infected.

5. ***Blood transfusion*** – transfusion with infected blood will almost transmit HIV. How, even if in Kenya blood is screened for HIV, there is very few infection due to blood transfusion. It is highly in malaria endemic regions where the need for frequent transfusion e.g. among the children is common.

6. ***Incubation period*** – The average time for infection with HIV to development of the disease Aids is about three years to ten years. Most of these periods the person may not have any symptoms and therefore may not be aware that he/she is infected. This contributes to the spread of HIV since the person can transmit the infection to others without realizing it for children the incubation period is much shorter because their immune systems is not yet fully developed.

Most children who are at birth develop HIV/AIDs and die within 2 years. 30% to 40% of babies born to infected mothers will also be infected by HIV and most of them will develop and die within two years. Deaths due to HIV/Aids will out number the deaths from malaria and measles.

**Table 1: shows the projections on infections rate in Kenya of HIV/Aids in relation to age.**

| Mortality rate | Year 2006 | Year 2007 without Aids | With Aids |
|---|---|---|---|
| Infant | 72 | 46 – 50 | 55 – 60 |
| Child | 115 | 70 | 115 – 120 |

Source from Bloom or Doom – Your choice (K.I.E)

About 75% of ids cases occur to adults before ages 20 – 45 years the most part of the population. It is also the age when investments in educations are just beginning to pay off. These deaths have a lot of consequences for children since most people in this age group are raising young children.

**Table 2: Shows age groups and number of deaths in each group.**

| Age group | Number of Deaths |
|---|---|
| Between Age 0 – 4 Years | 2734 |
| Between Age 5 – 14 years | 107 |
| Between Age 15 – 19 years | 383 |
| Between Age 20 – 29 Years | 4813 |
| Between Age 30 – 39 Years | 4698 |
| Between Age 40 – 49 Years | 1809 |
| Between Age 50 – 59 Years | 743 |
| Between 60 Plus | 205 |

Source from Bloom or Doom – Your choice (K.I.E)

Deaths are more between ages 0 – 4 years due births related to HIV/AIDS from infected parents. These children die before they reach the age of two years.

Young women between ages 15 – 24 ate twice likely to be infected as males in the same age group.

The absence of Aids cases before 5 -14 years emphasizes that the main mode of transmission is through sexually contact and the virus is not transmitted by the mosquitoes or casual contacts.

## 2.7 Factors responsible for the spread of HIV/AIDS

Peoples, lack of early recognition of the disastrous of AIDS, poverty, lack of sex education.

Fear of realizing ones status and voluntarily testing, misuse of drugs, urbanization, adolescents are costly preoccupied and spend a big percentage of their time on sexuality and drugs. The study by Balmen DH etal 1997' Adolescent knowledge male domination is also another factor. Men have more power to determine where, when and how sex takes place, male dominance lead to lack of interpersonal skills to negotiate safe sex Balmen DH etal 1995.

Other factors are cultural e.g. tattooing, female genital mutilation, wife inheritance, deep rooted by Luo groups in Kenya, Uganda, Tanzania, Zaire and Sudan, ignorance, lack of role models, lack of moral authority over children by parents and adults. The orphans become destitute they lack social control, guardianship and loss of parental love. Deliberate infection to others as revenges commercialization of sex by media and entertainment industries e.g. T.V. Radios (The bold and the beautiful, explicit sex literature on books and internet.)

*Deviant behaviors by adolescents*

AIDS is closely tied to sexuality. Sexuality is tied to social needs of individuals as well as procedures needs of the human species. Yet sexuality is not easily talked about in most communities in Kenya. Sexuality is shrouded by mystery in communities.

It is important to the point out that there are many myths in many communities, which in some way may encourage sex in whichever way. Some of the sex myths include:

- Fertility myths: Common belief that one has to en gage in sex to ensure/enhance their fertility. Hence this makes youth engage in sex so as to be fertile in future.
- Virility myth: believes that engaging in sex improves/helps one to improve sex prowess and ability to sire!
- Feminity/ Masculity myth: Beliefs that it is sex that defines ones gender identity, and therefore one has to experiment ones, as a way of proving one is feminine/masculine.
- Heath myth: Belief that sexual activity enhances ones health conditions1 sexual activity may lead to heart attack – Myocardial infarct.
- Multiply to fill the earth: The biblical command is literally translated to mean lirela uncontrolled sexual activity or as 'License for sex'.
- Virginity leads to problems during delivery; to hell with it. !
- STI are a mark of humor and honor so it is just as well if one gets an STI.

- Sex Education Encourages Promiscuity
- Contraception is license for promiscuity
- Birth control/family planning is western concept.
- Sexual promiscuity enhances virility.
- Generalization about promiscuity in the African culture, where it seven alleged that 'a man cannot be satisfied by one woman'.

Prostitution is one of the vehicles of HIV/AIDS. The youths are the ones affected most because the youth have some physical attractiveness and as most prostitutes are between 17 and 25 years and reach peak of earning at 22 years. There is no evidence that poverty is a factor in becoming a prostitute although many prostitutes like any one else. Desire to improve their status in life.

Child prostitutes are usually aged 8 – 12 years and are introduced to it by their parents or other family members. Some are in school while others are runaways.

Adolescents' prostitutes are usually abused by their parents, usually the father. Like other deviant prostitutes recognize the reaction of others to their work but they often justify their practice with the following argument its.

- They are no worse than other women and are often worse hypocritical.
- They achieve certain dominance in social values as financial success and supporting dependants.

They perform a necessary social action.

Studies indicate that although there is substantial concern and awareness about aids in the general population and among prostitutes, most prostitutes fail to protect themselves and their clients by not insisting on condoms. This is in stack contrast to most of those cities mentioned where prostitution is legalized and prostitutes have strong trade unions. In those cities the use of condoms by all clients is mandatory. These cities are Paris in France, Mumbai in India, Hamburg in Germany and Amsterdam in Holland.

New data indicate that half of all new HIV infections are among young women aged between 15 – 24 years it four times higher than among boys of the same age. The figures from National Aids Control Council further indicate that more than 60% of the infections are in women.

There is evidently something very wrong with the way HIV prevention among the youth in Kenya is being handled says a health consultant "Dr. Adolph Munyoti" he observes that although there is a school curriculum in place. There is evidence that it is in most cases ignored for various reasons, although behavior molding and change can be easily accomplished when dealing with the youth. Education may be the key to fighting HIV/AIDS strategy is being reviewed and the emerging trends is absistence "SAVE" which means safer sex available ART,VCT and empowerment through education while the move towards diagnostic testing and challenging is increasing. It is evidence that there is an increase of people going for VCT "Daily Nation August 30 – 2007" special preventative measures should be considered for the vulnerable groups such as the homosexuals, intravenous, drug users, commercial sex workers and prisoners who have unique prevention needs.

There is expanded access of ARV's which is bringing hope to millions of people living with HIV/Aids.

## 2.8 HIV/AIDS after infection

A person does not develop AIDS immediately after HIV infection there are four stages from time of infection to time of death. The stages are:

### Stage (1) Window Period

This is the time it takes the immune system of the body to produce antibodies after the HIV has entered the body. The window stage last from three weeks to six weeks. During the window stage a medical a medical test will show negative.

### Stage (2) (Asymptomatic)

It is the duration when HIV is silently living inside the body's Helper T Cells. The period could last from six months to ten years in adults. The person may have no symptoms. AIDS test may test positive.

### Stage (3) (Symptomatic)

At this stage the immune system begins to break and symptoms starts to show. Stage (4) (Full Brown AIDS) the immune system is damaged by HIV/AIDS and it can no longer fight opportunistic diseases. The major signs at this stage are:

- Loss of body weight within a short time of one month
- Suffer chronic diarrhea for more than one month.
- Have prolonged fever for more than month.
- Persistent coughs.
- Generalized itchy skin diseases.
- Recurrent Herpes Zoster.
- Chronic generalized Herpes Simplex.
- Thrush in Mouth and throat.
- Swollen glands
- Loss of memory.
- Peripheral nerve damage.

In order to prevent HIV blood for transfusion is screened, avoidance of sex, personal hygiene, use of sterilized piercing and cutting equipments and sex education.

Research has shown that there is no vaccine to prevent AIDS however research is being carried out in many countries in the world including Kenya. People planning to get married should go for HIV test. Sanitation is important in the control of HIV/AIDS. Sanitation involves handling and disposal of HIV infected items e.g. Needles, Syringes, Razorblades, Knives, Cotton wool, Gloves and other clothes used to handle HIV/AIDS wounds.

Although the ministry of health in collaboration with other anti-aids agencies continues to educate the public on the scourge since it was declared a national disaster people from Mageta Island in Lake Victoria claim they are ignored' today every widow seeking to be inherited just dressed smartly and boards a boat to Mageta, Hama, Siro or Wayas Island' Says Wycliffe Aching a boat transporter. He claims that most women who lose their husbands to the pandemic on the main land turn to young ignorant fishermen and transport operators on the Islands to cleanse themselves.

'I was hooked to a woman who stayed with me for two months before I realized that she was widow who had buried her husband the same wee we met' said Achieng.

## 2.9 HIV/AIDS impact

HIV/AIDS increased the burden and stress for people caring for people living with HI/AIDS. A lot of labor hours and financial resources are diverted to buying drugs. HIV/AIDS have an impact on the population size and growth. Aids deaths are many and fewer births leading to low population.

Expenditure on AIDS is quite worrying to the demands it is making on heath services, demand on hospital beds personal drugs. HIV/AIDS have decreased the number of teachers due to sickness and death. On the economic sector it has been affected because the people who die are in the productive age of 14 to 45 years.

## 2.10 AIDS orphans

AIDS orphans are children under age of 15 years who has lost the mother and the father due to Aids. The number of orphans is estimated to 1 million by 2005. These children may lack proper care and supervision the need at this critical period of their lives; they will bring tremendous strain to the social systems to cope with such a large number of orphans.

At the family level there is increased burden and stress for the extended family which has the tradition mandate to care for the orphans.

Many grandparents are left to care for young children.

At the community and national level there is increased burden to the society to provide services for these children; food, clothing, shelter health care and school fees.

Many children go without adequate health care and schooling; therefore increasing number of street children, destitute and young prostitutes.

Aids became a very serious problem in June 1996 over 65,000 people died due to Aids. It is estimated that over 4.5 million people in the world are infected. In Kenya one out of every 8 adults is infected. More than 200,000 people in Kenya have already developed HIV/AIDS and are at the last stage of HIV/AIDS (Full brown)

## 2.11 Conclusion

Due to HV/AIDS scourge, its effects in the national development. The government, the World Bank NGOs and there stake holders has taken drastic measures to try to control HIV/AIDS. They have slowed the spread of HIV/AIDS and among the children and the population at a large through prenatal clinical testing of HIV/AIDS, introduction of VCT centers in urban and rural centers they have created awareness among the bigger percentage of the population. This has lowered the number of HIV infections and deaths. There is also of hope that a vaccine or treatment will have been found by the year 2020 infections are decreasing due to awareness.

# CHAPTER THREE: METHODOLOGY

## 3.0 Introduction

In this chapter the researcher had given date collection methods, research designs, location of the study population and sampling procedure, instruments and data analysis.

## 3.1 Research Design

In the research, survey method was used. It gave the general condition of the area. Questionnaire method was used to collect the data. Being a sensitive subject the researcher used tools selectively e.g. Interviewing and being given selected children by the teacher.

## 3.2 Variable Definition

The study had the following variables

## 3.3 Independent variable

HIV/AIDS in Tigithi location of Lamuria Division, Laikipia Central District.

## 3.4 Site Selection.

Tigithi zone is near Nanyuki town. The town is ranked among the top in prostitution in Kenya.

The researcher chose to find out the impact of HIV/AIDS on ECD centers in Tigithi zone which is rural area. Twilight girls/ prostitutes flocked in the town on weekends and holidays. This enhanced the spread of HIV/AIDS.

### 3.5 Population and sampling

Population was targeted by the researcher. The target population in ECD centers. The sample comprised of five ECD centers. They are Kabanga, Chuma, Mukuri, St. Peters and Wathituga ECD centers

### 3.6 Sampling procedure

The researcher took a paper and teared into ten pieces and selectively wrote the names of ECD centers two private and eight public centers. Put two in one bucket and eight in another. She picked one from the two and five from the eight. The private center she took was St. Peters, and public were Kabanga, Chuma, Mukuri and Wathituga. The children picked for the research were purposely selected for the interview by the teachers in those centers.

### 3.7 Research Instruments.

The study used a questionnaire, the observation and past tests administered by the teachers in the ECD centers for the test given to the children normal affected and infected by HIV/AIDS. The teachers helped to identify the children affected and infected by HIV/IDS. The researcher also sampled five normal children and five the affected and infected.

# CHAPTER FOUR: PRESENTATION, ANALYSIS AND DISCUSIONS.

## 4.0 Introductions

The chapter focused on data analysis, findings and discussion in relations to the documented information of the research to all interested parties e.g. the stake holders, parents and the ministry of education.

Data was analyzed in tables the mean was calculated and the information was presented on tables, bar graphs and pie charts.

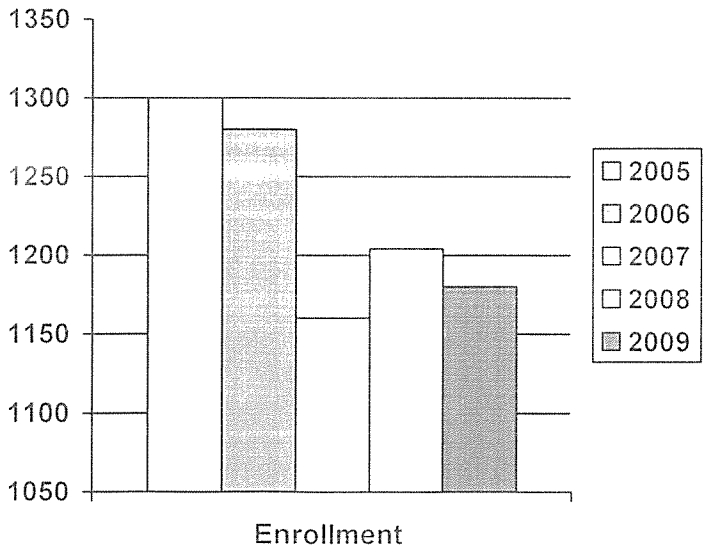
## 4.1 Data analysis and findings

The data was collected by compiling the questionnaire (Ref appendix 1) which had blanks showing enrollment rate for ECD centers.

The questionnaire was completed by the head teacher and the ECD teachers. For the performance teachers gave the researcher progressive records to compare for each selected child (ref appendix 2).

## 4.2 Enrolment

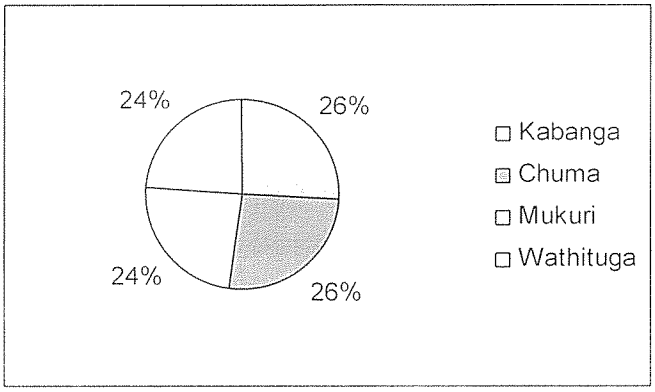
**Figure 1: Enrolment of children in ECD centers between 2005 and 2009.**



DEDUCTIONS

Figure 4.1 shows that enrollment in 2005 was high for people anticipated free early childhood education and free primary school education. In 2008 – 2009 the enrollment was low due to HIV/AIDS. Birth rate had seen affected by HIV/AIDS.

**Figure 2: Affected and infected in the four ECD centers.**




## 4.3 Discussion

The rate of enrolment was low for children affected and infected with HIV/AIDS especially from private institutions due to transfer to cheaper ECD centers. This can be due to financial constraints of guardians and parents. In public school, the low enrolment was also noted due to high motarity rate and low birth rate.

Infected and affected by HIV/AIDS. Enrolment could also show that these children faced other related problems e.g social psychological and financial. The owners of private schools should help the parents and child with HIV/AIDS by reducing the fees. The government should help the parents and the children with HIV/AIDS by providing free education in ECD centers and provide free medical services and food through well planned program.

# CHAPTER FIVE: SUMMARY, RECOMMENDATION AND CONCLUSION

## 5.0 Introduction

This chapter outlined the conclusion and recommendations regarding findings and summary to the findings and where further research was required.

## 5.1Summaries of the findings

The ECD centers in Tigithi Zone Lamuria division were sampled by random. The children in the research were selected purposefully to represent the ECD center in Tigithi Zone. The study was guided by the first objective which was HIV/AIDS affects enrollment in ECD center. The objectives were guided by hypothesis which was proved correct. The second hypothesis was that children affected and infected with HIV/AIDS do not perform well. The hypothesis to this objective was proved incorrect. The third hypothesis was that the drop out was high due to HIV/AIDS the hypothesis was proved right.

## 5.2 Conclusion

The research proved that HIV/AIDS affects enrolment in EDC centers at a high rate due to HIV/AIDS related problems.

## 5.3 Recommendations

- The government should make it compulsory for each and everybody to be tested on HIV/AIDS.
- The announcement course of death should be made mandatory in burial ceremonies.
- ARVs should be provided free of charge.
- Health and education services for the affected and infected should be made free.

- The teachers to start programmes to cater for the lost time when the children are absent due to bad health or caring for their sick parents.
- Parents should appreciate and respect the children affected and infected with HIV/AIDS.
- Parents should provide facilities for the children affected and infected with HIV/AIDS. Education for all should be provided.

### 5.4 Further research

Further research was needed regarding HIV/AIDS on the prevention and treatment of HIV/AIDS. I think there is more space for more research to be done on the infected people and the affected on absenteeism in school in early childhood, indiscipline in early child hood and immorality in early childhood in relation to HIV/Aids epidemics.

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# APPENDENCES

## APPENDIX I

Research Exercise on Enrolment – HIV/AIDS

A questionnaire to be completed by the head teacher/class teacher in ECD centers in Tigithi Zone.

Name of the school_____

Postal Address_____

Location of the school_____

*(Tick where necessary or fill the blank spaces)*

1. Type of the school

   Private ☐ Public ☐

2. Enrolment of Child in junior class_____
3. enrolment of child in Middle class_____
4. enrolment of Child in senior class_____
5. number of total orphans_____
6. number of children with single parents_____
7. Sponsor of the school_____
8. Drop out in year - 2007_____

   2008_____

   2009_____
9. Drop out caused by HIV/AIDS _____
10. Drop outs in transfer's _____

# APPENDIX II

Observation Schedule

Name of the School.....

Name of the teacher.....

Class.....

Fill the following information direct from the register in the rate below.

1. Names of all those children affected and infected with HIV/AIDS. (Give the children abbreviations A,B,C,D,E instead of their real names).
2. No. of Days present in whole year.
3. No. of days absent.

| NAME OF THE CHILD | NO. OF DAYS PRESENT | NO. OF DAYS ABSENT |
|---|---|---|
| Child A | | |
| Child B | | |
| Child C | | |
| Child D | | |
| Child E | | |

Confirmed by the Head teacher/class teacher

Name.....

Official stamp..... Date.....

# APPENDIX III

Performance Schedule

To be completed by the class teacher

The teacher to write the names of Orphans as A, B, C, D and compare their performance with those of the normal children

Name of the school.....

Name of the head teacher.....

Name of the class teacher.....

Name of the class.....

No. of orphans.....

| Class | Orphans | Above average | Below average |
|---|---|---|---|
| Junior | | | |
| Middle | | | |
| Senior | | | |

Confirmation by the Head teacher.

Name_____

Official stamp_____ Date_____

**Thanks for Completing the Questionnaire**

# APPENDIX IV

Age and sex distribution of reported aids cases from 2007 – 2009

Table 1

| AGE GROUP | NO. OF FEMALES | NO. OF MALES |
|---|---|---|
| 0-4 years | 2800 | 3500 |
| 5-9 years | 500 | 500 |
| 10-14 years | 500 | 500 |
| 15-19 years | 2400 | 700 |
| 20-24 years | 6280 | 3480 |
| 25-29 years | 6550 | 6550 |
| 30-34 years | 5180 | 7160 |
| 35-39 years | 3500 | 5140 |
| 40-44 years | 2080 | 4180 |
| 45-49 years | 920 | 2860 |
| 50-54 years | 500 | 80 |
| 55-59 years | 360 | 1600 |
| 60 + years | 60 | 360 |

Table 1 shows t hat women between ages 15-34 are at high risk of getting HIV/AIDS. Men between ages 24-44 also at high risk of being infected by HIV/AIDS.

Children die between 0-4 years of age due to infections of their parents.

# BUDGET

| ITEMS | PARTICULARS | AMOUNT |
|---|---|---|
| 1 | School visits @100 | 400 |
| 2 | Health center visit @200 x 2 | 800 |
| 3 | Library visits @100 x 2 | 200 |
| 4 | Lunch @ 50 x 8 | 400 |
| 5 | Typesetting/printing @ 25 x 50 | 1250 |
| 6 | CD @ 50 | 50 |
| 7 | B/pens/ pencils and foolscaps | 472 |
| TOTAL | | 3572 |