

**SOCIAL - ECONOMIC PROBLEMS AND ACADEMIC  
PERFORMANCE OF AIDS ORPHANS IN  
PRIMARY SCHOOLS. MATHIRA  
DIVISION, NYERI DISTRICT  
KENYA.**


**MAINA PETERSON MURIUKI  
BED/18356/71/DF**

**RESEARCH PROJECT SUBMITTED TO THE FACULTY OF IODL  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE AWARD OF BACHELOR OF EDUCATION IN  
EARLYCHILDHOOD AND PRIMARY  
EDUCATION OF KIU- UGANDA.**

**AUGUST, 2009**

## DECLARATION

I, **MAINAPETERSON MURIUKI**, declare that this research report is my original work and has not been presented for a degree award to any other university or higher learning institution.

Signature..........

**MAINAPETERSON MURIUKI**

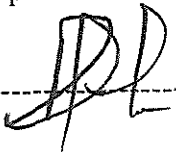
**(Student)**

## DEDICATION

To my loving parents, brothers and sister, David, Ephraim, Ann, Teresa and Mary.

## APPROVAL

This is to certify that this research report entitled "*Social - Economic Problems and Academic Performance of AIDS Orphans in Primary Schools*" has been under my supervision as a university supervisor and now ready for submission.

Signature -----

Name DILETO PIUS  
(Supervisor)

Date 28/08/2009

## ACKNOWLEDGEMENT

I wish to acknowledge and appreciate all those who assisted me in making this report a success particularly feel indebted to:

The director and the coordinator Mwana ECDE training centre Mrs. Kabiru and Mrs. Njenga for their encouraging words at the starting of this degree course. Mr. Njue Headteachers B.C.C School for allowing permission especially during data collection period. Teacher Jennifer Head teacher TipTop academy for provision of resource literature materials.

Lastly to all respondents in the study included AIDS orphans, their guardians and their teachers Mr. Muriu for his excellent computer work for typesetting this research paper.

My classmates, friends, relatives and all those who assisted directly or indirectly in writing up this research paper

To all of you thanks very much and may God's blessings be upon you always.

## TABLE OF CONTENT

Declaration -----	ii
Dedication -----	iii
Approval -----	iv
Acknowledgment -----	v
Table of contents -----	vi
List of tables-----	ix
List of abbreviations-----	xi
Abstract -----	xii

### CHAPTER ONE: INTRODUCTION

.0 Overview -----	1
.1 Background -----	1
.2 Statement of the problem-----	3
.3 Purpose of the study -----	5
.4 Objectives of the study-----	6
.5 Research questions-----	6
.6 The scope of the study -----	6
.7 Significance of the study -----	7

## **CHAPTER TWO: LITERATURE REVIEW**

.0	Introduction -----	9
.1	Poverty and academic performance -----	9
.2	Neglect and academic performance -----	11
.3	Stigma and academic performance -----	13
.4	Child abuse academic performance -----	16
.5	Conclusion -----	19

## **CHAPTER THREE: RESEARCH METHODOLOGY**

.0	Introduction -----	20
.1	Research design-----	20
.2	Population and sample -----	20
.3	Sample size-----	20
.4	Sampling method -----	21
.5	Research instruments -----	21
.6	Data collection procedure -----	21
.7	Data analysis -----	22

## **CHAPTER FOUR: PRESENTATION AND INTERPRETATION OF RESULTS**

.0	Introduction -----	23
.1	Poverty and academic performance -----	23
.2	Neglect and academic performance -----	26

.3 Stigma and academic performance-----28

.4 Child abuse and academic performance -----31

**CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS.**

.0 Introduction -----35

.1 Discussion -----35

.2 Conclusion -----36

.3 Recommendations -----37

References -----39

Appendices-----40

## LIST OF TABLES

Table 4.1:	Responses of AIDS orphans on whether poverty affects their academic performance-----	23
Table 4.2	Responses of AIDS orphans guardians on whether poverty affects academic performance of AIDS orphans -----	24
Table 4.3	Responses of AIDS orphans teachers on whether poverty\ affects academic performance of AIDS orphans -----	25
Table 4.4	Responses of AIDS orphans on whether neglect affects their academic performance-----	26
Table 4.5	Responses of AIDS orphans guardians on whether neglect affects academic performance of AIDS orphans -----	27
Table 4.6	Responses of AIDS orphans teachers on whether neglect affects academic performance of AIDS orphans-----	28
Table 4.7	Responses of AIDS orphans on whether stigma affects their academic performance-----	29
Table 4.8	Responses of AIDS orphans guardians on whether stigma affects academic performance of AIDS orphans -----	30
Table 4.9	Responses of AIDS orphans teachers on whether stigma affects academic performance of AIDS orphans-----	30

'able 4.10    Responses of AIDS orphans on whether child abuse affects their    academic  
performance-----31

'able 4.11    Responses of AIDS guardians on whether child abuse affects academic  
performance of AIDS orphans -----32

'able 4.12    Responses of AIDS orphans teachers on whether child abuse affects academic  
performance of AIDS orphans-----33

## LIST OF ABBREVIATIONS

ANPPCAN	-	African Network for the Prevention and Protection against Child Abuse and Neglect
et al	-	And others
NACC	-	National AIDS Control Council
NASCOP	-	National AIDS /STD Control Programme
UNAIDS	-	United Nation AIDS
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization

## ABSTRACT

The study was a research on the socio economic problems and education of AIDS orphans in Mathira Division, Nyeri District, Central province of Kenya. The elements examined were poverty, neglect, stigmatization and child abuse.

The study used a sample survey designed, where a simple random sampling procedures was used to form a sample size of thirty (30) AIDS orphans and twenty six (26) AIDS orphans guardians, and twenty four (24) AIDS orphans teachers, interview schedules were the tools used for data collection. The study selected was analyzed and interpreted using frequencies, tables and percentages

The study found that poverty, neglect, stigmatization and child abuse to be facing education of AIDS orphans in Mathira Division .

The main recommendation of the study were that

Government , non governmental organizations and private institutions should intensify the empowerment of home taking for the AIDS orphans by giving them soft loans to initiate and strengthen their income generating activities

Ministry of Health and organizations running HIV/AIDS related programmes should intensify creation of HIV/AIDS awareness.

The teachers and non governmental organizations institutions in collaboration with local communities should be vigilant on abuse of AIDS orphans in the society and curb it.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Overview

This chapter presents a back ground to the study, statement of the problem, purpose, objectives significance and the scope of the study.

#### 1.1 Background

Children are the future adults; it is through childhood that every individual undergoes to become adult. Children need to be healthy physically, psychologically and socially if they are to grow up as responsible adults. It is the obligation of the society to ensure that children are given adequate care. Parents are the primary providers of the basic needs to their children. They also ensure children's well being by protecting them from offences that detrimental to their lives.

However children have been experiencing diverse social problems among them abandonment, destitution, negligence and abuse. It is from the realization of such problems that have prompted the establishment of community support systems such children's home and rescue centers for the children among other institutions.

The onset of HIV/AIDS scourge has appeared to jeopardize the children's wellbeing and expose them to myriad problems after their parents; - their breadwinners succumb to the scourge. HIV/AIDS is a disease, which the first case was reported in 1981 in U.S.A. The disease with time has spread all over the world making it to be a world epidemic. In Kenya, the first case was reported in 1984 and with time it has spread at alarming rate leaving almost all families in the country directly or indirectly suffering from its consequences. Wackman, (1999) remarked that, HIV/AIDS claims so many in the prime

of their working force, fracture and improvises families, orphans and shred the fabric of communities. On recognition of adverse economic and social impact occasioned by the scourge in Kenya, president Moi declared it a national disaster in November 1999.

According to an article in the Daily Nation, April, 20<sup>th</sup> 2001 page 9, World health organization and UNAIDS stated that, more than 36 million people world-wide are either suffering from AIDS or HIV positive whom most of them 25.3 million are sub-Saharan region African countries such as Kenya and Botswana. It further noted that the scourge has claimed lives of an estimated 21.8 million children as orphans, most of them in Africa continent.

In Kenya, a report on the role of children in poverty reduction presented by Mr. Peter Gakunu on 23<sup>rd</sup> August 2001 stated that about 2 million people in Kenya are infected with HIV/AIDS and about 700 people are dying every day from HIV/AIDS related infections. It further pointed out that the disease has left about 1.1 million orphans with very devastating effects.

Due to the setting in of nuclear family rather than extended family, largely due to social changes like urbanization and migration of labour, the future of the AIDS orphans may be at bleak. This is because that hey are likely to lack close relative to adequately care fro them. They are also likely to be stigmatized and neglected by relatives and social at large for being associated with HIV/AIDS, which is socially stigmatized disease. They are also vulnerable to abuse, they are at high risk of being sexually exploited, be victim of early marriage and be involved in exploitative economic activities at the expense of their

education their fate is worse in developing countries where welfare system is not well pronounced due to wide spread poverty among other factors.

HIV/AIDS spread has appeared to take its toll in Nyeri District with the specific area of study inclusive of Mathira Division. Nduanio a former Nyeri District AIDS co-coordinator as quoted in an article in the People Newspaper Magazine; 11<sup>th</sup> June 2000 stated that Nyeri District had over about 600 Aids orphans. Possibly the plight of those orphans are devastating.

It is against this background that the study was carried out to examine the social-economic problems facing AIDS orphans in Mathira Division. The variables examined were poverty neglect, stigmatization and abuse.

## **1.2 Statement of the Problem**

Children without parents may experience diverse social problems. They may lack the parental care and love and other essential necessities of life. They are also likely to be victims of offence such as sexual exploitation and early marriage. Therefore, society's since in the past have strive hard to ensure the wellbeing of children in general formulation of policies and establishment of institution geared to provision of children in general by formulation of policies and establishment of institution geared to provision of children care and protection.

The emergence of HIV/AIDS scourge has appeared to undo the progress that society had made on children survival, development, protection and participation. The scourge is not only leaving many children as orphans but also suffering from the HIV/AIDS and experiencing the social stigma associated with the scourge. Most of Aids orphans are

vulnerable to physical and emotional deprivation. Frequently they may be without adult caretaker to provide nurturing, social education and protection. In Kenya this scenario negate education for all by the year 2005 and becoming an industrial nation by the year 2020 among other national goals.

The study has examined the following variables; poverty, neglect, stigmatization and abuse. Poverty among the AIDS orphans may be a prevalent problem. The AIDS orphans are likely to be cared for by guardians with low income, who may not be able to provide basic needs and access to medical and education services to the AIDS orphans under their care. As a result the AIDS orphans may get malnourished due to food scarcity and not enroll or complete school.

The AIDS orphans are also subject to neglect by their relatives and guardians. They are likely to be denied the expected parental care and love. Their close relatives may leave them under care of their flair grandparents. Most of the AIDS orphans may also be poorly fed denied access to medical and school services.

On the other hand, the Aids orphans are likely to be socially stigmatized for being associated with HIV/AIDS. Their relatives and friends may shy away from them and assume that, the Aids orphans are infected with the disease. The AIDS orphans are likely to be rejected within their guardians households, discriminated upon and be physically isolated by their friends and relatives who know that their parents succumbed to the scourge.

In addition the AIDS orphans are likely to experience various forms of abuse, due to their vulnerability. Most of them may be subjected to hard labour within their guardian's

household, get involved in economic activities at the experience of their education. They are also likely to be sexually exploited or be married off rather at an early age having not completed schooling particularly where they lack necessities that they need or when they lack the parental supervision.

Due to socio-economic problems that most Also orphans encounter, they are more likely to be poorly educated, drop out of school, and suffer from physiological and emotional disorder. They are stand at high chance of being malnourished. This scenario impedes their normal growth and development and may cripple their ability to fend themselves and contribute to national development in future. Thus, society may not realize their potential and talents in future.

Most of AIDS orphans due to their in ability to access basic needs and other necessities may indulge in risky behaviour in effort to earn a living such as commercial sex and criminal activities. This behaviour may not only enhance vicious cycle of HIV/AIDS infections but also be a threat to security in the society. As a result, the government would incur huge expenses in controlling the spread of scourge and maintaining security and rehabilitating those orphans who may turn to deviants. Thus depleting government resources that would otherwise be used in meaningful national development tasks.

It is this statement of the problem that the study was carried out in Mathira Division in Nyeri District.

### **1.3 Purpose of the study**

Based on the variables stated, the purpose of this proposed study will be to help the researcher examine the social –economic problems and academic performance of AIDS

orphans and to make suggestion on how to avert them to improve academic performance of AIDS orphans and to make suggestion on how to avert them to improve academic performance.

#### **1.4 Objectives of the study.**

- To find out whether poverty affects academic performance of AIDS orphans.
- To find out whether stigmatization affects academic performance of AIDS orphans.
- To examine whether neglects, affects academic performance of AIDS orphans.
- To investigate whether child affects academic performance of AIDS orphans.

#### **1.5 Research Questions**

- Does poverty affects academic performance of AIDS orphans?
- Does stigmatization affects academic performance of AIDS orphans?
- Does neglect affects academic performance of AIDS orphans?
- Does child abuse affects academic performance of AIDS orphans?

#### **1.6 The scope of the study**

The proposed study will confine itself to key informants, such as AIDS orphans aged between seven and seventeen years, AIDS orphans guardians and teachers. These will be drawn from just a small portion of Mathira Division, Nyeri District. The division is situated to the eastern part of the district, to the north it border Mount Kenya. Finally, there are many social-economic problems affecting academic performance that AIDS

orphans face in Mathira Division, but this study will only focus on poverty stigmatization, neglect and child abuse. The research will be carried out between March 2009 and June 2009 in selected public regular primary schools in the four zones of which the division comprises of.

### **1.7 Significance of the study**

The findings of the study will be of great importance to all educationalists/stakeholders. The AIDS orphans will be encouraged to develop a positive realistic view of him/herself and their social-economical conditions. This will enable them meet reasonable standards of performance and behaviour and help them cope with the problems wherever possible. They will then realize that aside from having social – economical problems, they have many other qualities that make them unique,

The teachers will be equipped with the necessary information about the different categories of learners with social – economic problems, understand their needs and provide appropriate assistance by helping them cope with their social – economic problems and set for them realistic expectations. It will also help them develop positive attitude by way of supporting encouraging and include all learners in all learning activities as active participants and not as observers. The teacher will also have the knowledge and skills that will enable him/her create positive environment in the classroom that can enhance learning.

This study will be essential to the government, religious institutions, non – governmental organization and individuals, as it will provide an understanding to the social – economic

problems facing AIDS orphans. It will also provide effective recommendations that may assist to assist to address those problems both in short – term and in long – term.

The HIV/AIDS orphans will also benefit if the recommendation in this study are implemented, hence their normal growth and development as children may be assured consequently making them have a blight future.

The social researcher and other scholars may utilize the research as research material or as a base for exploring more about problems facing AIDS orphans.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviews the work of various authors in reference to socio-economic problems and education of AIDS orphans. Literature was reviewed in relation to the following variables; poverty, neglect, stigmatization and abuse have been reviewed.

#### **2.1 Poverty and academic performance**

Poverty may be one of the common problems among the AIDS orphans; possibly, because their deceased parents may have depleted the family resources in effort to treat HIV/AIDS related infection. On the other hand, Aids orphans may be fostered by guardians who are not financially stable, hence failing to provide adequate care for them. According to the session paper NO. 4 of 1997 on AIDS, the numbers of children infected and affected by HIV/AIDS continue to rise yet the institutional and the extended family capacity to cope is frustrated by the socio-economic situation and demand by larger number of people needing care and support.

On the same, the people Newspaper, August, 20<sup>th</sup> 2000 reported that poverty is stalking many children whose parents have succumbed to HIV/AIDS and as a result, many of them are leaving schools for streets. The researcher is of the opinion that the moment when parents start suffering from HIV/AIDS their children may be forced to skip school to care for their sick parents as well as shouldering domestic chores. Their parent's may be unable to adequately undertake meaningful economic activity to support their household.

Education has been the key to meaningful life-not only in terms of making available decent jobs, but also for purposes of seeking and understanding information that may improve the quality of life. However, with advent of cost sharing in provision of social services in most developing countries, education may have become expensive among the low-income earners. Tuju (1996, P. 157) cited a UNICEF study out in Kenya in 1995 on AIDS orphans where AIDS orphans had reported to have dropped out of school because they because they had no school because they had no school fees, uniform, and textbooks. This UNICEF study shows that, although the government cost – shares the provisions social services with its citizens, some of the disadvantaged people may not adequately benefit from those services.

Most AIDS orphans despite have been rescued by extended family social support systems may fail to acquire vital social services that have an element of cost in their provisions arguing in this line, barholet, as quoted in an article in the international Newsmagazine January 17<sup>th</sup>2000. p. 11 point out that,

When an extended family cannot afford to educate all the children in it's acer – virtually, everywhere in Africa government charge fee. It is the orphan who is likeliest to drop out.

Therefore, it may be urged that AIDS orphans guardian households that have limited resources to cater for its members, may not only fail to provide education to the AIDS orphans, but also other needs such as food, clothes and medical carte that one has to incur cost for their provision. Consequently, the AIDS orphans may grow up being of ill health and poorly educated which may impede their ability to fed for themselves in future and contributing towards the nation-development.

On the other hand, discussing on the impact of HIV/AIDS in education, Kenya national HIV/AIDS Strategic Plan of year 2000 to 2005 stated that HIV/AIDS is reversing school enrolment and completion rates as parents die in large numbers. This scenario may eventually increase child labour and increased vulnerability among the AIDS orphans in Kenya, an increasing semi educated population may threaten Kenya's industrialization policy and target for the year 2020.

The AIDS orphans whom their families are left impoverished are likely to experience hunger and starvation particularly where the orphans are not fostered or when they are fostered by well not to do guardians. Poverty manifested in hunger and starvation may lure the children orphaned by AIDS into activities that subject them to contracting HIV/AIDS. in Endeavour to eke out a living for example, commercial sex work. Others may drop out of school to seek for employment in formal and informal sectors where they may be poorly paid for their labour.

## **2.2 Neglect and academic performance**

Them reluctant to commit themselves towards assessing medial service to AIDS orphans. Consequently, orphans may acquire preventable diseases that may cripple their health. Those who might have been infected with HIV/AIDS may have low expectancy due to inadequate medical care hence they perform poorly in academics.

The AIDS orphans guardians may also be reluctant to invest on educating the orphan's child despite being financially able. This is mainly where they assume that the orphans they may not only fail to benefit them as their caregiver but also themselves too. As a result, they end up not acquiring g education and skills vital for fighting poverty

Through the community based support for the orphaned children is important in caring for orphans as they are socialized within a family network as opposed to a children home, those AIDS orphans cared for by their grandparent may fail to access adequate care because of relative poverty of the household. On the other hand, orphans though expected to be cared for by their grandparent, they are likely to be forced into caring role where their grandparents have mangle resources and are in poor health. Ebrahim, (1974) says that parents may be preoccupied with their own problems such as poverty and chronic illness. Consequently denying the AIDS orphans adequate care. This scenario may easily lead the orphans to alternatives way of surviving to support their siblings and guardians for instance begging mostly at expense of their education.

Children need to feel comfortable in the environment that they live in. a feeling of comfort may enhance their normal growth and development. Costing and Rapp, (1984) discussing about child neglect, pointed out that neglect may include dilapidated housing without essential material equipment for normal family life, overcrowding and lack of privacy and essential material equipment such as bending furniture among other equipments. The house may also be in poor state of repairs. As a result, they are likely to feel uncomfortable in such household. On the other hand, household headed by AIDS orphans may have been withdrawn most of valuable household equipment by their relatives who may opt to inherit properties of the deceased AIDS orphans parents. Mostly, their relatives may live the AIDS orphans household without essential material equipment. on the same line an article by Grace Momanyi in the midweek magazine of East African Standard, Wednesday October 11<sup>th</sup> 2000 says that when parents dies of AIDS, the family property is apportioned among relatives leaving children with nothing.

From the foregoing view, depriving the AIDS orphans possession to their parent's property may hinder them from leading a comfortable life especially where the apportioned properties are not geared to support them.

Children need to be nurtured and cared for. They also need to feel secure in their lifetime for them to grow healthy. Priestley, (1970) remarks that affection and security are two most important non-material needs of a child and failure to provide this is an indication of neglect/ most AIDS orphans feel insecure. They may have no hope of continuing with their education and accessing the next day meal. Insecurity among AIDS orphans may be aggravated where the guardian households rejects them. According to Winnicott, (1964) a child whose home fails to give a feeling security looks for it outside the home. In line with this view, an orphan who has a feeling of insecurity may not only seek it outside the home but also get demotivated in life and make them resort to acts that may ruin their life for example drug abuse in effort to drown their frustration in life or undertake any other self destruction behaviour

### **2.3 Stigma and academic performance**

When most parents are infected by HIV/AIDS they are likely to be stigmatized in the society as scourge is mainly associated with immoral behaviour such as promiscuous. Upon their death, children are most often than not left to bear the stigma of the disease Human Right Watch report as quoted by the Daily Nation, June, 26<sup>th</sup> 2001 stated that, there is stigma faced by children who are identified by the cause of their parents death, that is AIDS. It proceeded noting that identifying children with AIDS eventually may serve to isolate them from other member of society. It may be urged that, AIDS orphans who are associated by the scourge are likely to be shunned by their relatives and friends.

Perhaps because of fear of being infected or them also being associated with scourge and eventually being isolated in the society. Isolation of the AIDS orphans from the rest member of the society denies them a sense of belonging and lowers their self-esteem. Consecutively aggravating any psychological and emotional disorder.

Presumption that the AIDS orphans are also infected by scourge may lead people in the society with their guardians inclusive to discriminate them in various social undertaking. Their relative may avoid interaction with them and deny them the final live among other needs. Arguing on this line, UNAIDS in African Journal Medical practice VOL.6 NO. 1 1999 P.26 reckoned that,

Children infected and affected with HIV/AIDS are exposed to stigma discrimination, resulting in denial of their rights to basic care and services from the foregoing remark it can be urged that AIDS orphans are likely to be denied their right to education and medical care incases where the society find stigma in them. Their relatives who are well-to-do may fail to support them. Schoolmate are likely also discriminate AIDS orphans in their social activities, this may drive them out of school. In addition, discrimination of AIDS orphans may also be manifested in the households that the foster the AIDS orphans the guardian household resources distribution may be biased in flavor of the biological children. The orphans in the guardian household may not e allowed to share the same facilities with the rest members of the household for example they may be told to sleep on the floor even when beds available can accommodate them.

Nevertheless, responses that AIDS orphans may receive their guardians concerning their behaviour may show acceptability or rejection of the AIDS orphans. Heald and

Smith,(1983) state tat, a good behaviour should be consistently rewarded with praise, love and affection. In this view, it may be urged that appositive response to any good Behaviour shown by an orphans may not ensure that they will repeat the same behaviour but also makes them perceive that they are accepted within the household. However, most AIDS orphans who experience rejection within their guardian household are not always rewarded for their good behaviour. When AIDS orphans are rejected within the guardian household, they are likely to have psychological problem that may ultimately impede their normal growth and development. At time the AIDS orphans may opt to move out of household and go out to seek acceptability elsewhere despite their vulnerability. Possibly this may explain why those AIDS orphans cared for by well-to-do guardians may escape out of the guardians may escape out of the guardian household in the street or they resort into drug abuse or any other self-destructive behaviour. Mc Vandles, (1961) is of the opinion that if a child is accepted and his developmental needs are not blocked by society he will grow into a happy creature and a socialized individual.

On the other hand, orphans are likely to receive negative reaction from their relatives after realizing that their parents succumbed to the scourge. The relatives may avoid visits between their children and the orphans. Where relatives decides to assist AIDS orphans in most cases it may be while they are at a distance. In some community, relatives may disown the AIDS orphans, particularly those born out of wed rock or born from a single mother. On the same breath, Preble as quoted in GOK and UNICEF, (1992, P.115), on children and women in Kenya said that:

Because AIDS is associated with promiscuity, prostitution or other socially unacceptable behaviour the extended family- the traditional refuge for orphaned children may abandon the children affected rather than provide them with care

This scenario denies the AIDS orphans a sense of belonging and can easily make them contemplate of suicide when they find that no one is ready to accept them or care for them.

Children need to associate with people particularly their age mate in their socialization process. According to Baller, (1961) the experience of living in group and having access to playmate is rewarding to most children. However, most AIDS orphans who are stigmatized for being associated with HIV/AIDS may have no access to their play mate or friends as they are likely to shy away from them because of fear of being contracted the disease. As a result, the orphans are likely to have unsocialised personality, which may hinder their good interaction with the people in future and even in learning.

## **2.4 Child abuse and academic performance**

People within the society foster most AIDS orphans. A member of extended family, often with promises to care and educate them, may take them in but this may be a guise for cheap labour. An article by Kimani Wakaruru in ANPPCAC Kenya Newsletter, January – March 1988, pointed out that, cases of child abuse and neglect are common in Kenya society. He further pointed out that, usually member of the extended family are responsible and larger number of sexual abuse, child labour and child abandonment may be observed from them.

Although the AIDS orphans in the guardian household are suppose to assist in caring out domestic responsibilities; of which is important in socialization process, since it prepare them for adulthood responsibility in future, they are likely to be overburdened with domestic chores at expense of their education and health. As a result, they likely to perform poorly in their education since at home; they may lack ample time to do their home work.

Inability of AIDS orphans to access necessities for life may drive them into economic activities. National AIDS Control Council, (2000) stated that HIV/AIDS diseases has led to increase in number of working children. The researcher if of the opinion that most AIDS orphans who are cared for by not-well-to-do guardians may resort ton economic activities to augment household income. For instance, they may indulge in commercial sex or illicit liquors trade in effort to support their siblings and guardians. Most often than not such activities may be done at expense of AIDS orphans education and health.

In addition, AIDS orphans are vulnerable to sexual exploitation especially where they lack parental guidance and supervision. They are likely to be introduced to sexual experience rather too early by their peers or adult people who may take advantage of their vulnerability. According to Costing and Rapp, (1984) an overwhelmingly high percentage of sexual abuse cases involve people who are known to the child. In this view, it may be urged that the AIDS orphans, sexual abuse may originate from their caregiver or any other person who may be associating with them. For instance, an orphan whose guardian is a commercial sex worker is likely to be lured in to commercial sex work in

effort to supplement the household income. On the hand, an AIDS orphan whose caregiver is an illicit liquor trader may subject the AIDS orphan to sexual abuse. This likely to be through his or her customers especially in cases where liquor is sold in the same household occupied by the orphan child, whom sometimes may be involved in serving the liquor where she may be easily sexually harassed by the customers.

Early marriage may be seen as a solution to the surviving difficulties that the AIDS orphan encounter in life. They may drop out of school to get married of to individuals whom they cater for their necessities and that of their siblings. Their guardians may also force the girl AIDS orphans into early marriage in order to reduce their obligation and possibly pocket the bride price with no concern over the havoc that may fell upon the AIDS orphans due to early marriage. Although some of the AIDS orphans may like to married they might face obstacles since it would be difficult to find a husband willing to assume responsibility of their orphaned siblings. This is done to the expense of their education.

On the same GOK, and Unicef, (1998) situation Analysis of Children and women in Kenya, pointed out that, children who have food shortage problem. At times they go without food, and wear tatters. They run away from school to look for alternative means of survival and are employed as house helps, shamba boys, bar maids, sometimes old men with money may marry them. They further noted that parents force their children to look for jobs or even arrange for early marriage for their girls. The researcher is of the opinion that AIDS orphans who experiences food shortage problem are most likely to be subjected in exploitative economic activities and forced into marriage life rther too early.

This scenario is detrimental as it exposes them to physical, intellectual and emotional damage, which affects their future and that of society.

Abuse of whichever kind to an AIDS orphan may affect adversely on their relationship with the caregivers. It may cause humiliation and embarrassment. It may also drive them away from school, home or where the abuse is taking place.

## **.5 Conclusion**

In general a review of literature related to the variables of the study revealed that poverty, neglect, stigmatization and child abuse has been noted to other researchers to be a great threat of academic performance in all levels of learning. The literature has shown that orphans are the mostly AIDS orphans are affected in the most parts of country.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter consist of research methodology that researcher will employ when conducting research. It includes research design, population and sample, sample size, sampling procedure, research instruments, data collection procedure and data analysis techniques.

#### **3.1 Research design**

The researcher will employ sample survey as research design, which will select a representative sample of respondents from the population. The mentioned design will be suitable because it will provide adequate information, which will provide a wide coverage to present the whole population under study.

#### **3.2 Population and sample**

The target population will be divided into three categories namely AIDS orphans, AIDS orphans' guardians/parents and AIDS orphans' teachers.

The target population will be drawn from homes and schools from the selected area of study.

#### **3.3 Sample size.**

Simple random sampling will be used to get a sample of respondents in the study. The area of study has a total of forty five (45) public schools, where thirty (30) AIDS orphans and twenty four (24) teachers will be selected. There are about sixty (60) homes which foster AIDS orphans, but only twenty six (26) will be selected.

### **3.4 Sampling Method:**

The researcher employed simple random procedure to identify the schools where AIDS orphans are being learning. Teachers from the identified schools became respondents, by help of teachers the researcher was assisted to identify the AIDS orphans within the schools. The already picked and sampled AIDS orphans assisted the researcher to get their guardians who became the respondents.

### **3.5 Research Instruments:**

The data collection instruments were interview schedules. The interview schedules were used in three categories, one for the AIDS orphans, their guardians, and last one for teachers. The interview schedule were employed by the researcher as it were time saving and clear information were recorded with ease.

### **3.6 Data collection procedure:**

After writing the research proposal and having it approved the researcher designed interview schedules which were simple, clear and concise in order to obtain accurate information. The interview schedules were first pre-tested among a cross – section of respondents and adjustment appropriately done before they were administered to respondents for answering.

The researcher then visited the randomly selected schools to talk to the administration about the study and also get permission to carry out the research in their institutions.

The researcher was then going back to the same school with tools/instruments. During the visit the researcher briefed the subjects on how to respond to questions on the interview schedule and started carrying out exercise, of interviewing the respondents and recording the information given.

The interview schedule contained raw data was then analysed and numerically interpreted by the researcher in frequency table form. A report of the study was then written.

## **7 Data analysis:**

Data collected using interview schedule was sorted out and analyzed using descriptive statistics that included percentages, frequencies and tables.

## CHAPTER FOUR

### DATA ANALYSIS AND INTERPRETATION

#### 4.0 Introduction

This chapter is one analysis and interpretation of data collected on socio-economic problems and education of AIDS orphans in primary schools in Mathira Division. The researcher interviewed a representative sample of thirty AIDS orphans, twenty six AIDS orphans guardians and twenty four AIDS orphans teachers. The variables analyzed and interpreted were poverty, neglect, stigmatization and child abuse. Frequency distribution tables were used to analyze the data collected, and the table footnotes were used to clarify and to interpret items/responses in the table.

#### 4.1 Poverty and academic performance

Poverty was the first variable analyzed from table 4.1 to 4.3 interview schedules were used to all respondents to gave responses on whether poverty affects academic performance of AIDS orphans.

**Table 4.1: Responses of AIDS orphans on whether poverty affects academic performance on them.**

Responses	Frequency	Percentage
Live with guardians with low income occupation	23	32.85
Taking one meal per day	17	24.28
Suffer from malnutrition	12	17.14
Education failure	12	17.14
Problem in accessing medical services	6	8.57
<b>Total</b>	<b>70</b>	<b>100</b>

Table 4.1 shows that most (32.85%) of AIDS orphans live with guardians who had insufficient incomes thus may not satisfy adequately the needs of the AIDS orphans.

(24.28%) of AIDS orphans had only one meal in a day, which was either taken during launch or supper. Thus, it seemed that AIDS orphans are facing food scarcity. A significant numbers (17.14%) of AIDS orphans are prone to malnutrition, as they had no balanced diet. About (17.14%) of AIDS orphans experienced education failure as they were forced to stay out of school for long dropped out of school when their parents died of AIDS. From the findings it may be safety concluded that few (8.57%) of the AIDS orphans did not access medical services adequately which was mainly due to their guardians weak financial capabilities.

**Table 4.2: Responses of AIDS orphan's guardians on whether poverty affects academic performance of AIDS orphans.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Guardians with low income occupation	23	31.94
Guardians who provides one meal per day	17	23.61
Guardians who provides unbalanced diet food	15	20.83
Guardians who fails to educate AIDS orphans	9	12.50
Guardians who fail to meet medical services for AIDS orphans	8	11.11
<b>Total</b>	<b>72</b>	<b>100</b>

Table 4.2, shows that most (31.94%) of guardians who fosters AIDS orphans are in low income occupation such as hawking, working as casual laborers and others work as house helpers. Some (23.61%) guardians are capable of providing only one meal per day, which mostly taken a supper time, thus makes the AIDS orphans with un balanced diet food,

thus AIDS orphans experiences malnutrition. A few guardians (12.50%) fails to provide the AIDS orphans with school fees, school uniform, school stationeries and other requirements hence the AIDS orphans are dismissed from school or they become drop outs. The least number (11.11%) guardians seem not accessing medical services to the AIDS orphans mostly is due to lack of money to buy the prescribed drugs and other necessities.

**Table 4.3: Responses of AIDS orphans teachers on whether poverty affects academic performance of AIDS orphans.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
AIDS orphans are not provided with adequate needs i.e. learning materials	26	29.88
AIDS orphans complains of hunger	24	27.58
AIDS orphans are malnourished	16	18.39
AIDS orphans drops out from school	10	11.49
AIDS orphans comes to school while sick	7	8.04
AIDS orphans are absent from school due to sickness	4	4.59
<b>Total</b>	<b>87</b>	<b>100</b>

According to table 4.3 most (29.88%) AIDS orphans are not provided with adequate needs such as learning material like books, pencils, pens, etc; this leads them not to do all activities given by the teacher hence poor academic performance. A significant number (27.58%) of AIDS orphans according to teacher complains of being hungry even before

the lunch time, some claims that they never take breakfast. Some (18.39%) AIDS orphans malnourished, thus shows that they never take little, and insufficient food. A few 11.49% of AIDS orphans seem to be school drop out due to lack of school fees, or other school when are ill, while the least( 4.59%) are absent from school due to sickness, this shows that AIDS orphans are not accessing medical services while sick, hence they perform poorly in academics.

## 4.2 Neglect and academic performance

Neglect was the second variable studied and analyzed from table 4.4 to 4.6 interview schedules were used to all respondents to give responses on whether neglect affects academic performance of AIDS orphans.

**Table 4.4, Responses of AIDS orphans on whether Neglect affects their education.**

Responses	Frequency no	Percentage
Not comfortable in guardians homes	18	23.37
No appreciation of their good deeds	14	18.18
Not given what they need	14	18.18
Not served with enough food	12	15.58
Not supported emotionally	10	12.98
Not taken to hospital while sick	9	11.68
<b>Total</b>	<b>77</b>	<b>100</b>

Table 4.4, shows that (23.37%) of AIDS orphans are not comfortable in houses that they were living they claimed that they lacked privacy, and houses they resided were in poor state of repair as it leaked during rainy season, others said that the houses they occupied

were in an environment that was crowded and noisy, which hindered them from concentrating when doing school homework. Some (18.18%) of AIDS orphans seemed not to be given what they need even if it is available others are given only when the guardians biological children had been given. Ten (10) or (15.58%) responded that they were not taken to hospital when they were ill and were in need of medical consultation.

Hence these let to poor academic performance in schools.

**Table 4.5: AIDS orphans guardian's responses on whether neglect affects education of AIDS orphans.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Residing in poor environmental and houses	20	26.66
Not rewarding AIDS orphans for their good deeds	20	26.66
Not providing AIDS orphans with their necessities	17	22.66
Providing AIDS orphans with little food and one meal	9	12.01
Not taking AIDS orphans to hospital when ill	9	12.01
<b>Total</b>	<b>75</b>	<b>100</b>

According to table 4.5, (26.66%) of AIDS orphans are living in over crowded houses which are duplicated and lack privacy, and also they are not rewarded when they do good. Some (22.66%) of AIDS of AIDS orphans are not provided with their necessities i.e. is according to their guardians. A significance number (12.01%) of guardians provides AIDS orphans with little food and sometimes gave them only ones in a day. Least of guardians responded that they do not take the AIDS orphans to hospital while sick due to these neglects, AIDS orphans fail to perform well in academics.

**Table 4.6: AIDS orphans' teachers on whether neglect affects education of AIDS orphans.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Not finishing homework	22	27.16
Not motivating or rewarding AIDS orphans	20	24.69
Not providing AIDS orphans with learning materials	18	22.22
Not providing feeding programme in their schools	11	13.58
Not linking AIDS orphans to medical services	10	12.34
<b>Total</b>	<b>81</b>	<b>100</b>

Table 4.6 explains that most (27.16%) of AIDS orphans teachers has noted that majority of AIDS orphans do not finish their home work, they do complain about poor facilities in the house and environment surrounding. Some AIDS orphans are not motivated by their teachers. A significant number of 18 or (22.22%) of teachers stated that they do not provide AIDS orphans with learning materials. Some schools seemed not providing AIDS orphans with meals, thus they rely on only food they take from their homes. Least of teachers (12.34%) responded that they do not link these children to medical services, thus led them to stay in class while sick or be absent, hence they perform poorly in their academics.

#### **4.3 Stigma and academic performance**

The researcher also examined the variable on stigmatization where the interview schedules were used to collect the data which was analyzed in frequency tables numbered, 4.7 to 4.9.

**Table 4.7: Responses of AIDS orphans on whether stigma affects education of AIDS orphans.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Rude guardians and verbal insults	28	31.46
Rejection by biological children and one spouse	25	28.08
Isolated by friends	14	15.74
Isolated by relatives	14	15.74
Discriminated upon with guardian household	8	8.98
<b>Total</b>	<b>89</b>	<b>100</b>

Table 4.7, show that most (31.46%) of AIDS orphans are not talked to politely, the responses given were that their guardians addressed them using stern or commanding language and a time they were verbally insulted. Some (28.08%) of the orphans were experiencing rejection within their guardian household. Fourteen (14) or (15.74%) of AIDS orphans. Others experienced physical isolation from their friends and relatives. A few (8.98%) number of AIDS orphans explained that they were given more household responsibility compared to the rest members of household and that they were denied most of the things that were being shared out in the guardian household. Other said that they denied using the same facilities with the rest of members of their guardian's house hold for example bed. A few also said that their guardians did not allow them to accompany them when they were going in a social gathering in the community, all these led to poor academic performance.

**Table 4.8: Responses of AIDS orphans on whether stigma affects education of AIDS orphans.**

Responses	Frequency	Percentage
Not talking politely to AIDS orphans	24	32.89
Not relating well to AIDS orphans	20	27.39
AIDS orphans not relating well with their friends and relatives	16	21.91
Not giving AIDS, orphan equal treatment with others	13	17.80
<b>Total</b>	<b>73</b>	<b>100</b>

According to table 4.8, most of AIDS orphans guardians were not responding politely to the AIDS orphans, also (21.91%) said that orphans were rejected by their friends and relatives who learnt that their parents has passed away due to the scourge. A few (17.80%) of AIDS orphans guardians responded that they were not giving AIDS orphans equal opportunity to enjoy the facilities in their house, this explains that AIDS orphans are discriminated in the guardians residences by biological children, their guardians and their relatives this limits them to perform well in academics.

**Table 4.9: Responses of AIDS orphans' teachers on whether stigma affects education of AIDS orphans.**

Responses	Frequency	Percentage
Not talking politely to AIDS orphans	24	34.28
AIDS orphans rejected by guardians and relatives	20	28.57
AIDS orphans isolated by friends in school	16	22.85
AIDS orphans discriminated in class	10	14.28
<b>Total</b>	<b>70</b>	<b>100</b>

Table 4.9 shows that majority 34.28% of AIDS orphans teachers are rude and not talking politely to them, even some calls them names and insults them. A significant number (20) or 28.57% of AIDS orphans teachers said that they knew a good number of AIDS orphans who were rejected by their guardians and relatives. A few 22.85% AIDS orphans' teachers responded that AIDS orphans are isolated by friends in school more especially when they are playing. The least number 14.28% of AIDS orphan's teachers said that AIDS orphans are discriminated by others in classroom and outside, they said that sometime they were left in their desks, other times we allowed to share some learning materials by other children, due to this they perform poorly in academics.

#### 4.4 Child abuse academic performance:

Child abuse of the AIDS orphans was also examined where the responses were indicated on table 4.10 to table 4.12.

**Table 4.10: Responses of AIDS orphans on whether child abuse affects their education.**

Responses	Frequency	Percentage
Given a lot of responsibilities by guardians	28	29.16
Involved in hard labour	28	29.16
Engaged in economic generating activities	20	20.86
Involved in a harrowing sexual experience	14	14.58
Involved in early marriages	6	6.25
<b>Total</b>	<b>96</b>	<b>100.00</b>

Table 4.10, explains that most 29.16% of AIDS orphans were given heavy domestic responsibility that left them exhausted prompting them to retire to bed having not done school homework. The same number of AIDS orphans and mostly who were cared for their grandparent said that often they were the one undertaking households

responsibilities particularly when the guardians were sick. A significant number (2) or (20.85%) of AIDS orphans were engaged in economic generating activities like water vending, selling polythene bags, carrying luggage at fee, digging and wedding, car washing, begging in street among other activities. According to the AIDS orphans why they did these activities, the response given were that they did in order to meet their basic needs, while others said that they were requested by their guardians to perform those mentioned activities were performed at expense of education. Some (14) (14.58%) of AIDs orphans were seemed to be involved in harrowing sexual experiences. I was revealed that older men lured ten of those who responded in the affirmative in to sex intercourse, while the rest four had a harrowing sexual experience in what they alleged to be a rape. The least number (6.25%) of the AIDS orphans are involved in early marriages. All these attributes to poor academic performance in schools.

**Table 4.11: Responses of AIDS orphans guardians on whether child abuse affects education of AIDS orphans**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Give AIDS orphans a lot of responsibilities	24	29.26
Expose AIDS orphans in hard labour	24	29.26
Expose AIDS orphans in economic activities	16	19.52
guardians who know cases of sexual experiences among AIDS orphans	12	14.63
Guardians who know cases of early marriages among AIDS orphans	6	7.33
<b>Total</b>	<b>82</b>	<b>100.0</b>

Table 4.11 shows that most (29.26%) of AIDS orphans guardians were giving AIDS orphans a lot of responsibilities in their home, the same number used to expose AIDS orphans in hard labour. a few (19.52%) of AIDS orphans guardians seemed to be exposing AIDS orphans in to economic activities , some AIDS orphan's guardians (12) or (14.63%) said that the know cases of harrowing sexual experiences among AIDS orphans, while the least number of orphans guardians (7.33%) responded that some AIDS orphans are involved in early marriages , they further revealed that those AIDS orphans who were in early marriages had got pregnant while in school promoting them to drop out of the school , thereafter ended up in a cohabiting relationship.

**Table 4.12: Responses of AIDS orphans teachers on whether child abuse affects education of AIDS orphans.**

Responses	Frequency	Percentage
Not finishing home work due to many responsibilities	20	27.05
AIDS orphans involved in hard labour	20	27.05
AIDS orphans exposes in economic activities	14	18.90
Teachers who know cases of sexual experience among AIDS orphan	10	13.50
Teachers who know cases of early marriages among AIDS orphans	10	13.50
<b>Total</b>	<b>74</b>	<b>100.00</b>

Table 4.12 explains that most (27.05%) of teachers has noted that great number of AIDS orphans were not finishing their home work since they were given a lot of responsibilities at their home and the same number of teachers said that a good number of AIDS orphans are involved in hard labour. A few (18.90%) of teachers responded that there were AIDS

orphans who were exposed in economic activities which included selling polythene bags, washing vehicles among many others. About (10) or (13.50%) of teachers responded that they knew cases of sexual experiences and early marriages among AIDS orphans. All these hinder good academic performance hence AIDS orphans performs poorly in academic.

## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

Discussion and conclusion were derived from a reasoned judgments of the issues raised by the study, as stated below. Recommendations were presented as possible solutions to the research questions based on the findings of the research.

#### **5.1 Discussion**

The study was on social economic problems and academic performance of AIDS orphans, in Mathira Division, Nyeri district of central province of Kenya. The study employed sample survey design. The sample size used was (30) AIDS orphans (26) AIDS orphans guardians and (24) AIDS orphans teachers. The simple random sampling method was used to get the respondents.

The study found that poverty neglect stigmatization and child abuse have negative effect on academic performance of AIDS orphans. This is due to high illiteracy level and lack of government supporting AIDS orphans in the area of study. The study can take labeling theory which tends to explain how deviant behaviors originate in an individual through labeling.

Since HIV/AIDS is a disease that highly linked with immoral behaviour such as promiscuity when a parent (s) are infected by HIV/AIDS its known public the people in the community may label them as people with AIDS or AIDS suffers when parents succumb to the scourge the orphans are left to bear the label AIDS suffer since they are associated with their parents. As a result, the AIDS orphans may loose friends peers may

discriminate them and relatives may opt to keep a distance from the AIDS orphans to protect themselves from acquiring HIV/AIDS label. Therefore the AIDS orphans may lack supervision, filial love , emotional support and security despite age demanding so.

## **5.2 Conclusions**

The study was to examine social economic problems and academic performance of AIDS orphans in order to make suggestions how to avert them to improve academic performance of AIDS orphans. The study concluded that poverty was a prominent problem facing the AIDS orphans.

It was found out that majority of AIDS orphans experienced food scarcity and they were prone to malnutrition neglect most of AIDS orphans within the guardian households were not comfortable owing to some factors like lack of privacy , dilapidated buildings and overcrowding in their guardians home. A good number of AIDS orphans were found being cared by grandparents who appeared old and sickly unable to provide adequate care. It was also found that some AIDS orphans were not favored in distribution of resources, where the guardians household resources were limited

On stigmatization the study found that majority of aid orphans were not talked to politely by their guardians and their teachers, while other were isolated by their friends who learnt that their parents died of AIDS . Regarding rejection within the guardians household some AIDS orphans were found experiencing rejection within their guardians household

Child abuse of AIDS orphans was not pronounced, it appraeaded to be creeping in among the AIDS orphans. It was revealed that most of AIDS orphans were involved in activities such as selling poltyhene paper bags and carrying luggage. It was also found that some

AIDS orphans were involved in hard labour within their guardians household. Few cases of early marriages and sexual exploitation of AIDS orphans were also cited

### **5.3 Recommendations**

This section contains recommendations derived from the findings related to socio economic problems and academic performance of AIDS orphans

Most homes that houses the AIDS orphans seemed to have financial constraints government, non governmental organizations and private institutions should empower these homes by providing them with soft loans to initiate and develop their income generating activities. This may uplift their resources capacity, hence placing them in a position that can make them to adequately cater for the AIDS orphans. On the same the mentioned institutions should also intensify education sponsorship and bursaries schemes for the AIDS orphans.

AIDS orphans appeared to be neglected within the guardians' household Religious institutions and dealing why rights should identify strengthening the psychological support of the AIDS orphans guardians to enable them adequately provide parental care to the AIDS orphans

Stigmatization was also a problem to be facing the AIDS orphans, though it appeared to be reducing

The ministry of health and non governmental organization running programmes on HIV/AIDS awareness, prevention of infections and sensitization of society to accept an

love the infected and the affected, emphasizing on the care and protection of AIDS orphans.

Abuse was also a menace that was observed to be creeping the in among the AIDS orphans, though it was not pronounced.

Teachers and institutions running children programmes in collaboration with the local communities should be more vigilant to curb abuse of the AIDS orphans in the society.

## REFERENCES

- Bartholet J, (2000). 10 thousand AIDS orphans “ The International News Magazine January 17<sup>th</sup> 2000, Moscow , Qs Melvin Publishers.
- Costin B.L and Rapp. S.A , (1984). Child Welfare Politics and Practices , New York, Mc Grow Hill Book Company.
- Daily Nation 20<sup>th</sup> (2000). AIDS cases Exceed 36 m Nation Media Newspaper Ltd Nairobi.
- Elizabeth J.L, (1972). Community Nursing Manual a. a guide for auxiliary Public Nurses, MC Grow Hill International Book Company.
- Farmer M, (1997). The social structure of Modern Britain Longman
- Government of Kenya , ( 2000). Kenya National Strategy Plan on Aids 2000 – 2005 , Nairobi , Government printers.
- Government of Kenya and UNICEF , (1990). Kenya’s Programme of action for children Kenya , Nairobi , Reproduction an distribution center.
- Kahan H.J, (1997). Human Growth and the Development of personality , New York pergaman press.
- Momanyi G, (2000). Abandoned child are HIV positive “ The East African standard Midweek Magazine , standard Ltd Nairobi 11<sup>th</sup> October 2000.
- MC Candles R.B, (1961). Children Behaviour and Development , New York , Oxford University
- NASCOP et al, (1996) , AIDS in Kenya socio economic impact and policy implication. Nairobi , Government printers
- Timms N, (1964) Children Institution , social Casework, London , University of Chicago press.
- World Health Organization , (1992). Living with AIDS in the Community, Nairobi Government Printers.

## APPENDICES

### APPENDIX (I)

#### INTERVIEW GUIDE FOR THE AIDS ORPHANS

##### BACKGROUND INFORMATION

1. Name -----
2. Age -----
3. What is your education level?-----

##### POVERTY

4. What does your caretakers do to earn a living?-----
5. How many times do you take meal in a day?-----
6. Do you encounter problems in accessing medical services when you are sick?  
-----
7. Do you go to school late ?-----  
  
(b) If yes, in 7(a) do you experience problem pertaining access to school requirements? -----  
  
(c) Expand?-----

##### NEGLECT

8. Does your guardian reward you when you do something good?-----

9. When you ask for something which is available from your guardians are you always given?-----

10. When food is available , do you always get enough meal?-----

11. Are you always taken to hospital when you are ill and you require medical services?--  
-----

### **STIGMATIZATION**

12. Are you talked to politely within guardians households?-----

13. How did your relatives react after parents died?-----

14. Did you at any time lose your friends, who learnt that your parents died of AIDS?-----  
-----

15. How would you rate the way you are treated within the guardian household?  
-----

### **CHILD ABUSE**

16. (a) Have you ever experienced any harrowing sexual experiences?-----

(b) If yes, explain how you were affected -----

17. (a) Are you in any marriage relation?-----

(b) If yes, explain :-----

18. (a) Within the guardian household , are you given responsibility?-----

## APPENDIX (II)

### INTERVIEW GUIDE FOR AIDS ORPHANS GUARDIANS

#### BACKGROUND INFORMATION

1. Name-----
2. Age-----
3. What is your education level?-----
4. How many AIDS orphans are under your care?-----

#### POVERTY

5. What do you do to earn a living?-----
6. How many meals are you able to give the AIDS orphans under your care a day ?-----  
-----
7. (A) Are the AIDS orphans under your care of late schooling?-----  
(b) If yes in question 7(a) those AIDS orphans in school, do they experience problems in  
accessing school requirements?-----
8. Do the AIDS orphans under your care encounter problems in accessing medical  
services when sick?-----

#### NEGLECT

9. Do the AIDS orphans always go to school when their teachers have not sent them  
home?-----
10. (a) Do you give orphans presents or rewards when they do something good

(b) If no explain-----

11. When food is available, do AIDS orphans receive enough? Explain

-----

12. When AIDS orphans are sick and in need of medical treatment do you always take them to the hospital explain?-----

### **STIGMATIZATION**

13. (a) Do the AIDS orphans play associate with their neighboring children of their age who knows their parents died of AIDS?-----

14. Did AIDS orphans at any time experience isolation because of being associated with HIV/AIDS explain?-----

15. Do the orphans encounter rejection with your household-----

### **CHILD ABUSE**

16. (a) Do you give the orphans under your care household responsibilities-----

(b) If yes do they accomplish those responsibilities?-----

17. Are there AIDS orphans you care for who do activities that generate income:-----

-----

(b) If yes, give example of such activities -----

18. (a) Do the AIDS orphans under your care have experienced a harrowing sexual experience?-----

(b) If yes, explain-----

19. Are there any AIDS orphans under your care who got married before completion of school?-----

## APPENDIX (III)

### INTERVIEW GUIDE FOR AIDS ORPHANS TEACHERS

#### BACKGROUND

1. Name -----
2. Age -----
3. How many AIDS orphans are registered in your school?-----

#### POVERTY

4. Are all the AIDS orphans of school going age in school?-----
5. Are there AIDS orphans in your school who had dropped out of school?-----
6. (a) Do the AIDS orphans in school experience problem in acquiring requirements?----  
-----
- (b) If yes, what kinds of problems do they face?-----
7. (a) Are there AIDS orphans in the group who encounter problems in accessing  
medical services?-----
- b) If yes which problems do they face?-----

#### NEGLECT

8. Are the AIDS orphans always taken to hospital when they are sick? Explain  
-----
9. (a) Do the AIDS orphans live together with their guardians?-----
- (b) If yes, explain your answer-----