

**The HIV/AIDS the Dropout Rates of Pupils of Selected
Schools: A case study of Kangema Division,
Murang'a District
Kenya**

**A Research Report Presented to the Open and Distance
Studies Kampala International University
Uganda**



**In Partial Fulfillment of the Degree of Bachelor of
Education in Early Childhood and
Primary Education**

By

Zacharia Kimani James

Bed / 7067 / 51 / Df

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DECLARATION

I declare genuinely that the research paper is my original piece of work and it has never been put across or forwarded to any institution of learning by anyone for a particular award. I further declare that all the materials cited in this paper which are not my own have been duly acknowledged.

Signature: 

Name: ZACHARIA KIMANI JAMES

Reg. no: BED /7067 /51 / DF

Supervisor: MR. BALIRUNO J.B BAPTISTA

ALIAS JOHN THE BAPTIST

Signature:

Date:

APPROVAL

I have done this research work under the close supervision of a supervisor and he has approved it for the award of a Bachelor of Education in Early Childhood and Primary Education.

Signature:

Supervisor's name MR. BALIRUNO J.B BAPTISTA

DEDICATION

I dedicate this research report to the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans who struggle so much to procure education and make it in (their) life. I also dedicate it to my loving wife Grace, daughters Lilian, Evaline and Stella for their encouragement and support. Special goes to my precious son James for his care and patience which assisted me carry out this research comfortably boosting my moral in their study.

Without them, it would have been very difficulty if not impossible to make the study successful.

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ABSTRACT

The study was about the impact of Human Immune Virus & Acquired Immune Deficiency Syndrome on dropout rates of selected primary schools in Kangema Division, Murang'a district, Kenya. The significant respondents were the class teachers, parents, orphans and head teachers of those selected primary schools.

The questionnaires were issued to the parents from each selected school at random. The schedules were given to class teachers of selected schools through the head teachers. For more specific information, the head teachers and known orphans and parents were interviewed.

Indeed, the questionnaire, schedule and interviews were primarily based on the objective of the study. The main objective was to establish and determine the influence of Human Immune Virus & Acquired Immune Deficiency Syndrome orphans on dropout rates of those schools in the region.

The major findings depict that despite the fact that there are so many orphans, dropout rates have significantly increased due to the Human Immune Virus & Acquired Immune Deficiency Syndrome scourge / pandemic.

The recommendations established from the study were to create strengthened support mechanisms, allocation of funds to the extended families creating Human Immune Virus & Acquired Immune Deficiency Syndrome awareness programmes in the area and forming more counseling services in the all areas. Educators and counselors to create seminars and workshops that will facilitate access to

information on health, transmission of Human Immune Virus & Acquired Immune Deficiency Syndrome and proper living with the disease.

From the study, it can be concluded that Human Immune Virus & Acquired Immune Deficiency Syndrome has led to a significant boost in dropout rates of boys and girls in Kangema Division in Murang'a District.

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CHAPTER ONE

1.0 Introduction

1.1 Rationale of the Study

Kenya, Uganda, France, Botswana and South Africa have been rated as the worst hit nations by Acquired Immune Deficiency Syndrome has been experienced in all sectors of the Kenya Social economic and political aspects.

Education sector has not been spared either indeed. It is estimated that Human Immune Virus prevalence is about 6%. This implies that between 2.5 and 3 million people are infected with the Human Immune Virus. Records show that over 200,000 are children who are below 18 years of age. So far, more than 1.6 million persons have died of the Acquired Immune Deficiency Syndrome scourge. This shows lucidly that there is a great number of orphans who have been denied the basic needs of education, food, love among others. In 2005 for instance, there were about 1.5 million orphans. This depicts that the number keeps on increasing despite the efforts made to reduce the pace. This is a terrible and worst repercussion of the Acquired Immune Deficiency Syndrome Pandemic. Some families have been headed by the children as young as 8 to 13 years. Orphaned children lack the proper care, supervision and control which they should have required at this critical and tender level of their lives.

Surely, there is an increase and unbearable burden, stress and challenges on the Society they live in as well as on the extended families and caretakers. Many grandparents are left to care for the Acquired Immune Deficiency Syndrome orphans yet their economic status is poor.

Indeed the most serious effect of Acquired Immune Deficiency Syndrome is on the education of these children.

In Kenya, the overall school enrolment rates is nearing 70%. The Acquired Immune Deficiency Syndrome Orphans and affected children have been negatively neglected and left behind. The recent survey in Kenya has it that orphans are more likely to withdraw from school due to various problems. They lack enough and sufficient family resource to enable them access to education. They are also discriminated against and this lead to real suffering. Children leave school to perform household chores and labour to bereave their parent's demise. Albeit the government of Kenya has banned the paying of school fees, some schools more surprisingly and repeatedly refuse to enrol children who have the Acquired Immune Deficiency Syndrome. They view the situation as a burden as they cannot afford to pay for the instructional materials, the uniform and other school requirements e.g. in private schools.

The orphans and affected children also leave school due to inability to produce birth certificates and other requirement. In some instance, these victims are taken care of by widow's and widowers who have been stripped off their property when the husbands due of Acquired Immune Deficiency Syndrome and post election wars and tribal clashes of last December.

In other cases, volunteers from non governmental organization's religious groups, individuals and institutions like the Red Cross have resorted into pooling. Some resources to provide the orphans with the basic needs, education among others.

It has been noted that many orphans are coerced into the streets to make a living. This implies that they are faced with the much dangers of contracting the Acquired Immune Deficiency Syndrome like their imminent sexual exploitation in the streets which endanger their lives.

These kids may be infected with Acquired Immune Deficiency Syndrome which will create physical, psychological and social stigma that is associated with the disease.

Loss of family income affects the families even more as the infected person begins to develop opportunistic infections requiring constant medical attention which is rather expensive.

Some well up persons also claim to be trying to help the orphans making them house help and later exploit them. Some go beyond that and impregnate the desperate girls who they have been kept under.

The researcher who is a primary schools teacher is trying to investigate the extent and level of the drop out rate and the possible ways of addressing the effects of Acquired Immune Deficiency Syndrome, the affected and infected children.

This is fundamental because the problem is expected to spill over the Secondary School in some years to come.

All infected and affected learners and orphans and other personnel in the education Sector have the right to access holistic care treatment and support in line available resources.

The researcher is also trying in this study to investigate the major causes and courses of the drop out rate in the selected school and the possible measures that should be employed to address and sensitize the crisis of Acquired Immune Deficiency Syndrome.

1.2 Statement of the problem

Human Immune Virus and Acquired Immune Deficiency Syndrome and Dropout Rates have been found to have negative academic impacts on learners in Kangema Division of Murang'a District. In view of this the researcher investigated the effects of

the Human Immune Virus and Acquired Immune Deficiency Syndrome and Drop out Rates on learning in the selected primary schools in the division of the Murang'a District.

1.3 Objectives of the study

General: The objective of the study was to examine the Acquired Immune Deficiency Syndrome and drop out rates of boys and girls from each of the selected schools in Kangema Division between 2005 – 2007 due to their parents' death from Acquired Immune Deficiency Syndrome.

Specific: - The study was specifically be aimed at:-

- a) Determining profile of respondents as to the demographic data in terms of age , religion, gender and number of pupils
- b) To determine the relationship between the Acquired Immune Deficiency Syndrome and drop out rates in Kenya.
- c) Determine the repercussion of Acquired Immune Deficiency Syndrome on school enrolment and performance
- d) Determine the opinion of the Kenya Government towards assisting the Acquired Immune Deficiency Syndrome orphan
- e) Determine the attitude of school stakeholders on the Acquired Immune Deficiency Syndrome and dropout rates in these schools
- f) Determine the connection and vital relationship between the dropout and the Acquired Immune Deficiency Syndrome infections.

1.4 Research Questions

- a) What is the profile of respondents as to the demographic data in terms of age, religion, gender and number of pupils.
- b) What is the relationship between the Acquired Immune Deficiency Syndrome and drop out rates in Kenya.
- c) What is the repercussion of Acquired Syndrome on school enrolment and the performance.
- d) What is the opinion of the Kenya Government towards assistance the Acquired Immune Deficiency Syndrome orphan.
- e) What is the attitude of school stakeholders on the Human Immune Virus and Acquired Immune Deficiency Syndrome and drop out rates in these schools.
- f) What is the connection and vital relationship between the drop out and the Human Immune Virus and Acquired Immune Deficiency Syndrome infections.

1.5 Significance of the Study

This study has benefited a number of groups. The future researchers will be a positive to obtain information on the effects of Acquired Immune Deficiency Syndrome on drop out rates in the country.

The community based organization and wishers who are willing to seek donor for helping supporting and caring the Human Immune Virus orphans.

The ministry of Education through the Education Secretary Pro. Karega Mutahi may use the findings of the study to establish policies that will manage monitor and retain the Acquired orphans in schools adjacent.

The teachers, church, leaders, counselors, caretakers have provided social and emotional help to the victims of Acquired Immune Deficiency Syndrome and traumatized orphans.

The government of Kenya will liaise with international Agencies and donors like international agencies and donors like International Monetary Fund, World Bank, United Nations, Acquired Immune Deficiency Syndrome and United Nations in supporting, encouraging and educating Acquired Immune Deficiency Syndrome programs in the country.

The heads of education institutions are going to ensure that appropriate supervisory systems and measures are put in place to ensure a safe teaching and learning environment that will be void of biases and discriminations against the orphans.

Enable education to establish seminars and workshops that have facilitated access to information on health, transmission of Acquired Immune Deficiency Syndrome and Environment should be free of stigma and discrimination.

The learners who may decide to drop out of school due to the Acquired Immune Deficiency Syndrome infection. Parents who are infected and affected by the pandemic making them accept themselves and be able to live with the virus..

Community in which the rate of drop out is on the rampage to, make it counsel and guide the orphans accordingly.

The curriculum developers may include more topics and contents of the effects of the Acquired Immune Deficiency Syndrome and impacts of drop out rate in schools.

1.6 Scope of the study

The study was carried out in the three selected schools in Kangema Division i.e. Holy Rosary Primary School, Kiruri Primary and Karurumo Primary school. The population

will be about 960 pupils and 120 teachers and about 50 parents. The schools I had chosen are convenient and accessible.

1.7 Limitations of the study

The study had some limitations which included: -

1. Transport using public means since the schools were situated some distance from each other and the researcher found it tedious and time consuming.
2. The researcher used long time while moving from one school to another in the areas without public means of transport of which the schools were far spaced from each other.
3. The study only lowered certain selected schools in the discussion since covering all the schools in the time given was not possible.
4. The study was costly as the researcher used public means of transport where possible.

1.8 Definition of the terms

For the purpose of this study these terms are defined below:-

HIV	- Human Immune Virus
AIDS	- Acquired Immune Deficiency Syndrome
Drop out Rates	- The number of girls and boys who are leaving school as a result of being orphaned
AIDS Orphan	- A child who have lost one or both parents from the Acquired Immune Deficiency Syndrome scourge
UNAIDS	- United Nations Acquired Immune Deficiency Syndrome Organisation
UNESCO	- United Nations Educational Science, Cultural Organisation
Enrolment Rates	- The number of boys and girls who are joining schooling
Data	- The information that a researcher has gathered from survey.
Environment	- The surroundings from where the researcher is to instruments gather the information from.
Respondents	- People from which the data is to be gathered from.
Questionnaire	- A document that contains questions which will be given to respondents to fill for the researchers information.
UNICEF	- United Nation Children Education Fund.

CHAPTER TWO - REVIEW OF THE RELATED LITERATURE

2.0 Introduction

A lot has been suggested, but across and writer concerning the Acquired Immune Deficiency Syndrome and its implication on the education sectors.

The Acquired Immune Deficiency Syndrome is a serious problem in the education sectors and require an appropriately highly level, full time commitment of management resources, particularly at national level. This is according to the Education Sectors policy on Acquired Immune Deficiency Syndrome and the Role of the Acquired Immune Deficiency Syndrome control Units edited by the Education P.S (Republic of Kenya. This problem has affected the children in primary schools who follow victim of the Acquired Immune Deficiency Syndrome fate.

According to the Human Rights Watch's Acquired Immune Deficiency Syndrome program (2006) Millions of children in Kenya, Uganda and South Africa affected by Acquired Immune Deficiency Syndrome have been left on their own making them drop out of school. In the Report of 55 pages, "Let them Fail; Government Neglected and the Right to Education for Children Affected by Acquired Immune Deficiency Syndrome" is based on the first hand information from the dozen of children I the three nations hard-hot by the pandemic, Kenya Uganda and Tanzania.

The report has documented how the governments fail the children victims affected by Acquired Immune Deficiency Syndrome when they happen to leave school. The Religious institutions and commonly – based organizations try to provide critical support to these children despite the fact that the groups operate with very little government support or recognition.

The Acquired Immune Deficiency Syndrome affected children are failing to get access to education do not go to school and this is because the states are failing them. The Education Sector policy on Acquired Immune Deficiency Syndrome; Republic of Kenya States "No learner will be denied access to education on the basis of his or her actual or perceived Human Immune Virus Status" In particular, access to education will be facilitated for orphans and vulnerable learners. This would curb the high rate of drop rates of children in Primary schools.

"Acquired Immune Deficiency Syndrome –affected children are failing to go to school due to the government failing them." said Jonathan Cohen, a researcher with Human Rights Watch's Acquired Immune Deficiency Syndrome program. "He says "These children have lost enough. They should not be turned away from school and lose their right to education as well".

2.1.1 The Extended Family

Surely, according to the Canadian International Development Agency (1990), the Acquired Immune Deficiency Syndrome pandemic poses serious problems for the affected countries but for none is the situation so ominous as for the nations of the third world under the extended family system in Africa, orphans and the elderly are well cared for by a diversity of relatives. This remains to be seemed whether the system will cope with the Acquired Immune Deficiency Syndrome scourge. Africa is already struggling against immense debts, wars, Poverty, diseases literacy and highly population growth and with the increase of Acquired Immune Deficiency Syndrome problem, its becoming an unbearable burden.



According to this report: Acquired Immune Deficiency Syndrome mostly affects the most productive members of the society, thereby increasing the numbers of the dependent-mostly, children relative to the provider. When the only bread winner passes away, one expected many aspects and needs to fails including the education provision.

The United Nations Acquired Immune Deficiency Syndrome (2003) stipulated that an estimated 25 million adults and children were living with Human Immune Virus epidemic in the Sub-Saharan Africa. About 12 million children as a result of that have been orphaned by the killer disease Acquired Immune Deficiency Syndrome. In the year 2003, almost 2.2 million people died from Acquired Immune Deficiency Syndrome and Kenya was rate at 5th the number of Acquired Immune Deficiency Syndrome orphans. By then there were an estimated 650,000 Acquired Immune Deficiency Syndrome orphans an 100,000 children had been infected with Acquired Immune Deficiency Syndrome. A remarkable number had died of related complications.

In Kenya, the Acquired Immune Deficiency Syndrome Pandemic is a major challenge and in 1999, it was declared a national disaster. The pandemic impacts adversely on education sector as a whole and it affect quality, access, equity, supply and demand for education services as observed by the Education Sector Policy on Acquired Immune Deficiency Syndrome and the Ministry of Education (Prof Karega Mutahi Ed.PS) This has resulted in the higher rate of drop out rate in Kenya.

2.1.2 Loss of parental care and support

The Kenyan Government report (2006) posted on the internet indicated that the education system in Kenya is affected greatly by Acquired Immune Deficiency Syndrome in many ways. The report clearly depicted that children who are infected with

Human Immune Virus at birth are not enrolled in school. Many if not all have to drop out of school on becoming orphans. Infact they are already sick and they lose the financial support from parents. Some are coerced into the street to seek cheap employment, daily some assistance from well wishers. At the end they happen to become family bread winners and heads of the family at 9 years of age.

2.1.3 The child headed households

Frank Cox (1999) reiterated that poverty, poor education and drug abuse are significant co-factors when woman become affected and infected with Acquired Immune Deficiency Syndrome, taking into account that the woman are the most important house caretaker. This makes them lose hope in life, neglecting their own children and even the infecting the children and husbands.

The United Nations Educational Science, Cultural Organization (1996) observed several risks groups and population categories as far as the Acquired Immune Deficiency Syndrome pandemic is concerned.

The woman, children and the orphans are the most vulnerable group of people in the Society. They are forced out of education and this further exposes them to higher sick and dangers.

Uganda Acquired Immune Deficiency Syndrome commission 2004 asserted that Acquired Immune Deficiency Syndrome orphaned children were one of its greatest challenges.

The commission stated that one in every five Ugandan children is an orphan (over 2 million). Many of them been neglected and ignored due to increase pressure economic crisis and social stress on the extended family care system and big number live in child

headed households with very little or no support. Some of these children drop out of school to look for some petty jobs by the busy roadsides more so Kampala and its suburbs.

Social implication of Acquired Immune Deficiency Syndrome orphans

The Bloom or Doom, A Resource book for youth in and out of Secondary School (1999) indicated that due to the large increase in Acquired Immune Deficiency Syndrome orphans, our traditional coping mechanisms of integrating orphans into extended families will no longer be adequate to meet orphans' needs for education, health clothing and nutrition. Loss of these members of the family mean years of education foregone, loss of potential earning power of the family and loss of human capital resources of the Society as a whole

Acquired Immune Deficiency Syndrome mainly kills the middle aged population leaving mostly the young and the aged. The young therefore faces social problems like inadequate education, nutrition, lack of love, security and suitable role models (Pg. 135) Bloom.

2.1.4 Family problems

The world Book (2001) states that the Acquired Immune Deficiency Syndrome pandemic has already reached a disastrous level in Africa; affecting teens and young adults. The death rates are alarming and scaring.

The common country Assessment (2004) postulates that nearly $\frac{1}{2}$ of the orphans in Uganda for instance have lost at least one parent from Acquired Immune Deficiency Syndrome. Consequently, the caring for the sick, hopeless and orphans. As a result of this

the girls are denied the right to strike for education. The sickness or calamity at home account for 6% of the total drop outs in Uganda.

Teachers' schools and societies(2000) highlight that students dropout of school for several reasons. The family problems being the major cause of drop out. The societies(2000) suggests that the authorities should identify and address the cause to keep the children at school despite the social, economical and psychological implications. The Human Immune Deficiency Syndrome and Acquired Immune Deficiency Syndrome bring along many family problems

2.2 Theory

A study conducted by Prof. Elias Ayimba, a demography lecturer at the University of Nairobi on Orphans and vulnerable children in the Great Lake Region say that an increasing number of orphans are now leaving with their grandparents and relatives which puts an extra burden and pressure on them because they have to take care of their grand parents as well. In addition to that he says. "Some people pretend to sympathies with the sibling headed household and sexually exploit them in exchange for food provision and other material benefits.

In some cases relatives even stop them from going to school.

On 1st Wednesday June 2007, there was a special feature appearing on the Daily Nation that was entitled, surviving against the Odds by C. Butunge. Butunge indicated that while many orphans would like to continue with their learning in school like other children, they are often forced to move out of their relatives home due to harsh living condition, mistreatment or exploitation. In some cases, these relatives even stop them from going to school. As a result of lack of protection exploitation and mistreatment of

orphans prefer living on their own with the elder of them taking charge of the family. The child becomes the bread winner forcing the others out of school in order to look after the home affairs and in search of income, It has been noted that Acquired Immune Deficiency Syndrome orphans born outside wedlock are even worse off since they no place to consider as home after their mother's death. Many are tossed around between relatives and at the end flee to live in the street, leading to high rate of drop out Pg 5

In 2004, the United Nations children's Funds United Nation Children Education Fund and the government inaugurated a cash transfer project that aimed at boosting aid in children orphaned by Acquired Immune Deficiency Syndrome. Records has it that the project has been commenced on a pilot basis in twenty districts. The money gets to the Acquired Immune Deficiency Syndrome victims in their homes through the officers. Initially each household caring for the Acquired Immune Deficiency Syndrome Orphans was granted Kshs. 500 and later it was increased to Kshs. 1500. At the moment, about 750 families are benefiting from the project. The programme aims at extending its services to supporting at least 30,000 houses in about 75 districts countrywide. One remarkable problem is that the children headed households do not get touch with this cash transfer. The reason being that the funds are only disbursed through the eligible adult relatives and guardians.

At the end of 2005, United Nation Children Education Fund estimated that the Acquired Immune Deficiency Syndrome orphans here will be 1.5 million by 2010 this creating an obstacle towards growth and development in all sectors of growth. Thus these were a need to develop strategies focusing on Acquired Immune Deficiency Syndrome orphans and children headed homes.

The orphans have had little time space to concentrate on the academic endeavors despite the introduction of free Primary Education in 2003. The orphans who stay in child headed households find themselves in terrible situation.

They are unable to make appropriate decisions on education lines. The household duties and responsibilities overburden them leading to very poor performances. Many are forced out of school to attend to other siblings and day to day responsibilities.

On the other hand, they lack chance of being accorded bursary funds due to poor performance in the Kenya Certificate of Primary Education at the end of 8 years course in Primary school. Only bright student from poor families are for the bursary funding.

A times orphans drop out of Secondary School due to the funds unavailability though the government has help secondary students this year Kshs.10, 625 for tuition. The rest amount Kshs.14, 000 has be paid by parents.

Its obvious that orphans who are Human Immune Virus positive require special nutritional care, Medical attention which may not be available in the sibling headed households who are rather poor.

Some of the Acquired Immune Deficiency Syndrome orphans end up in Primary Education that only makes them eligible for manual jobs at best. Some just depend on lack from well wishers to survive.

CHAPTER THREE - RESEARCH METHODOLOGY

3.1 Research design

He researcher initiated descriptive and quantitative method to determine the number of Human Immune Virus & Acquired Immune Deficiency Syndrome orphans who have dropped out of the several selected primary schools between 2005 and 2007 December. It was not possible to access all teachers, parents and the like. The researcher obtained information from a representative sample of teachers, parents and pupils.

3.2 Environment

The study was initiated and done in three selected primary schools in Kangema Division in Murang'a District. These schools are Holy Rosary Primary, Karurumo Primary School and Kiruri Primary School.

3.3 Respondents

The respondents included the Head teachers of the institutions mentioned above, parents, teachers and orphans themselves.

3.4 Instruments of Data Collection

The study employed by researcher devised instrument which included interviews, questionnaire in obtaining the primary school data and schedules to procure information and facts from the class teachers and the head teachers.

3.5 Data Collection procedures

The researcher dispatched letters to each of the selected and sampled schools. The letters aimed at asking for permission to conduct the study in those primary institutions. The head teacher convened a brief meeting to highlight to the staff members what was encompassed in the letter.

The questionnaire was handed down to parents to open ended questions. That was sent to allow freedom for expressing their personal feeling. The correspondents was keen and focused on the subject in question. Enough copies were produced to cater for the intended population. The closed question was in quantification of strongly agree (4), Agree (3), Disagree (2) and strongly disagree (1).

The head teachers, their deputies, class teachers and orphans were interviewed for extra information. The researcher distributed enough schedule to the head teachers and class teachers.

The researcher had obtained permission in writing from the selected head teachers enabling him to visit the sampled schools for creation of report.

3.6 Statistical Treatment of data

The information from the questionnaire, schedules and interviews was treated and analyzed separately. The researcher tried to analyze the data and information by making tells of drop outs between 2005 and 2007.

After this, conclusions was made and formulated using the formula below

$$\frac{M}{N} \times 100\%$$

m= Number of dropouts between 2005 -2007

n= Total number of pupils in schools. The data was categorized according to the research variables.

CHAPTER FOUR - DATA ANALYSIS

4.0 Introduction

In this chapter, I have discussed the findings and the opinions of the research procured after utilizing and administering the instruments; these are interviews, questionnaires and the schedules.

4.1 Profile of the research schedules

The profile of the respondents is summarized and shortened as follows;

4.1: Profile of respondents

CATEGORY AGE	FREQUENCY (30)	PERCENTAGE (%)
Below 20 years	3	10.00
20 – 30 years	7	23.33
30 – 40 years	9	30.00
40 – 50 years	8	26.67
Above 50 years	3	10.00
GENDER		
MALE	15	50
FEMALE	15	50
RELIGION		
CATHOLIC	14	46.67
PROTESTANTS	11	36.67

MUSLIMS	2	6.6
OTHERS	3	10
NAME OF SCHOOL		
HOLY ROSARY PRY	10	33.33
KARURUMO PRY	10	33.33
KIRURI PRY	10	33.33
No. of children		
Less than 3	17	56.67
More than 3	13	43.33
No. of teachers		
Less than 3	15	50
More than 3	15	50
	30	100

The data from table 4.1 shows that only three respondents were below 20 years and 3 were above 50 years. Between 20, 30 years were 7 and between 30 – 40 were 17. on religion, there were 14 Catholics, 11 protestants, two Muslims and 3 from other sects. From each school, 3 children in that school and 13 parents had more than 3 children in that school and 13 parents had more than 3 children. There were equal number of teachers respondents in each of the schools.

4.2 The impacts of Human Immune Virus and Acquired Immune Deficiency

Syndrome on the school involvement as per boys and girls

The information obtained from the school distributed to class teachers of the selected schools is summaries in tabular form as shown below

Table 4.2.1: Dropouts of boys and girls

SCHOOL	DROPOUT			% DROP	OUTS	
	2005	2006	2007	2005	2006	2007
Holy Rosary Primary	9	7	3	2.30	0.43	0.26
Karurumo Primary	10	4	2	2.41	0.72	0.48
Kiruri Primary	12	5	1	2.83	0.42	0.34
Total	31	16	6	2.52	0.53	0.32

From table 2, it can be noted that percentage dropout of Acquired Immune Deficiency Syndrome orphans decreased between 2005, 2006 and 2007. The impacts of Human Immune Virus and Acquired Immune Deficiency Syndrome on enrolment was more in 2005 than in 2007.

Table 4.2.2 Respondents opinion on whether Human Immune Virus and Acquired Immune Deficiency Syndrome has resulted into the death of some parents in the school

School	Frequency	Percentage
Strongly agree	20	67.6
Agree	6	20.00
Disagree	3	10.00
Strongly disagree	0	0
I don't know	1	3.33
	30	100

The above table of respondents shows that about 68% strongly agreed that Human Immune Virus and Acquired Immune Deficiency Syndrome has led to the death of some parents in the three selected schools. Now of them strongly disagreed on the question. About 3% did not know at all about 2% agreed that the disease has resulted into the death of some parents.

Table 4.2.3: Respondents opinion on whether children of the deceased parents have dropped out of school due to Human Immune Virus and Acquired Immune Deficiency Syndrome

Opinion	Frequency	Percentage
Strongly agree	1	3
Agreed	1	3
Disagreed	8	27
Strongly disagreed	20	67
	30	100

67% the respondent strongly disagreed that children of the deceased parents have dropped out of school as a result of the loss of their parents. About 6% of the respondents agreed and strongly agreed the agreed that children of deceased parents have dropped out of the schooling.

Table 4.2.4: Respondents opinion on whether Human Immune Virus and Acquired Immune Deficiency Syndrome has led to the increased dropout in school

Opinion	Frequency	Percentage
Strongly agreed	1	3
Agreed	3	10
Disagreed	6	20
Strongly disagreed	20	67
	30	100

67% of the respondents strongly disagree that Human Immune Virus and Acquired Immune Deficiency Syndrome has led to the increasing dropouts in their respective

schools. At least 3% strongly agreed, 10% agreed and 20% disagreed that Human Immune Virus and Acquired Immune Deficiency Syndrome has led to the increased dropouts in their schools.

Table 4.2.5: Respondents new on how regular do meetings take place between parents and school fraternity to address the Human Immune Virus and Acquired Immune Deficiency Syndrome issues

Opinion	Frequency (30)	Percentage %
More than once term	18	60
Once a term	19	30
Less than once a term	3	10
Never	0	0

60% of respondents supported that they hold regular meetings between parents and school to address the Human Immune Virus and Acquired Immune Deficiency Syndrome and related issues.

Table 4.3: Respondents opinion on the role of education ministry in eh support and assistance on Human Immune Virus and Acquired Immune Deficiency Syndrome orphans

Opinion	Frequency (30)	Percentage %
Strongly agreed	0	0
Agreed	2	7
Disagreed	10	33
Strongly disagreed	18	60

60% of the respondents interviews strongly disagreed when asked whether the education ministry has supported, done enough and assisted in the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans. They suggested that more should be done to enlighten the public on the impacts of the Human Immune Virus causes of the Acquired Immune Deficiency Syndrome. They also thought that feeding procedures, strategies and programmes be inaugurated to support the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans.

Table 4.3.1: Respondents opinion on whether the free primary education has a laid out system that intends to help the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans to remain in the school

Opinion	Frequency (30)	Percentage %
Strongly agreed	25	83
Agreed	5	17
Disagreed	0	0
Strongly disagreed	0	0

83% of the respondents strongly agreed that the introduction of Free Primary Education has positively helped Human Immune Virus and Acquired Immune Deficiency Syndrome orphans to remain in school. As a result of this, the idea has greatly reduced the dropout rates in schools. The head teachers of the three selected schools interviewed disclosed and revealed that the Constituency Development Fund has helped the families who take

care of the orphans in various houses and homes. They also suggest that more initiatives should be put in place to further reduce the drop out rates in the schools. More funds need to be set aside to cater for the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans. Guidance and counseling programmes be expanded in order to enable the orphans remain in schools.

Table 4.3.2: Respondents opinion on whether the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans are a bother in the locality.

Opinion	Frequency (30)	Percentage %
Strongly agreed	1	3
Agreed	3	10
Disagreed	12	37
Strongly disagreed	15	50

50% of the respondents strongly disagreed that the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans are a big problem in the area. The respondents also said that the already orphans who have dropped out of school are employed in some prominent homes. Others work in people's farms for pay. 80% of the respondents formulated that the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans are taken care of by the extended family members. This has enabled them to remain in school.

Table 4.3.3: Respondents opinion on whether the ideas of Human Immune Virus and Acquired Immune Deficiency Syndrome orphans and the dropout affects the people and the society in the area

Opinion	Frequency (30)	Percentage %
Strongly agreed	1	1
Agreed	4	13
Disagreed	8	27
Strongly disagreed	17	57

57% of the respondents strongly disagreed that the idea of Human Immune Virus orphans and dropout directly affects the people and the society in the areas.

About 3% strongly agreed that Human Immune Virus and Acquired Immune Deficiency Syndrome orphans and dropout affect the society in the area.

Table 4.3.4: Respondents opinion on how often the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans and affected ones are given moral, spiritual and material support

Opinion	Frequency (30)	Percentage %
Severally	18	60
Once in a term	9	30
Less than once in a term	3	10
Never	0	0

60% of the respondents and accepted that the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans are severally accorded moral, material and spiritual support by the stake holders. More said that the Human Immune Virus and Acquired Immune Deficiency Syndrome are not given moral, spiritual and material support.

Interviews with a known Acquired Immune Deficiency Syndrome orphans reiterated that they are forced out of school by lack of parental support and guidance. They lack the basic requirements like food, shelter, love, clothing and school uniform among others needs. This led to their seeking cheap and available labour to enable them make ends meet, and get money.

More serious is when they lack close relatives to take care and support them in their lives. One of them asserted that her grand mother was poor and old and so she had to drop out of school to take care of her. Another one contemplated that she had to dropout of school to take care of his young siblings who had none to take care of.

4.3.5 The contribution of the constituency development fund towards helping and supporting the Acquired Immune Deficiency Syndrome orphans

About 86% of the respondents said that Acquired Immune Deficiency Syndrome orphans are taken care of by extended family in terms of basic needs and education. This means that food support mechanisms are put in place in the society. The school management and concerned societal members make follow up on Acquired Immune Deficiency Syndrome orphans to keep them in school. 35% said that the church encourages other family members to support the Acquired Immune Deficiency Syndrome orphans materially, spiritually and morally. 40% of the respondents urged that LDF allocates bursary funds to the needy Acquired Immune Deficiency Syndrome orphans.



CHAPTER FIVE

DISCUSISON OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion, limitations, recommendations and the conclusion of the research findings. This study sought to examine the Human Immune Virus and Acquired Immune Deficiency Syndrome and dropout rates of peoples of selected primary schools in Kangema division, Muranga District in Kenya.

5.1 DISCUSSION

5.1.1 Effects of Human Immune Virus and Acquired Immune Deficiency Syndrome on school enrolment

The analysis of the study findings depicts that the number of orphans who dropped of school in 2005 was 31, 2006, 16 and only 6 dropped out of school in 2007. Out of the 31 drop outs, in 2005, 19 were girls and while in 2006, 8 were girls. This shows that the number of Human Immune Virus and Acquired Immune Deficiency Syndrome orphans has been decreasing from 2005 through 2007.

5.1.2 Attitudes of stake holders on Human Immune Virus and Acquired Immune Deficiency Syndrome and dropouts,

The number of drop out went down due to some reasons. The most fundamental reason is that there was a comprehensive improvement of the support mechanisms from the extended family members and the school. Increased bursary allocation on Human Immune Virus and Acquired Immune Deficiency Syndrome by the non governmental organizations and Constituency Development Fund has played a remarkable role in that

decrease. The church organization have played a major role and effort in assisting the orphans to remain in school and cater for their educational needs.

Another major reason is that the government through the free primary education policy and initiative that was began in 2003, has done a reasonable job to ensuring that all children attend school.

In aid pre-service training of teaches and other educators are required to give themselves to protect and implement the Human Immune Virus and Acquired Immune Deficiency Syndrome curriculum and to deal with the effects of Human Immune Virus and Acquired Immune Deficiency Syndrome in the sector in a positive and effective way. They have boosted the counseling and guidance programs on the infected and affected persons.

Accurate, relevant and under stable information on Acquired Immune Deficiency Syndrome are provided to all learners, parents and caregivers to create positive attitude towards the orphans living with Human Immune Virus and Acquired Immune Deficiency Syndrome and to avoid problems of refusal and discrimination.

5.1.3 Approach of the Kenyan State towards helping the Human Immune Virus and Acquired Immune Deficiency Syndrome orphans

The Kenya government has, through the school administration and management followed up closely, the Acquired Immune Deficiency Syndrome orphans progress to ensuring that they remain in school. The free pry education policy of 2003 has also done much to ensuring that these children attend school it ensures that are liable for the school

infrastructure and like others children. The state also ensures they are not excommunicated by others. This will and has enabled them to remain in schools and reduce dropout.

The Teachers Service Commission Image Volume 14: 2007 on education policies, there is an article on millennium development goals one of which postulates that; “Reverse the Spread of Human Immune Virus and Acquired Immune Deficiency Syndrome and combating Human Immune Virus and Acquired Immune Deficiency Syndrome by 2015. It continues to say that the government implements as a matter of urgency education programmes and actions to combat the Human Immune Virus and Acquired Immune Deficiency Syndrome pandemic. Comprehensive care of the infected and affected calls for a collaborative approach involving various stake holders. These approaches will help reduce the number of Acquired Immune Deficiency Syndrome orphans dropping out of schools.

5.2 Recommendations

Arising from the findings and conclusion made the study recommends that;

The societal support mechanisms and initiatives need to be planned, formulated and strengthened to further reduce and curb the dropout rates of Acquired Immune Deficiency Syndrome orphans in schools.

The countries Constituency Development Funds (CDF) should allocate sufficient funds to the families, extended families of the infected and affected to support, sustain and assist the Acquired Immune Deficiency Syndrome orphans.

Guidance and counseling services and programmes need to be formulated, supervised, funded, supported to help the Acquired Immune Deficiency Syndrome orphans cope up with the loss of parents and enable them cope with life. The counseling services will also enable the families and extended families deal with the orphans. The society in general will also benefit from the counseling programme. All training in the sector will be in line with objectives of the education sector policy on Human Immune Virus and Acquired Immune Deficiency Syndrome.

Teachers to be educated on ways of handling orphans in schools in order that the society learns to accept them and accommodate them in their schools. Other pupils will appreciate them without discriminating them.

The ministry of education should also establish avenues by which the families who take care of the orphans are counseled, guided and educated on various ways of coping up with normal lives.

The school should frequently organize shows for example video tapes whereby the learners, members of the family and the society will be educated on various methods of coping with the Human Immune Virus and Acquired Immune Deficiency Syndrome pandemic. Its here where the people are discouraged from bad behaviours that might cause the disease.

The mass media should be accorded more coverage of the effects of the Human Immune Virus and Acquired Immune Deficiency Syndrome whereby the people get more information concerning the scourge. Community get more sensitized and by so doing learn a lot.

The researcher also asks all stake holders to join hands and enlighten others on the causes, and effects of Human Immune Virus and Acquired Immune Deficiency Syndrome on education.

5.3 Conclusion

From the research study and finding, it can be concluded that the increase in Acquired Immune Deficiency Syndrome orphans has not significantly led and resulted into an increase in drop out rates of boys and girls in primary schools.

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Internet e.g www.answer.com

APPENDIX A

The transmitted letter for the Headteacher

Headteacher

School

P.O. Box

Dear Sir/Madam

REF: RESEARCH STUDY

I am a student graduating at Kampala International University undertaking a BED Degree in ECPE. I am doing a research entitled HIV/AIDS and drop out rates of pupils in selected Primary Schools in Kangema Division for the award of the degree in question. I therefore intend to execute the research in your school, I am writing to kindly seek your permission for the same. I would be grateful for your much needed assistance.

Yours in respect.....

APPENDIX B

The proposed questionnaire

A study Questionnaire for parent

Topic: HIV and AID and drop out rates in selected primary school in Kangema Division

This questionnaire is trying to seek information on the influence and impact of HIV/AIDS on drop out rate of boys and girls in three Primary Schools.

The information will surely be treated with strict confidentiality and originality.

1. Personal Information (Fill in the space provided)

- a) Age.....gender.....
- b) Religion.....
- c) Name of the Primary School.....
- d) Number of pupils in the above school.....
- e) Number of teachers in the school.....

2. HIV/AIDS has resulted into death of some parent in the school (Tick in the provided boxes)

- a) Strongly agree(5) ☐
- b) Agree (4) ☐
- c) Disagree (3) ☐
- d) Strongly disagree ☐
- e) I don't know ☐

3. Pupils of the deceased parents have dropped out of school

☐

1. Strongly agree (4) ☐

3. Agree(3)

2. Disagree (2) ☐

4. Strongly disagree(1) ☐

4. How many HIV/AIDS orphans are you aware of?.....

5. What is the fate of the HIV/AIDS Orphans who have dropped out of school?.....
.....

6. Out of the HIV/AIDS you know, how many of them have dropped out of school?.....

7. Do you believe that HIV/AIDS has led to the increased drop outs in your school?

a) Strongly agree (4) ☐

c) Agree (3) ☐

b) Disagree (2) ☐

d) strongly disagree (1) ☐

8. What is your school doing to return these orphans in the school?

.....
.....

9. Who takes care of the HIV/AID orphans in your school?

.....
.....

10. What is the religions groups doing to assist the HIV/AIDS orphans in your area?

.....
.....

11. How regularly do meetings take place between parents and the school to address HIV/AIDS related issues?

☐

1. More than once (4) ☐

3. Once a term (3)

2. Less than once a term (2) ☐

4. Never(1) ☐

12. What is being done by members of the extended family to help the HIV/AIDS orphans to obtain Education?

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

13. According to you which donor plants are in the frontline in trying to help the HIV/AIDS orphans?

.....
.....

14. What are the donor organisations doing to help the HIV/AIDS orphan?

.....
.....

15. What is the CDF (Constituency Development Fund) doing to help and support the AIDS orphans?.....

.....

16. What do you I suppose, in your opinion the Ministry of Education is supposed to do to help the HIV/AIDS orphans?.....

.....

17. Do you believe the education Ministry has done enough to support and assist the HIV/AIDS orphans?

a) Strongly agree (4) ☐

c) Disagree (2) ☐

b) Agree (3) ☐

d) Strongly disagree (1) ☐

18. Kenya has had Free Primary Education and in that respect, has the system in place helped the HIV/AIDS orphans to remain in school?

a) Strongly agree (4) ☐

c) Disagree (3) ☐

b) Agree (2) ☐

d) Strongly disagree (1) ☐

19. In your observation, what is the major effect of HIV/AIDS in education system?

.....

.....

20. Do you think AID orphans are a big problem in this locality?

a) Strongly agree (4) ☐

c) Disagree (3) ☐

b) Agree (2) ☐

d) Strongly disagree (1) ☐

21. Do you believe that the issue of HIV/AIDS orphans and dropout affects the people and society in this area?

a) Strongly agree (4) ☐

c) Disagree (3) ☐

b) Agree (2) ☐

d) Strongly disagree (1) ☐

22. Mention two ways in which AIDS orphans have affected the areas?

.....

.....

23. How regularly are the HIV/AIDS orphans given moral, spiritual and material support?

1. More than once (4)

3. Once in a term (3)

2. Less than once a term (3)

4. Never

24. When was the last meeting when HIV/AIDS was discussed?

.....

APPENDIX C

PLAN FOR DATA PRESENTATION

Table 1

Drop out of boys and Girls

School	Drop out			%		
	2005	2006	2007	2005	2006	2007

APPENDIX D: TIME FRAME AND BUDGET

Time frame

The study took an estimated duration as indicated in the table below:

ACTIVITY	DURATION
Formulation of Questionnaire	3 Weeks
Data collection	7 Weeks
Data analysis	3 Weeks
Data presentation and interpretation	3 Weeks
Total period taken to study	16 Weeks

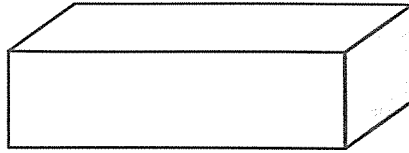
Budget of the study

The total amount of money used to carry out this study was as follows:

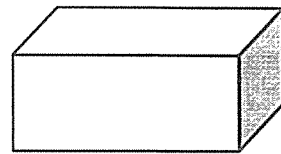
Material	Sh. 1,800.00
Transport	Sh. 2,450.00
Printing	Sh. 2,500.00
Miscellaneous	Sh. 1,600.00
Total cost	Sh. 8,350.00

AREA OF STUDY

KARURUMO PRIMARY



HOLY ROSARY PRIMARY



KIRURI PRIMARY

