THE IMPACT OF HIV AND AIDS ON PUBLIC PRIMARY SCHOOL EDUCATION AND IT'S IMPLICATION ON PLANNING INTERVENTIONS IN RARIEDA DIVISION, RARIEDA DISTRICT, KENYA

By

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ABSTRACT

In the past few decades, HIV and AIDS has become one of the major public health challenges worldwide. In Kenya, as in other parts of sub-Saharan Africa, its impact is felt in all sectors. In the education sector, a number of children have been orphaned through the death of their parents as a result of HIV and AIDS pandemic making them more unlikely to enroll and remain in school due to lack of material support and parental care or because of the burden of taking care of sick parents and relatives. The study was conducted in Rarieda Division where the number of children affected by the pandemic has risen in the past few years. The specific objectives of the study were to examine the impact of HIV and AIDS on pupil's attendance, performance and completion of primary education; determine the impact of HIV and AIDS on gender disparity in primary education and assess how HIV and AIDS affects planning interventions in primary school education in the study area. The study design was cross-sectional descriptive research. Target populations were pupils and teachers who were 18,715 and 600 respectively. The study utilized a sample size of 400 pupils who were interviewed to provide primary data. Quantitative data was collected from identifying participants through random sampling of schools within the division. For qualitative data collection, participants including teachers, education officers and caretakers of affected children were selected using purposive sampling technique and participated in Focus Group Discussion (FGD), Key Informant Interview (KII) and in-depth interview. Qualitative data were analyzed by creating themes and patterns then evaluating the usefulness of information to answer research questions. Quantitative data was analyzed through descriptive statistics such as mode; median standard and deviation of variables were conducted to establish relationships between variables. The study realized that HIV and AIDS have greatly reduced demand and supply of education and there is negative impact of which has interfered with primary education plan in the division. Although the study has shown that girls are at risk there are no measures that have been put in place to reduce the risks. In conclusion therefore, HIV pandemic has affected all the sectors of the economy, with much interference on planning of interventions in public primary schools education in the country. It is the recommendation of this study to put in place adequate intervention strategies to counter the effects of HIV and AIDS especially in primary education. This study finding will be useful to government agencies and non-governmental organizations when planning interventions in the era of HIV and AIDS.

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

"HIV is a direct threat to children. Generally, a child's vulnerability to HIV infection increases as the family's socioeconomic status decreases. Children not infected perennially face the possibility of subsequent infection through breast milk if their mothers have HIV. Few children, if any, have the control over their lives to avoid these risks" (Bailey 1992:668). The most immediate and visible impact of HIV and AIDS has appeared already in many education systems of the world. Children infected at birth have not lived to enroll in school; some of the children enrolled have dropped out of school in order to earn money for their families and for the care of ill relatives; teachers have fallen ill and have died; and because of the presence of HIV in the classroom and the school, the process of teaching and learning itself has become more complicated and more difficult - and its quality has deteriorated (Sheldon, 1994). In some societies this impact is still barely noticeable, hidden by the normal processes of change and subsumed by the more obvious and immediately visible problems of poverty, drought, war, and other illnesses. In others, however, the impact is already quite clear and identifiable - an impact on the demand for education, on its supply, and on the nature and quality of teaching and learning. From findings of research that have been conducted throughout the world majority of the school going children had explained that they had to miss school sometimes because of no uniforms, books, pens, etc,...they often stayed at home for several days at a time to attend funerals of their relatives...due to the increasing number of AIDS patients, pupils (especially girls) were required to take turns at home nursing the sick and helping out on the farm, especially with the decrease in farm labor in the homes. Most pupils indicated that they had to work on the farms in order to raise money for fees and to grow food to eat" (Katahoire 1993:6-68). Such scenarios are evident that there is decrease in education demand.

It is ironic at least - and gruesome as well - that the likely lowering of demand for education in areas heavily affected by HIV AND AIDS in the world may well be matched by a lessening of supply; fewer pupils in school, in other words, may not result in gross unemployment of teachers because the cadre of teachers may also be severely affected by HIV and AIDS. This is one of many ways in which supply may

be affected, ranging from the obvious (the death of teachers, the closing of schools) to the less so (a reduction of budget for the education system as a whole and for individual schools) (Sheldon, 1994). The "numbers" of education will clearly change as a result of HIV and AIDS. And its "tone" will also change. The social interactions and educational processes which make it work will inevitably be colored in some way by the epidemic. Those in class who are infected or ill, or even members of affected families - both teachers and pupils - may face discrimination, ostracism, and isolation (Caldwell et al 1989). These are factors that can directly or indirectly affect planning interventions in education sector of a nation.

A rapidly increasing mortality rate among adults due to the AIDS pandemic in sub-Saharan Africa has raised concerns about intergenerational effects, including child education (Yamano and Jayne, 2004). AIDS has already orphaned more than 13 million African children, half of whom are between the ages of 10 and 14 (UNICEF, 2001). Children and young people in HIV and AIDS-affected households begin to suffer even before a parent or caregiver has died. Household income reduces; Children are forced to drop out of school either to care for a sick parent or to earn money. Depression and alienation are common. Survival strategies, such as eating less and selling assets are intensifying the vulnerability of households (UNICEF, 2004). In addition to the psychological impact of losing one's parents, children who lose their parents to AIDS are often stigmatized by their communities (UNICEF, 2004). These children are often much more at risk of becoming victims of violence, exploitative child labor and discrimination or other abuses. Surviving children face malnutrition, illness, physical and psychosocial trauma, and impaired cognitive and emotional development (ILO, 2005). The impact of AIDS at the household level is making it more difficult for children from families where there is infection, to participate or continue in school (UNESCO, 2004). The problem of orphans that relate to schooling have to be taken care of by the wider community so, as to keep the orphans in school and be able to retain them in class (Nyambedha *et al,* 2001). Kenya has successfully raised the proportion of children enrolled in primary school, since independence. The Gross primary school Enrollment Rate (GER) increased from 62 percent in the year 1970 to 115 percent by the year 1980. The gender gap in enrollment rates between male and female students also declined in this period from about 20 percent in 1970 to 10 percent in 1980. These improvements are largely due to newly built schools and

free education for classes1 to 4 introduced in 1974. However, a formal cost-sharing system was introduced in the year 1988 to ease the financial burden on the education system. Since then the Gross primary school enrolment rate has declined to about 90 percent (World Bank, 2004).

From the age of six, pupils may enroll in primary education, which lasts for eight years. Between the year 2001 and 2002 there was a marginal increase in primary enrolments of 0.9 per cent. In the year 2003 an extra 1.6 million entered primary school as a result of the introduction of free primary education (Central Bureau of Statistics, 2004). However, HIV and AIDS is still a challenge to primary education in Kenya. Depending on the household's initial income, wealth and impact of death on these children the household may withdraw children from school. Because members of the affected households' may not recover quickly after the death of the sick member, children's school attendance may be affected long after the parent's death (Yamano and Jayne, 2004). As one family member becomes chronically ill, another household member must devote more time to care giving. As a result, a care-giving female member may need to reduce time devoted to her usual activities. The increased demand for care-giving labor, however, will disappear if the sick adult passes away (Yamano and Jayne 2004). Nyanza Province has by far the highest level of orphan hood, with almost one in five (19%) children under 15 having lost one or both of their biological parents (KDHS, 2003). The ratio of school attendance among orphaned to non-orphaned children is 1; 3(KDHS, 2003). Poverty is most likely reason why there is poor school enrolment. However, it must be said that orphaning and poverty are often correlated (Bundy and Valero, 2002). Nyanza province has the highest HIV prevalence in the country, being 15% in adults (Republic of Kenya, Central Bureau of Statistics, 2005). The high prevalence rates in Nyanza are commonly attributed to a variety of factors; they include the proximity to Uganda which for a very long time had high prevalence rates and the cultural practices like wife inheritance (HSRC, 2004). This heavy orphan burden is affecting the enrolment in primary schools (Republic of Kenya, 2005).

School attendance is mostly affected by the high prevalence of HIV AND AIDS within Rarieda District (Amonkul and Hilde, 2004). The prevalence rate of HIV in the division is 15 % (Republic of Kenya, 2005), which is high as compared to other regions of the country. The implementation of Universal Primary Education is hampered by AIDS pandemic. Those infected are frequently absent from work and the pupils whose parents are sick tend to miss classes, the increasing mortality due to HIV and AIDS means that those dying have to be replaced and the remaining teachers have to take on extra workload. All of this has a profound impact on the education sector.

1.2. Statement of the Problem

HIV and AIDS is a major challenge that the education sector faces in entire world. Children orphaned by AIDS are unable to attend school due to lack of financial support, parental care or because they are taking care of sick parents or siblings. Children whose parents or close relatives are affected or living with AIDS are likely to be traumatized and suffer impaired concentration in the classroom, resulting in poor performance. Particularly worrying is the lack of proper planning for interventions in the area which has led to poor quality of schooling facilities; there is lack of adequate classrooms, desks, textbooks, and workshops for practical subjects, toilets and teachers. This is most likely to negatively affect the children who are attending primary schools in the area. Given that there is high prevalence of HIV and AIDS, the impact of AIDS on education sector is significant and quite a number of children might not be able to access education even though it is free. The impacts of the disease affects, individual households, community and entire nation in relation to education demand, supply and process, factors that have very direct or indirect impacts on planning intervention of education process.

The major challenge that has resulted in low enrollment in schools, non-schooling gap which is wide and increasing, low retention in schools due to high dropout rate is increasing poverty levels in the district. The biggest challenge to education is the spread of HIV and AIDS and its impact on the Rarieda District community. HIVand AIDS contributes to school drop outs if the parents are infected since they cannot meet school fees obligation due to economic pressure exerted by the disease on the family.

In Rarieda District where Rarieda Division falls, poverty is very rampant with close to 60% of people in the district living below the poverty line (District Development Office Rarieda, 2006) factor that has direct influence on HIV and AIDS incidences. School attendance is affected mostly by the high prevalence of HIV and AIDS within Rarieda Division (Amonkul and, 2004) and high level of poverty, calls for such a study to help establish the extent that HIV and AIDS has affected primary school education in Rarieda Division. Whereas school fees is not a problem in public primary schools in Kenya, families still have to pay for uniforms, lunches, and examination costs.

Stigma and discrimination against AIDS orphans typically reflect the lack of education on AIDS and its related problems, and the economic conditions of the foster families. Often there is the fear that children of HIV-positive parents might also be infected. The increase in the number of children orphaned or affected by AIDS calls for caring and non-abrasive teachers as well as a learning environment that is safe and ready to help the children cope with the effect of the disease. All these educational problems that children face, need to be addressed. There are a number of interventions targeting people infected and affected by HIV and AIDS in and out of primary schools. However, little is known about the impact of HIV and AIDS on primary education and its implication on planning of these interventions. It is against this backdrop that a study to examine how the scourge has affected on public primary education in Rarieda district was designed.

Research Gaps

Despite the remarkably and serious impact of HIV and AIDS on the primary education of Orphans and Vulnerable Children s in some rural areas, little attention had been devoted to this fundamentally important problem at national level. This makes it necessary for macro studies to be carried out. Strategies of improving the social and familial support systems for AIDS orphans. Existing literature indicates that specific research addressing the actual and likely impact of the HIV and AIDS pandemic on primary education is largely undocumented. This creates a need for further understanding to facilitate formulation of appropriate interventions that would effectively mitigate against HIV and AIDS on the demand and supply of services in Kenya.

1. 3. Objectives of the study

The overall objective of this study was to assess the impact of AIDS on primary school education and its implication on planning interventions, in Rarieda Division of Rarieda District.

Specific objectives are:

1. To examine the effects of HIV and AIDS on pupil's attendance, performance and completion of primary education.
2. To determine the impact of HIV and AIDS on gender disparity in primary education.
3. To assess how HIV and AIDS affect planning interventions in primary school education in the study area.

1.4. Research Questions:

1. How has HIV and AIDS affected pupils' attendance, performance and completion of primary school in Rarieda Division?
2. How has HIV and AIDS affected gender disparity in primary education?
3. How has HIV and AIDS affected planning interventions for primary school education?

1 .5 Justification of the Study

HIV and AIDS affect primary education in many ways. Many children have been displaced from schools because education plans hitherto did not anticipate the implications of HIV and AIDS and take measures to contain them from dropping out of school. AIDS is a social problem that needs to be addressed urgently. There is the general devastating impact of AIDS in Kenya touching the children and youth, as well as teachers. The concern of the present study is to examine the impact of AIDS on primary school education within Rarieda Division of Rarieda District in Western Kenya. The number of pupils enrolled in schools in Rarieda is much less than the number of children who have reached school going age in the division; it therefore calls for a study to establish if these disparity is due to the impact of AIDS in the area (Demographic Surveillance System, 2005).

It is from such a study that we would be able to establish the magnitude of the problem in terms of determining the number of pupils that have dropped out of school, and also evaluate the strategies put in place to mitigate the impact of AIDS on education. The research area is justified as a study location for the reason that no similar study had been conducted in the area. Findings from the study will complement the work of the many development organizations currently implementing HIV and AIDS programs in the study area, particularly those that work with children and schools within the division. It is expected that the results from the study would be used to replicate similar intervention in Kenya and will be relevant in the re-examination of the free primary education policy in Kenya.

1.6. Scope and limits of the study

This study had been limited to only observing the impact of AIDS on primary school pupils' education and its implication on planning interventions in Rarieda division. The study is cross sectional survey and does not look into the impact of HIV and AIDS on primary school teachers in relation to planning for teachers. The study examines the impact of AIDS on pupils within the formal education system in Rarieda, but does not look at the other categories of children and youth who are not within this formal education system and who are may also be affected variously by HIV and AIDS.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction.

This section looks at the various literatures related to the impact of HIV and AIDS on primary education with focus on the review of various literature that have captured the impact in terms of gender variations and the impact of HIV and Aids and its implication to planning of intervention in general. The last section looks at the conceptual frame work that was used for the study.

2.2 Impact of HIV and AIDS on primary education

From various literature reviewed, it is apparent that more studies on the impact of HIV AND AIDS on education sector have been done in other countries, but fairly few in Kenya. A numbers of studies from around the globe show that HIV infection rates are at least twice as high among young people who do not finish primary school as compared to those in school (UNESCO, 2004). A review of 113 studies from five continents found that teaching about AIDS in schools was effective in reducing early sexual activity and high-risk behavior (UNAIDS 2005). The study analyzed eight sub-Saharan African countries where women with eight or more years of schooling were up to 87% less likely to have sex before the age of 18 compared to women with no schooling. The study conducted in Zimbabwe showed that among 15-18 year old girls, those who are enrolled in school are more than five times less likely to have HIV than those who have dropped out (UNICEF, 2004).

Governments worldwide have committed to meeting the Millennium Development Goals (MDGs) on universal completion of primary education and eliminating gender disparity in primary education; the UN Declaration of Commitment on HIV and AIDS goals for reducing the number of new HIV infections among young people; and the Education for All (EFA) goals for increasing access to education. Yet concrete action to match these commitments and to address the linkage between access to education and impact of HIV has been far from adequate. Already, the global community has "missed the mark" by failing to meet the MDG goal of equal access to education for girls and boys by 2005, and collectively we are unlikely to meet the UN Declaration goal of reducing the number of new HIV infections among young people.,. This means building the capacity of educational systems to increase access to education for all, integrating comprehensive, age-appropriate, and gender-sensitive HIV prevention

information into the educational curricula at all levels, and protecting the rights of children and teachers living with HIV.

Recent household surveys (DHS, 2003) in 11 countries in Africa show that women with some schooling were nearly five times more likely than uneducated women to have used a condom the last time they had sex. As of 2001, 115 million school-aged children were left out of primary school worldwide, the majority of these girls. In South Asia, of the 42 million children not enrolled in primary schooling, 5 million more are girls than boys .It is said that the deepening impact of AIDS is increasing the number of children deprived of education, as education is the very thing children need most to stay safe from HIV infection (UNICEF/ UNAIDS, 2001).

In AIDS affected households and communities, the economic and social burden of AIDS often forces children, especially girls, to drop out of school, or to never attend. Many children leave school in order to provide and care for members of their families who are sick and dying and, if their parents die, for themselves and their siblings left behind. Faced with these economic demands and without the benefit of the knowledge, skills, and opportunities gained from a completed education, out-of-school girls, in particular, are often compelled to engage in risky transactional sex, mostly merely to survive. In fact, a study in Swaziland (UNICEF, 2004) found that 70% of in-school youth – girls and boys were not sexually active, whereas more than 70% of out-of school youth were. This creates a vicious cycle of HIV vulnerability. AIDS also challenges the capacity and the quality of educational systems. In many places, AIDS is already killing teachers faster than they can be replaced, in a survey carried out by (UNICEF, 2004) in Zambia it is estimated that 815 primary school teachers died from AIDS in 2000, or 45% of all teachers trained that year. There are now 40 million people living with HIV and AIDS in the world, out of who 29.4 million are living in Africa. The highest levels of HIV and AIDS are found in southern Africa, with prevalence rates exceeding 30 percent among the adult population in Botswana, Lesotho, Swaziland and Zimbabwe (UNAIDS/WHO, 2002). There is an increase in the number of children in sub-Saharan countries who are affected by HIV and AIDS. Among these more than 34 million are orphaned children in Africa; 11 million became orphans as a result of AIDS. From 1990 to 2010, the number of orphans in sub-Saharan Africa who have lost both parents will triple

because of AIDS it is estimated that, by 2010, 5.8 percent of all children in the region will have been orphaned by AIDS. Orphans in general will represent at least 15 percent of all children less than 15 years of age by 2015 (UNAIDS/UNICEF/US AID 2002).

A study of school pupils in Uganda by Gilborn et al (2001) showed that 26 percent of children reported a decline in school attendance and 25 percent reported a decline in school performance when parents became ill. The researcher further adds that, parental illness detracts children from school attendance because children stay home to care for sick parents and also have increased household responsibilities such as taking care of their younger children. Children also suffer emotional distress that interferes with school, and they have less money for school expenses. The study would also establish if school performance is affected by a parent's illness. In another study of children in Uganda (Sengendo and Nambi, 1997) explains that Children 15–19 years of age whose parents had died, only 29 percent had continued schooling undisrupted; 25 percent had lost school time, and 45 percent had dropped out of school. The school going children with the greatest chance of continuing their education were those who lived with a surviving parent while children fostered by grandparents had the least chance The most successful strategy for increasing access to education and lowering HIV vulnerability, particularly for girls, has been the elimination of school fees, which otherwise put education out of reach for many families (UNESCO, 2004).

2.2.1 Impact of HIV and AIDS on pupil's attendance, performance and completion of primary education in Kenya.

A number of studies have been undertaken to examine the impact of HIV in schooling in Kenya. This review would look at some of the studies. The study revealed that due to financial hardships, orphans have to earn money during school holidays and sometimes during school days as well. The researcher found out that money is needed to obtain exercise books, uniforms, food, and other requirements. In some homes, it also occurs that guardians demand substantial labor in return for food and shelter. A study conducted by Hepburn (2002) established that children whose parent are still alive but sick, have to work in order to earn money to sustain the family, this in a way impedes school attendance A study by Bennell (2003) established that material

support provided at school as incentives for orphans keeps orphans in school. Hunter (1990) observed that sometimes the adopting parents are too young or too old to properly care for additional children UNICEF (1990) noted pathetic situations, where grandparents who expected to be supported by their children suddenly had to care for their orphaned grandchildren. These grandparents were found to be less able to provide discipline and adequate socialization, and even to address the basic needs for schooling, food, clothing, shelter and health care (Hunter, 1990). Bledsoe (1989) also observed that adopted or fostered children often receive worse treatment than the biological children in the same family. Nalwanga-Sebina and Sengendo (1987) found that the education, nutrition and health status of children adopted into impoverished families suffered from lack of resources necessary for their basic needs.

All these studies point out the disadvantages of the orphaned children. Wasala *et al* (2002) showed that many orphans indicate that they often are hungry. Hunger makes it difficult for children to concentrate in class. On the long term childhood malnutrition makes children prone to different diseases and it can impede intellectual development. It is important for schools to address this problem (Hepburn, 2001). Hepburn et al (2002) in his findings demonstrated that stigma has led to teasing of orphans by classmates. This only exacerbates the psychological problems these children face. Hepburn (2001) found out that an increasing number of children do not wish to attend school because of the stigma and scorn they experience coming from others as a result of AIDS. Odiwuor (2000) established that majority of the pupils, who had in one way or the other been affected by HIV AND AIDS, expressed feelings of exclusions from their peers the study further established that these pupils felt there was lack of social acceptance by their classmates or in some cases even by their teachers. Lack of understanding and in most cases lack of any form of counseling in the schools studied, were found only to aggravate the situation. Thus it's important to understand the coping mechanisms that school authorities and community have put in place, when they are affected by HIV AND AIDS.

2.3 Impact of HIV and AIDS on gender disparity in primary education.

Nyambedha *et al* (2001) established that the problems that orphans faced were schooling (84%), food (48%) and medical care (20%). Kenya Demographic health survey (2003) established that, the ratio of school attendance among orphaned to non-orphaned children is 1:3. Some of the studies here attempted to establish the factors affecting homecare management including knowledge, attitudes and opinions on best place to care for a person with AIDS, and willingness of community to offer care to the sufferer. The obstacles hindering homecare were reportedly: fear of the contraction and misconception associated with the disease. The studies have confirmed that the continuous spread of HIV and AIDS despite government efforts to combat the pandemic can be attributed to the prevalence and increase in cases of violence against women including rape, negative attitudes and harmful socio-cultural practices and power imbalances between men and women.

Some of the studies documented the effects of HIV and AIDS on the learning institutions, students, personnel operations, resources use including responses in stemming down the rapid spread of HIV and AIDS. Other researches have also Poverty is most likely the reason why there is no obvious link between orphans and school enrolment. However, it must been said that orphaning and poverty are often correlated (Kenya Republic, 2005). In a study of single orphans carried out in Rusinga Island, Human Rights Watch (2001) reported that single orphans are made to become breadwinners or heads of households when the health of the surviving parent worsens. Older children and girls were sometimes forced out of school to become caregivers for dying parents and other siblings.

2.3.1 Impact of HIV and AIDS on gender disparity in primary education in Kenya

In 2000 Republic of Kenya and UNICEF conducted a study to assess the impact of HIV and AIDS on primary education. The findings of the study show that HIV has a wide spread effect on children's learning experience (Republic of Kenya and UNICEF, 2000). Children living in a world of AIDS experience many challenges, as parents, guardians and members of the community increasingly become infected by AIDS and eventually succumb to diseases, children are now becoming subject to many psychosocial impacts of HIV and AIDS such as stigma, fear, worry, depression

and hopelessness (Republic of Kenya and UNICEF 2000). The study further revealed that many children have to drop out of school when they become orphans or to tend to sick family members (UNICEF/Republic of Kenya 2000). Teachers are dying from AIDS and replacement does not take place immediately. Kenya's education system is already under threat from HIV and AIDS. A study by UNESCO (1995) showed that a number of teachers had fallen ill and died. (UNESCO, 1995). Wasala *et al* (2002) identified that orphans major problem was financial.

Despite the recent increase in the overall school enrollment rates and progress toward gender parity in education in the southern and eastern Africa, Gender disparities in education enrollment, retention, and completion remain high in many countries hardest hit by AIDS mostly notably in East and West Africa (UNESCO, 2005). For this reason the UNAIDS led Global Coalition on Women and AIDS has made education for girls a top priority. Given the importance of education as an HIV prevention strategy and the many barriers that young people, especially girls, face in getting and staying in school, this must become a true global priority (UNAIDS, 2005). An important aim of this study is to investigate the gender variation in primary school attendance, performance and completion in order to compare with the finding of the above study.

Other studies discussed the impact of HIV and AIDS on education of primary school girls in different parts of the country. The education of affected girls has also been studied in terms of access, participation, and retention. Girls were studied because they were seen to be more disadvantaged than boys. This is because more women than men are dying of AIDS and girls have to take up household chores of their mothers alongside schooling. It was also found that affected girls drop out of school prematurely due to such reasons as early marriages, child labor, pregnancies, increased household chores and lack of school necessities. In addition, girls have to bear a disproportionate burden of caring for those infected by HIV and AIDS. Particular attention has been paid to OVC's who have lost either one or both parents to HIV and AIDS pandemic. Some of these children are involved in exploitative labor due to lack of alternative means of survival, Human Rights Watch (2001Nyambedha *et al,* (2001) found out that orphaned children who go hungry do not attend school or shy away because they do not want to face the rigorous pursuits

in school, this frustrates the orphaned children in their effort to complete primary schooling. Amornkul and Hilde, (2004) established that in Rarieda division, Rarieda district, there are high numbers of orphans. In many parts of Africa it is common that children are fostered by relatives and do not live with their biological parents, even when the parents are alive. If children are living with other relatives and one or both of these relatives die, this will also have a large effect on the lives of the children (Foster and Williamson, 2000).

2.4 Impact of HIV and AIDS on primary education and its implication on planning interventions in Kenya.

In 2004, the 'Education Sector Policy on HIV and AIDS' was launched. It cites the rights and responsibilities of every stakeholder in the education sector with regard to HIV and AIDS. It applies to learners, employees, managers, employers, and other providers of education and training in all public and private, formal and non-formal learning institutions. It states that primary schools are to give special attention to factors affecting the performance of Orphans and Vulnerable Children and find ways to assist them. It also cites the need to track the transition of successful OVC primary school leavers to an appropriate next level of education or training. Besides the goal of care and support for all, the policy has goals concerning the following aspects related to HIV and AIDS: prevention in order to create an HIV free environment, non-discrimination in the workplace, and management of response to ensure and sustain quality education (Republic of Kenya, 2004).

The Republic of Kenya through the Ministry of Education has also been a successful school-based HIV education and behavior change intervention known as Primary School Action for Better Health Republic of Kenya., in 1999 during its pilot phase, the intervention reached 2,000 schools. During the period between July 2004 and June 2005, it was extended to 5,000 primary schools. Furthermore, in order to deliver quality equitable education and training to all Kenyans, the Ministry of education has designed the Kenya Education Sector Support Programme 2005 – 2010. This programme provides a framework through which donors will fund education in the country. Free Primary Education will be absorbed in the programme. It also addresses HIV and AIDS in the education sector Republic of Kenya (2005). Children's voices show that HIV and AIDS has numerous ramifications on their psychological and social development. Many studies also agree that the hard won gains in life

expectancy and child survival are being wiped out and that the AIDS- related suffering of individuals, families and societies is enormous. The impact of HIV and AIDS on social aspects and possible interventions to prevent the spread of AIDS are also given.

2.5 Conceptual framework.

According to the conceptual framework, the responses or the interventions should lead to desired effects. HIV and AIDS have some impact on the interventions that are provided and in effect it hampers planning for the interventions.

Education support to girls, Orphans and Vulnerable Children should lead to increased school enrolment and education completion by both girls and OVC at primary school levels.

Conceptual Framework

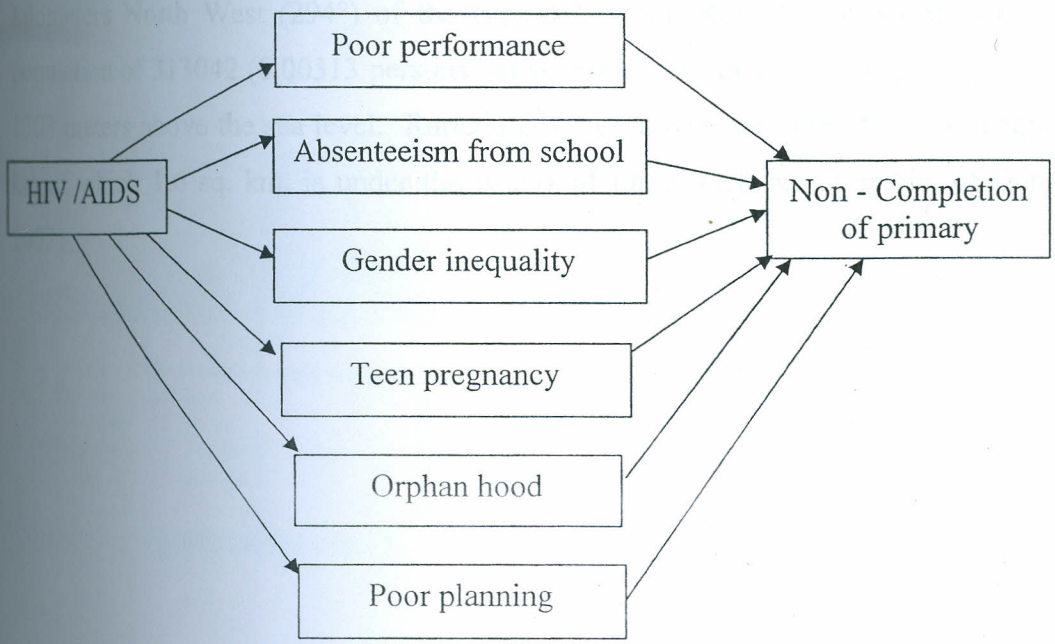


Fig. 2.1. Conceptual frame work

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers broadly the research procedure that was used in the entire study process. The chapter is divided into three sections, which examines; the study area; the target population, data collection methods and data analysis.

3.2 Study area

3.2.1. Location

Rarieda Division, known locally as Rarieda, is within Rarieda District (of formerly Siaya District) of Nyanza Province. Rarieda, with a latitude of -0.2 (0° -12' 0 S) and a longitude of 34.33 (34° 19' 60 E), is located in Nyanza province Rarieda; which is 91 kilometers from Kisumu, town the provincial headquarters of nyanza. The location is situated 429 kilometers west (252°) of the approximate center of Kenya and 301 kilometers North West (294°) of the capital Nairobi. Rarieda has an approximate population of 313042 (0.00313 persons per square meter) and an average elevation of 1303 meters above the sea level. Rarieda Division covers an area of 178.4 in square km of which 1.6 sq. km. is under the waters of Lake Victoria (Republic of Kenya, 2002)

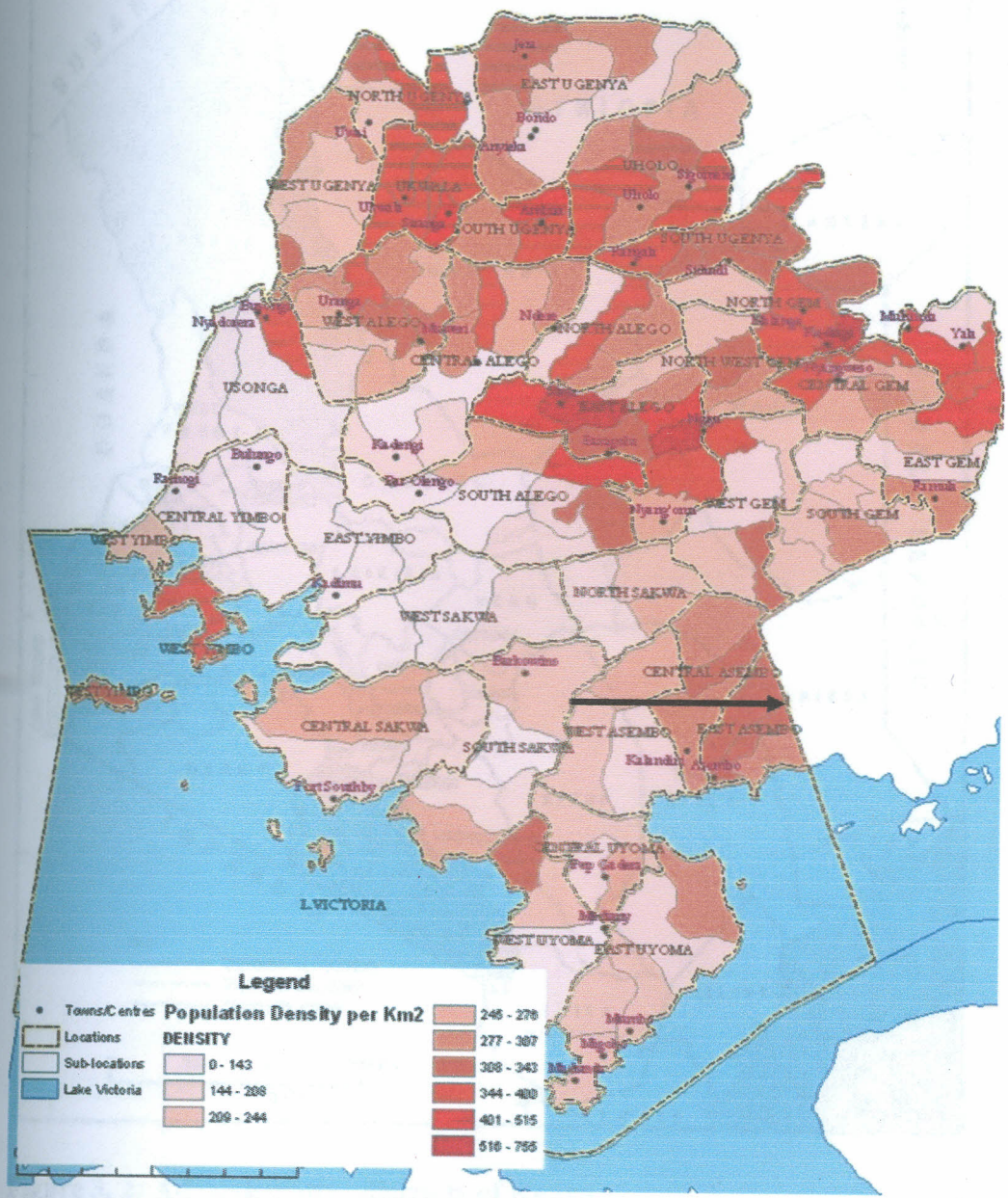


Fig.3.1. Map of Siaya Administrative Boundary

Figure 3. 2: Administrative districts of Kenya

3.2.2 Population and socioeconomic activities

According to estimates from the 1999 Kenya Government census statistics, Rarieda Division had a population of approximately 56, 883 persons (26,493 male and 30390 female) and this was projected to reach 70,508 persons by 2011 (Penelope *et al*). Population density of the division was 319 persons/km^2 in 1999. The high density of population acts as an avenue that promotes high risk factors that make young people highly susceptible to sexual transmitted diseases including HIV infections.

Ninety-six percent of Rarieda populations are members of the Nilotic Luo ethnic group. Most are subsistence farmers who grow maize, sorghum, cassava, millet, or vegetables and raise cattle, goats, or chicken. A few cash crops, primarily groundnuts and cotton, are also grown. Some residents fish in Lake Victoria, while others sell food and grain locally. Small proportions of adult males migrate to towns for employment, and return to their homes during holidays and at planting and harvesting time. Most households are poor; the mean wealth index is $600–700 per household, which reflects possession of a thatched mud and pole house, a cow, a sofa, and a bicycle. Caretakers of children and heads of households typically have 7–8 years of education (Penelope *et al.)*

3.2.3 HIV and AIDS status

The HIV and AIDS epidemic in Rarieda

The HIV and AIDS epidemic has been serious for longer in Nyanza than in most other parts of the country. HIV prevalence rates at 23.6%. The high historical prevalence rates in Nyanza are commonly attributed to a mix of factors, including proximity to Uganda, where the AIDS epidemic peaked early relative to Kenya's; the major overland transport route to Uganda, which just bypasses Rarieda District to the north; the mobility associated with fishing; and the cultural tradition of wife inheritance. Tuberculosis - through inhalation of contaminated air. The infection percentage in the district has increased and also associated with HIV and Aids patients. HIV and AIDS with still remains a major challenge. Advocating for behavior change through health education. Putting in place behavior change communication messages for HIV and Aids for both pupils and teachers and also integrating voluntary male circumcision into interventions.

3.2.4 Primary school and enrolment

Rarieda district has 242 public primary schools, of which 58 are located in Rarieda Division DDO – Rarieda, (2006). Rarieda division is subdivided into three zones: Mahaya Zone, Nyilima Zone and Nyayiera Zone. The three zones have high rates of school drop outs.

Table 3.1: School enrolment, Rareida Division

Zone	Boys	Girls	Total	No of schools
Nyilima	2645	2570	5215	18
Nyayiera	3142	3362	6504	19
Mahaya	3637	3359	6996	21
Total	**9424**	**9291**	**18715**	**58**

3.3 Research Design

The study design was cross-sectional descriptive research that was carried out in Rarieda Division of Rarieda District to investigate the impact of HIV and AIDS on Education. As a formative study it was guided by the objectives and the principles of standard approaches in collecting and collating data that are appropriate for any future references. The study design integrated both data triangulation - using several data sources and methodological triangulation - using multiple methods to achieve its results. The design employed data sources such as: Quantitative methods utilizing household survey questionnaire administered on the bigger population of Rarieda Division community, Qualitative methods incorporating focus group discussions, key informant interviews and observation and Secondary data collection. The use of data and methodological triangulation for multiple sources of evidence contributed in ensured validity and reliability of the results. The study was largely descriptive since it did not put other variables in control as done in pure empirical studies. The study was conducted in two phases. The first phase involved collection of quantitative data, which took one month. The second phase involved collection of qualitative data which took two weeks.

3.3.1 Study population and sample

The study population comprised pupils and teachers sampled from the 58 primary schools within the division. The total population in the study area was 18,715 pupils and 600 teachers (Kenya Republic, 2006). The study population also included education officials, administrators and local leaders, who had some knowledge on the impact of HIV and AIDS and its implication on planning interventions in schools. The study was designed based on random sample; the sample size was calculated using **fishers *et al* (1984)** formula. Given that the study population was 18,715pupils and the formula states that;

If the study population is greater than 10,000 at 95% confidence level

Sample size, $n = \frac{Z^2 pq}{d^2}$

Z = the standard normal deviate at the required confidence level, 95% (standard value 1.969)

P = proportion in the target population estimated to have characteristics being measured (50%)

q= 1-P =0.5

d = level of significance = 0.05

n =

$\frac{1.96^2 \times 0.5 \times 0.5}{05^2} = 384$

3.4. Methods /instruments of data collection.

Using various data collection methods, both Primary and Secondary Data was collected and categorized into quantitative and qualitative data.

3.4.1 Primary Data collection

3.4.1.1 Quantitative data collection

The participants were chosen using stratified random sampling techniques in which school zones acted as strata. A sample of 400 pupils was considered for interviewees in the study from 10 schools out of the 58 primary schools in Rareida Division (3 school from Nyilima, 3 from Nyayiera and 4 schools from Mahaya zone). Sampling process was conducted at the Area Education Office for each of the three zones. Based on year of study pupils were approached and randomly selected from the sampled schools and consent to take part in the study was sought. Questionnaires were administered to the pupils capture orphan-hood, school attendance, performance, planning and knowledge of HIV and AIDS (See detail in appendix I).

3.4.1.2 Qualitative data collection

Focus group discussions

Purposive Sampling was used to identify the focus groups participants with the assistance of the teachers from randomly selected schools. About 6-12 discussants per target group (teachers, parents, education officers and pupils) were invited from various schools; care was taken so that pupils who had taken part in the face to interview were not chosen as respondents in the qualitative interview (FGD). For purposes of plural investigation, the exercise was conducted with a broad range of representation within the education community to enable triangulation of findings and incorporate wide-ranging perspectives. A discussion guide was used to gather information on the impact of HIV and AIDS and its implication on planning interventions on education, state of orphan hood, education standards, perception of individuals on the impact of aids on education and plans/ policy implication of HIV and AIDS on education within the division (See detail in appendix 2). The FGDs was conducted by a moderator, note takers and observer using a predetermined focus group guide with relevant themes and sub-themes in line with the programme's objectives. A total of six focus group discussions were held with selected members of the community, teachers and pupils to reinforce the data from the quantitative interviews as in Plate 1

3.4.2 Secondary data

Secondary information is gathered through literature review that helped to construct a working statement that formed the basis of the review. The literature search helped to identify scope and key issues. Efficient searching helped to identify which authors are interested in the study specialism and those who take a generalist's view. Literature search helped to trace authors who are prominent in the subject and who helped to justify the importance of the research idea. Literature review also led to statistical information which was of secondary in nature.

3. 5 Data Processing and analysis

The researcher conducted data processing, entry, and analysis and data quality assurance.

3.6 Data Entry

The data entry was done at a central place in tandem with data collection. After reviewing the completed questionnaires to rectify any data collection errors, the data input was made into a computerized database to ensure quality control. The data entry was done using a structure designed in Epi Info 2002 or SPSS Ver. 12. Where appropriate, validation and skip patterns were considered.

3.7 Data Analysis and presentation

The household survey was analyzed using EPI-INFO or SPSS Ver. 12. The variables were subjected to descriptive statistics and cross tabulations analysis. The qualitative data was analyzed by consolidating emerging themes from the Key Informant Interviews (KII), topic analysis, cut and paste methods on the focus group discussion transcripts were also used. To facilitate data interpretations and ease of understanding the results of the study, data was presented in form of frequency tables, pie charts and graphs. Cross tabulations and frequencies was presented in form of tables while percentages were presented in form of pie charts and graphs.

3.8. Data Quality Assurance

Quality assurance is critical in any academic study therefore researcher had put in place an elaborate system of checks and balances, all quality control measures were adhered to during the study. These included reviewing of the study tools participation in the selection of data collectors to get the most qualified, training of the assessment teams at a central location, standardization of the training for all those taking part in the exercise (pre-testing and ensuring that the enumerators are familiar with local terminology - interviews were conducted mainly in the language which was suited for the participants, regular supervision was enforced using a developed survey quality control checklist, cross-checking the completed tools (for accuracy, correctness, consistency, and completeness) and data cleaning.

3.9. Ethical Considerations

To ensure safeguards, concerns and interests of the respondents are catered for during data collection, informed consent forms were administered to all the respondents both for FGDs and self-administered interviews. Purpose and methodology of the research was discussed with the respondents before any data was collected from them. Recording of the responses to ensure accuracy was done with the participants' consent. All data obtained from the respondents, as well as their identity was held and kept confidential by the researcher. When disseminating the study findings identities of participants were not shown.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study through the data collected and within the framework and in line with the study objectives. Problems and responses associated to poverty, stigma, bereavement, and adult roles are given, followed by additional problems, responses, and suggestions given by the respondents.

4.2. Socio-demographic information

Six focus group discussions and six key informant interviews were conducted and 400 structured questionnaires were administered. The sampled respondents were 400 and 99 % (396) of questionnaires were filled, returned and handed in for analysis and this was good enough for assessing the respondent's perceptions on the key issues in regard to HIV and AIDS in primary schools. Out of this 49.0% were girls, and 51.0% were boys.

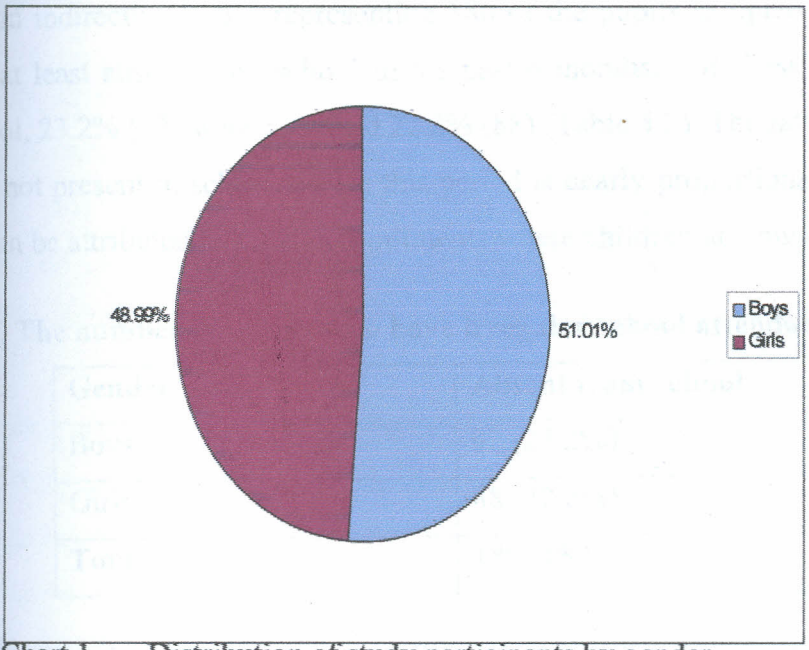


Chart 1 Distribution of study participants by gender

The sample compositions of the respondents by both gender and age are summarized in Table 4.1.

Table 4.1: Gender and Age distribution of the pupils participated in the study

Sex	Age									Total
	10	11	12	13	14	15	16	17	18	
Boy	2 0.51%	6 1.52%	8 2.02%	36 9.09%	48 12.12%	46 11.62%	30 7.58%	14 3.54%	12 3.03%	**202** **51.01%**
Girl	0 0.00%	8 2.02%	24 6.06%	30 7.58%	42 10.61%	74 18.69%	12 3.03%	2 0.51%	2 0.51%	**194** **48.99%**
Total	2 0.51%	14 3.54%	32 8.08%	66 16.67%	90 22.73%	120 30.30%	42 10.61%	16 4.04%	14 3.54%	**396** **100.00%**

4.3. The Impact of HIV and AIDS on Pupil's Attendance, Performance and Completion of Primary Education.

The study indicated that HIV and AIDS interfere with regular attendance of school both directly and indirectly. 45.5% representing 180 of the pupils sampled during this study had been at least absent from school in the past 6 months. Of those who were absent from school, 23.2% (92) were boys and 22.2% (88) (Table 4.2). The ratio of those present and those not present in school during this period is nearly proportional for both gender, and this can be attributed to other commitments where children are engaged.

Table 4.2. The number of pupils who have irregular school attendance

Gender	Absent from school
Boys	92 (23.2%)
Girls	88 (22.2%)
Total	**180 (45.5)**

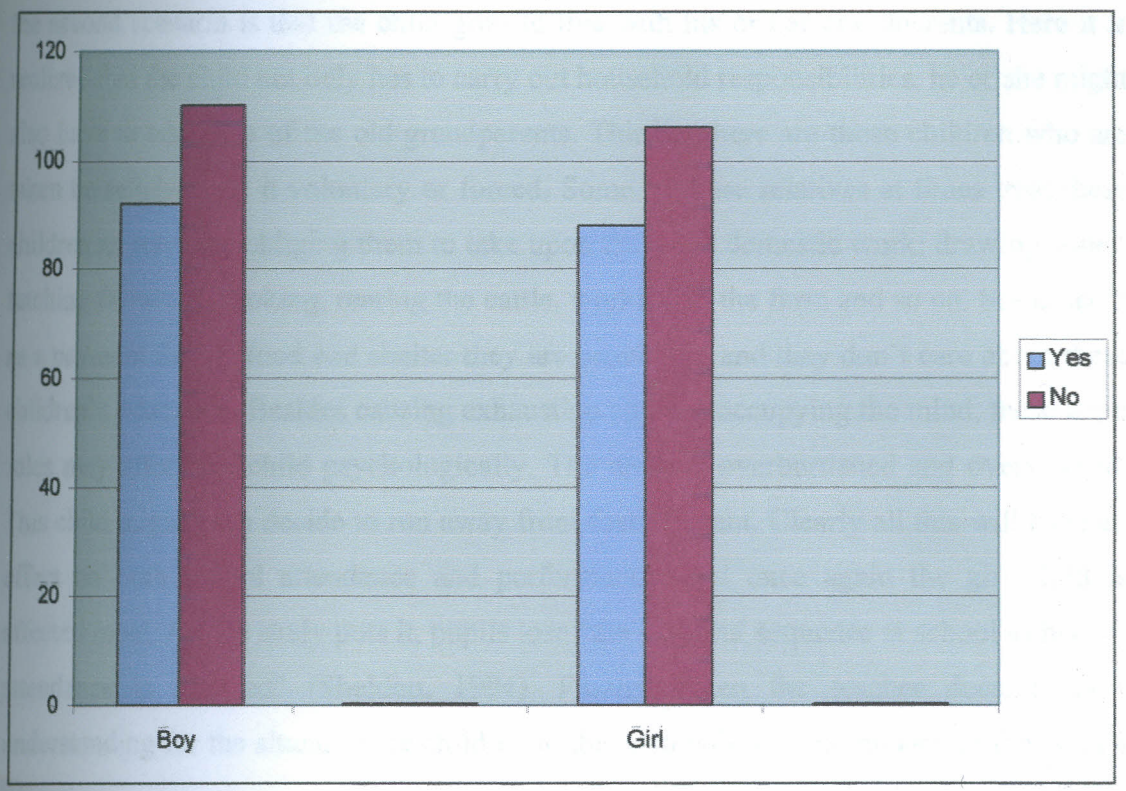


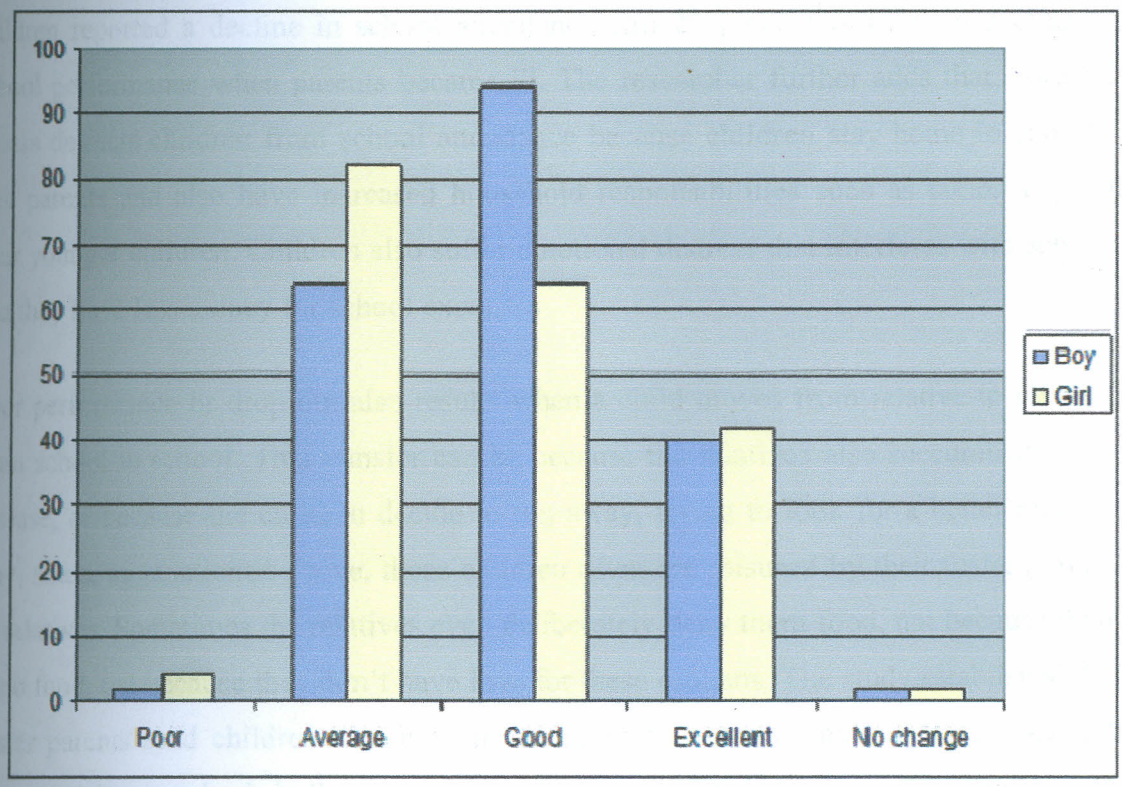
Chart 2 School attendances by gender

The study further indicated that 45.5% of the pupils who experienced irregular school attendance had been committed at home with activities related to their sick parents or relatives. This can also be confirmed by a study done by Republic of Kenya and UNICEF, KCO, (2000) that found out that HIV and AIDS epidemic always reduces the demand for education. Families affected will have fewer hours available for schooling.

The finding indicated that when the parents fall sick or die, the child assume the responsibility of adults and might become the sole breadwinner. The child heading the household has to find ways to sustain him or herself and his or her siblings. When staying with relatives, some of these relatives often don't value the importance of education and force the child to engage in child labor and school attendance will no longer be apriority.

Three scenarios have been observed. The first one is the child heading the household. This child will have to take over all the roles the parent used to fulfill, impeding him or her from attending school or performing well. Schooling is seen as a secondary need and

the second scenario is that the child goes to live with his or her grandparents. Here it is realized that the child not only has to carry out household responsibilities, he or she might also have to take care of the old grandparents. Thirdly, there are those children who are taken be relatives, be it voluntary or forced. Some of these relatives at times treat these children as servants, obliging them to take upon them the domestic work: drawing water, fetching firewood, cooking, rearing the cattle, working in the farm and so on. Some see it as a payment for the food and shelter they are providing, and they don't care about these children's education. Besides causing exhaustion and pre-occupying the mind, these adult roles may affect the child psychologically. The child is overburdened and overworked. This child might even decide to run away from foster parent. Clearly all this will have an effect on both school attendance and performance, and once again the girl child is affected most. As one study puts it, pupils lose "the subjects' sequence at school as his/her attendance is affected" (Sheldon, 1994). Finally, when the teacher doesn't show understanding for the situation the child is in, this also will have an impact on the child's education.



Impact on performance in the last 1 year

The study revealed that children's performances were affected in many ways a number of reasons were given for poor performance. Children's participation was reported to have been affected in that pupils themselves are getting infected and some of them infect others; attendance and performance in schools is affected; pupils are dropping out of school this can also be confirmed from a study done by Jomtien, 1990.

For the pupils whose parents have died of AIDS the foster parents give their children first priority, and put the adopted children on the second place. They are second to receive food, second to receive health care, second to benefit from education and guardians even beat them. Teachers observe that these children are on and off from school, reflecting into poor performance, or don't come to school at all. Children whose parents are infected with HIV and AIDS and those who have lost parents through the disease continue to experience rejection and to face mistreatment in the home, school, and community (Kenya government of and UNICEF, 2000).

A study of school pupils in Uganda by Gilborn *et. al* (2001) showed that 26 percent of children reported a decline in school attendance and 25 percent reported a decline in school performance when parents became ill. The researcher further adds that, parental illness detracts children from school attendance because children stay home to care for sick parents and also have increased household responsibilities such as taking care of their younger children. Children also suffer emotional distress that interferes with school, and they have less money for school expenses

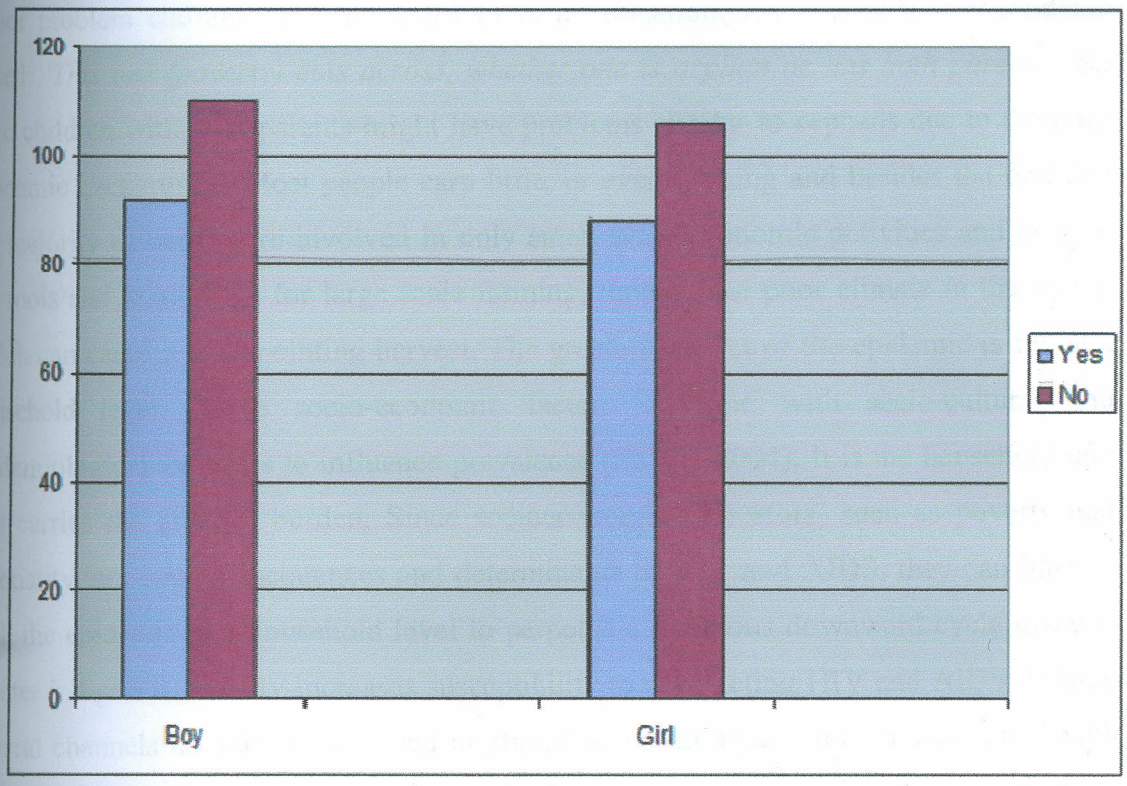
Poor performance or drop out also results when a child moves from relative to relative, from school to school. This transfer can be because the relatives also succumbed to the disease, or because the children decide to run away, trying to look for a better place to stay, since, as mentioned above, these children often are misused by their foster parents or relatives. Sometimes the relatives even deliberately deny them food, not because there is no food, but because they don't have love for these orphans. The study established that foster parents send children to school in the morning without anything to eat and tell them to only come back in the evening. On the other hand, some caretakers want to take

good care of these children, but due to poverty they are unable to meet most of their obligations. This was also observed by Ennew (2000) that HIV and AIDS affects pupils' performance causing drop out of school. All these are compounded by pupils' lack of love and guidance as well as material support as parents and guardians cannot meet basic requirements due to HIV and AIDS prevalence (Ennew, 2000).

Once their parents have passed away, these children often give up in life, even the bright ones. The loss of parental care and love makes them despair. They don't see the benefit of education anymore. They look at themselves as people who cannot manage things. They find themselves not worth living. They even see themselves ending up as their parents and even if they would perform well in school, they know that after passing exams, there will be nobody to pay for them the secondary school fees. So they see nothing forthcoming out of going to school and therefore they decide to drop out. However, not all despaired and as one teacher in an FGD said: 'People are born differently. Some may have that elasticity to persevere and compete just like the rest of the non-affected children while some may get despaired easily. The rate at which one perseveres and one despairs, is different. So when you see one, in these circumstances, still persevering to go to school, then the Childs elasticity is bigger'. It was observed by Ennew (2000) that as parents, guardians and members of communities increasingly become infected by HIV and AIDS and eventually succumb to diseases, children are increasingly lacking basic needs such as food, clothing, shelter, health and even guidance in education. Children are now becoming subject to many psycho-socio impacts of HIVand AIDS such as stigma, fear, worry, depression and hopelessness. All these impact negatively on their learning and development. This will result into poor social development affecting their social networks and performance in schools.

According to Carr-Hill *et. al* (2000), in a report on HIV and AIDS and education which was based on a review of a number of case studies in Sub-Saharan Africa, report that children in households with an AIDS patient were likely to perform poorly since they remain absent from school because of the need for care of a sick member of the family. As a result of HIV and AIDS related deaths, children are also likely to be absent from

school to attend funerals make them miss school and results in poor performance (Ennew, 2000).



Effects on attendance for the past 6 months

During the study it was observed that both boys and girls missed attending classes for a number of reasons. The number of those not able to attend school stood at 180 of the possible 396 pupils, this is a huge number and therefore some adequate measures should be put in place to address the problem of absenteeism . In another study conducted by Ferguson and Johnston in 1999 showed that the resources available to support education have increasingly been diverted to meet HIV and AIDS related. This could be the same case that is being witnessed in Rarieda division. Teachers' participation and performance in the learning process have been affected as some of the teachers have been infected and therefore are increasingly unavailable to the pupils. Teachers were also die from HIV and AIDS related causes and they are not being replaced hence are lost to the educational system. Pupils also fear being taught by infected teachers. Teachers' participation in school is also being compromised by HIV and AIDS related commitments in the community.

Poverty is a problem that goes beyond school level. During this study in several times it was stated in Focus Group Discussions and Key Informants Interviews that poverty is the major problem children face in regard to their education. As one of the respondents stated: *'This one (poverty) cuts across, whether one is orphan or has both parents'*. So even children with both parents might have problems similar to orphans due to the poor economic background. Most people earn little, or even nothing and besides the fact that the majority of people are involved in only small scale economic activities and lacking the tools and knowledge for large scale farming, there is the poor climate in the region which can cause a disappointing harvest. The greatest impact of the epidemic is felt at a household level, where socio-economic factors combine with socio-cultural and epidemiological variables to influence prevalence (SSRC, 2004). It is the household unit that carries the greatest burden. Since socioeconomic indicators, such as poverty and inequality, are both consequences and determinants of HIV and AIDS, they can interact with the epidemic at a household level to perpetuate a vicious downward cycle towards greater indigence. Poverty increases susceptibility to contracting HIV and AIDS through several channels including: increased migration to urban areas; limited access to health care, nutrition and other basic services; limited access to education and information, sexual exploitation and gender inequality. Parents who are poor are therefore susceptible to HIV and AIDS pandemic and this is the same to their children (Bonnel, R. 2000). Bloom's (2002) analysis of Cambodian and Vietnamese households is an exception. This study suggests that there are strong correlations between wealth and education on the one hand, and reduced risk for HIV on the other. Wealth and education both appear positively correlated with increased knowledge and behavior.

One interviewee pointed out what is written in literature over and over, namely that the dying generations is the productive one. Orphans and aged people remain, whereas the working force falls away. HIV and AIDS changes the structure of the population; it is distinct from other diseases because it strikes prime-aged adults, the most productive segment of the economy (Barnett and Whiteside, 2002). Thus the breadwinners are falling ill and dying, destroying much-needed skills and depriving children of their parents. Barnett and Clement (2005) point out that the key to the social and economic

impact of HIV and AIDS is that it is a slow moving virus: as a result it can affect three human generations and those suffer most are children.

Poverty is the most important problem, and as you will go through the problems children affected by HIV and AIDS face, poverty indeed is the 'umbrella-problem'. Unaffordable school attendance needs – Lack or poor condition of school attendance needs such as uniform, books, pens, and other requirements, does not only have an influence on the school attendance, but also on the performance of the child. Even if the child is bright, lack of school attendance needs might cause the child not to perform well. As a matter of fact, the two correlate. It is obvious that if one doesn't attend school regularly, his or her performance will go down. On the other hand, if the performance is low due to the problems these children face, the child might loose faith in schooling and decide to drop out of school.

Even though there is Free Primary Education (FPE), some people are not able to afford all the basic necessities for education. Exam fees as little as Kenya shillings 20, can pose a problem to a significant number of families in the study area. Some fail to pay the small levies needed to finance helper teachers or physical school facilities. There are schools that send pupils who are not able to pay home, other schools understand the situation the children are in and accept them even though they can't pay. There are also cases where the teachers chip in to pay these small levies. Things like uniforms nevertheless are more expensive and it is not easy to chip in there.

Lack of basic needs – Several times it was mentioned that lack of basic needs such as food, shelter, clothes, and medical care, can make a child fail to report to school. It also compromises a child's health and ability to fight common diseases. One interviewee even confirmed that lack of basic needs can cause death. Besides poverty, the climatic conditions are a major contributor to food shortage. Importing of food is a costly undertaking that the family can hardly afford. It was noted that during famine a great number of pupils, especially orphans, do not attend school regularly. HIV and AIDS is a significant factor contributing to third world countries food crisis, which, when combined

with poverty can be devastating (UNAIDS, 2004). Increased morbidity and mortality of the prime-age adult population may lead to fewer agricultural workers and a reduced amount of food produced and made available, as well as a smaller variety of crops grown, therefore a number of children don't get a balanced diet. As mentioned in a group discussion, it was noted that child eat carbohydrates for one month, causing diseases like kwashiorkor and marasmus. Lack of water is also a problem, equally causing diseases. The scarcity of nearby health facilities, the inability to buy medication, and the lack of medical care at home only aggravate the situation, further impeding school attendance.

Lack of food not only causes poor school attendance, it also lowers the pupils' performance. Children cannot learn on empty stomachs and even if the child is bright, the performance will be low. Some children only have one meal a day, most of the time this is supper. So in the morning they come to school hungry, at lunch time, they don't eat Poor access to adequate and balance is not only due to poverty, in one group discussion it emerged that hunger can also be caused by carelessness of the caretakers or inability due to HIV and AIDS positive status of either biological or foster parents to prepare food. In the same discussion a teacher made the following summarizing statement *"brain works best when the body is well fed'*. Good health and nutrition are needed to achieve one's full educational potential because nutrition affects intellectual development and learning ability. Many studies report significant links between nutritional status and cognitive test scores or school performance. Children with more adequate diets score higher on tests of factual knowledge than those with less adequate nutrition (WHO/FAO/Education International 1998). At luoro primary school in Rarieda the parents have devised some school feeding program for orphans and vulnerable children this is haphazard and is not well taken care of in terms of planning as an intervention.

When asked about the attitude of teachers and children towards children orphaned by HIV and AIDS, in most of the interviews it was said that the attitudes were positive. Sensitization of teachers and pupils is viewed to be the reason why stigmatization is not an issue anymore. Some interviewees mentioned the Primary School Action for Better Health as one of the successful programmes, implemented by the Government to help address some of the effects of the HIV and AIDS pandemic. Only in one school teachers

were said to have negative attitudes. Negative altitudes towards these children cause stigma, stigma suffered by children in schools and classrooms due to infection or to membership in a family with HIV infection and AIDS deaths (Sheldon, 1994). Negative attitude of children was mentioned in a minority of schools. In one interview, the interviewee first answered that the attitude of the children was positive; to say later on that some children tend to neglect or bully this children. This could indicate how cautious teachers answered the questions. Moreover, in all the FGDs stigmatization was stated to be a problem. Parents might advise their children not to be close to the affected children; AIDS is said to be a very deadly disease, creating fear; and they are often ridiculed, bullied, chased away, hated, beaten, accused to be HIV positive themselves, or seen as children from promiscuous parents. All of these lead to the child being sidelined and psychologically affected. This not only results in impaired concentration, but could also cause the child to drop out of school. So even though HIV and AIDS is common, the stigma still persists.

Discipline problems teachers report some of these children to be unruly. They steal, they beat other children, and they don't accept correction. When punished at school, they often run away. They feel that if their parents would have been there, this wouldn't have happened to them. One teacher said that some try to react to God, thinking that God punished their parents. Another teacher said that some of them are very ready to be corrected at school, but not at home. Whereas other teachers mentioned that some caretakers don't discipline them at home at all, making it difficult for these children to follow the rules in school They attributes these kind of behaviors on lack of love and good guidance for the orphans by foster parents or relatives. Indiscipline among children can cause a lot disservice to pupils through various ways. It can debar pupil(s) concerned from participation in academic programmes. It could lead to withholding or total cancellation of pupils' results, outright dismissal of the pupils or mere rustication. Such disciplinary measures no doubt have serious academic implications. Students' academic progress is usually retarded, delayed, at times terminated indefinitely. It may also lead to final failures, repetition, carry-overs and at times drop outs (Chiaha1999) and this will further affect pupils' education.

4.3.1 Gender of pupils, HIV AND AIDS and School Attendance, Performance and Completion

The study indicated that 46.9% of the pupils in Rarieda missed school due to their being orphans while 43.12% did not miss school due to this fact. Majority representing 25% of this category of pupils is girl (Table 4.3).

Table 4.3: School Attendance according to gender

Sex	Do children miss school because parents have died of HIV AND AIDS		Total
	Yes	No	
Boy	42 21.88%	50 26.04%	92 47.92%
Girl	48 25.00%	52 27.08%	100 52.08%
Total	90 46.88%	102 53.13%	192 100.00%
Frequency Missing = 32			

During the study it was noted that girls often miss attending schools (48) more than boys (42) in the division. Similar situation was observed in a study conducted by Carm *et al* (1999) that girls are taken out of school more often than boys to help care for sick family members or to help make up for lost family income. They are assigned productive and reproductive roles given more domestic work than boys and are susceptible to sexual activities, exposing them to HIV infection and early pregnancy. It was also noted from the study that some girls marry prematurely, hoping to get a better livelihoods. The demand for educational services also declines, because of reduced family resources available for schooling in AIDS affected households. It was mentioned that in family where parents are HIV positive, children take care of their sick bedridden parents and in

most cases this is the responsibility of girl child. This causes them not to attend school and it affects their school performance. Some pupils are forced to come to school late or go home during school hours due to the fact that they are the ones administering medicine to their sick parents. Girls are said to be affected most. It was further stated that the ones whose parents have already died tend to be somehow better off than the ones whose parents are still suffering from the disease. HIVand AIDS also changes the character of the school age population. Most importantly, it is causing a considerable rise in the number of orphans in the division who may not afford education. Many orphans also live in child-headed households without basic needs to support their education (Kelly, 1999).

Exhaustion and pre-occupied minds – It is obvious that doing household chores, caring for parents and siblings, and late sleeping hours do not have a positive influence on concentrating and learning and these are the circumstances faced by girl child whose parents are bed ridden of orphaned. Even when the child is not directly involved in the caring for the parents, children with sick parents are often distracted and distressed. This also leads to lower achievement. During school hours, the minds of the children tend to be pre-occupied. By lunch time and the end of the school day, the child's mind wonders of, thinking of how to get food and so forth.

These children take on some of the functions originally performed by the ailing household member such as household work, going to the farm, and working to supplement household revenue. Children taken by foster parents often need to carry out more household activities than the children born in that household (Human Rights Watch, 2001; Kelly and Bain, 2003; World Bank, 2002). These responsibilities also increase the opportunity costs. Having to take over adult roles obviously leads to a perception of education being less relevant compared to sustaining family life. Girls are more likely to drop out of school to assume household and caretaking responsibilities (Bundy and Valero, 2002; Hepburn, 2002).

Psychological problems – The loss of a parent can cause psychological problems to the child especially girl child who are weak emotionally. The child keeps thinking back and remembers parents, specifically of the way things used to be, and therefore cannot concentrate on learning. If this loss is caused by AIDS, the psychological impact gets bigger. As one interviewee said: 'You know, when the girl child comes from home, the mother is dead with HIV or whatever; at school, the child may be thinking of the parent(s), and the cause of the death, which probably they know was caused by HIV; indeed it is the worst cause of death that we have around. Because, when somebody dies of HIV, it is different from when I die of malaria.' Besides this direct psychological impact that sickness or death due to HIV and AIDS has, all the other problems resulting from being affected also have indirect psychological consequences. Being taken by relatives, having additional responsibilities, being discriminated, and being unable to afford basic and educational needs, all stress the mind. The study showed that in some house holds girl chid who been adopted from outside family is seen as potential sexual partner and this affect the child education process through factors like early marriage.

The early marriage of girls, leads to their dropping out of school. This can occur for several reasons: because they are pushed out (or seek to escape) from overcrowded extended families; because men seek younger, and presumably uninfected, wives and because parents seek to preserve their daughters by arranging an early marriage to a "reliable" partner (Sheldon, 1994). For girl child way of getting some money mentioned in the questionnaire interviews and Focus Group Discussions were: selling firewood, doing domestic jobs for other people and weeding or harvesting. Schools situated along Lake Victoria shores also cited commercial sex engagement. In some instances as little as 10 shillings, children engage themselves in sexual activities. With a common belief that younger people are less likely to have AIDS. There has been a growing pressure on young people by older people to have sex (Lyon, 1997). Because of this belief seventy five per cent of all young people living with HIV are female as observed (World Health Organization Regional Office for Africa, (WHO-AFRO) 2003).

The study showed performance as follows, boys performed excellent at (10.10%), good at (23.74%), average at (16.16%), poor at (0.51%% and 0.51% had no change on their performance. On the other hand girls had excellent performance at (10.61%), good at (16.16%), average at (20.71%), poor at (1.01%) and 0.51% had no change on their performance (Table 4.4). For the pupils who were performing poorly girls are worse still (Table).

Table 4.4: Effect of HIV and AIDS on performance

Sex						Total
	Poor	Average	Good	Excellent	No change	
Boys	2 0.51%	64 16.16%	94 23.74%	40 10.10%	2 0.51%	
Girls	4 1.01%	82 20.71%	64 16.16%	42 10.61%	2 0.51%	**194** **48.99%**
Total	6 1.52%	146 36.87%	158 39.90%	82 20.71%	4 1.01%	**396** **100.00%**

When the topic of HIV and AIDS is taught in school, affected children tend to shy off especially girls. At several times, the teachers mentioned the child to be gloomy and lonely due to this direct and indirect impact. Moreover it was said that children also fear to be infected themselves and as a result they fear dying. This is often due to lack of knowledge on how HIV is contracted. Lack of knowledge might also cause children to think of HIV as a curse, or as a punishment from God. They think God does not have mercy on them and therefore they don't see the need for them to participate in class. They despair and eventually even run away. Nevertheless, some also feel good when they are in school because it takes them away from the problems they face at home.

4.4 The impact of HIV and AIDS on gender on primary school in Rarieda division.

Problems specific for Rarieda Division are not only the ones already mentioned i.e. climatic conditions and the presence of beaches where commercial sex activities take place; cultural practices, in particular wife inheritance, also play a critical role in eroding the gains as a result of healthcare interventions among the study population. In one of the FGDs, a female teacher raised the issue of wife inheritance, by stating that the Government should discourage remarrying. This teacher immediately encountered counter back from other, male, participants. Her argument was that the man may have died of AIDS, leaving behind an HIV positive wife. When the inheritor remarries this wife, he might cause further dissemination of the virus because they (inheritors) also approach the young girls in the area including the daughter of the woman who has been inherited. The practice will bring death to another family and death and school drop out among the young girls including those who are already orphaned. As observed by Atinga (2004) wife Inheritance has been the most afflictive key player to an increased HIV/ AIDS prevalence and mortality related cases that result to increase of orphans and hence affects education process. One of the other participants said wife inheritance could not be taken away with, but awareness could be brought, meaning that the man should use a condom every time he has sex with these women. He pointed out that in the old days inheritance was not about sex, but about taking care of the woman and her children. So actually, he implied that wife inheritance is one of the solutions of care for paternal orphans. Another teacher mentioned that in his opinion the society brings a lot of pressure. He said that in his area a lot has changed. The woman is not left the choice whether she wishes to be inherited or not. In the Luo Community, women are still treated as second rate to men In the Luo Community; women are still treated as second rate to men as observed by Atinga (2004).

Another cultural belief that is still present, be it minimal, is that HIV is a curse and the community call it "chira". This brings not only stigmatization; it also impedes seeking proper health care. As noted in other studies Macgoye raises in *Chira* (1997) noted that *Chira* focuses on the way the Luo reinterpret AIDS and associate it with a "traditional" disease, using pre-existing explanatory systems to give meaning to the new epidemic of

HIV and AIDS. This attempt to understand AIDS within existing traditional knowledge on diseases has been recorded in other parts of Africa. Hanne Mogensen's (1995) study among the Southern Tonga of Zambia showed how cultural symbolism and cultural mythology have and still continue to inform people's ways of thinking about AIDS in Zambia. Her study discovered that the Tonga believed AIDS to be a kind of *Kahungo* – an illness caused by intercourse with a woman who had miscarried. *Kahungo* is said to be very dangerous because it is very difficult to cure. It gives sores or coughing to a man who has sexual relations with a woman who has aborted or miscarried and has not been purified, or to any person who comes in contact with a dead foetus. In this regard the affected families keep on spending resource to traditional healers in vain without success making resource less for education. The principal economic impacts experienced by affected households are: loss of available income, as working adults falling ill or dying or having to stop work to look after children and/or the ill; additional expenditure on health care and funerals. Other effects include depletion of household assets (due to increased health expenditure, consumption needs and labor losses), lower productivity of subsistence labor and reduced availability of food. School enrolment may also decrease, as children are forced to dedicate time to labor and care-giving (UNAIDS, 2004).

4.5. Effects of HIV and AIDS on public primary school education and its implication planning interventions

During the study the respondents confirmed that a part from parents and pupils HIV has affected teachers and those who are working in the education office alike. The focus group discussants asserted that the pandemic has reduced effectiveness and efficiency of the education implementing stakeholders through long sickness, use of resources on treatment and death. AIDS-related illness means educators become increasingly unproductive. Death or absence of even a single educator is particularly serious because this affects the education of fifty or more children (Johnson, 2000). The resulting effect is that education process is interfered with and planned activities cannot be fully implemented and completed. The resources that are intended for education implementation are diverted to be used in addressing the impacts of the pandemic. According Taylor (1998) AIDS has the potential to create severe economic impacts that can affect planning of education process negatively. It is different from most other

diseases because it strikes people in the most productive age groups (including teachers and pupils) and is essentially 100 percent fatal. The effects will vary according to the severity of the AIDS epidemic and the structure of the national economies. The two major socioeconomic effects are a reduction in the specialized labor supply due ineffective education process and increased costs.

The loss of young adults in their most productive years will affect overall education output. If AIDS is more prevalent among the economic elite, then the impact may be much larger than the absolute number of AIDS deaths indicates. The direct costs of AIDS include expenditures for medical care, drugs, and funeral expenses that interfere with planned educational activities. Indirect costs include lost time due to illness, recruitment and training costs to replace workers, and care of orphans which farther impacts negatively on planned activities. If costs are financed out of savings, then the reduction in investment could lead to a significant reduction in education standard and economic growth.

The respondents also observed that HIV and AIDS pandemic have reduced demand and supply for education and pupil and teachers who are affected directly or indirectly miss school or school events. According to (Kelly, 2000c) HIV and AIDS is conceptualized as having the potential to affect education through ten different mechanisms: reduction in demand, reduction in supply, reduction in availability of resources, adjustments in response to the special needs of a rapidly increasing number of orphans, adaptation to new interactions both within schools and between schools and communities, curriculum modification, altered roles that have to be adopted by teachers and the education system, the ways in which schools and the education system are organized and finally the planning and management of the system education system.

The HIV usually interferes with normal population growth hence making planning process difficult. The resource allocation cannot therefore be done efficiently. According to Broomberg *et al* (1993) the projected number of pupil and teachers in schools in a region of nation is important for education planning and policy formulation. One of the key informant observed that proper planning for education is important in the provision of quality education of accepted standard and lack planning will result into the contrary. African ministries are failing consistently, in their planning and in their practice, to seek to sustain education quality and levels of provision or to create new learning opportunities for the disadvantaged (Marais, 2000). Low education demand and supply enhance the biting impact of HIV and AIDS and the contrary is true in the longer term, and more generically, education plays a key role in establishing conditions that render the transmission of HIV and AIDS less likely—conditions such as poverty reduction, personal empowerment, gender equity. It also reduces vulnerability to a variety of factors, such as streetism, prostitution, or the dependence of women on men, which are a breeding ground for HIV infection.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introductions

This chapter presents a summary of the findings conclusions of the study and recommendations for further studies and planning for interventions. The following conclusions are in tune with the information assembled in this thesis.

5.2 summary

The study confirmed that HIV and AIDS have devastating impact on pupils' primary education in Rarieda Division. The study was able to establish that HIV and AIDS have led to Poor performance, attendance and school dropout thereby reducing standards of education within the division. The epidemic has not spared any of the gender Girls, boys and teachers are affected in the same way. The scourge has gone ahead to impact negatively on the planning of interventions within the division. Poverty and other factors have come in to complicate the issue at hand.

It was established from the study that girls often face more problems than boys in the district in regard to primary education. Investment in primary education is vital, because it promotes achievement of six of the eight Millennium Development Goals. Substantial evidence from the study shows that education profoundly affects young people's reproductive lives. Better educated women are more likely, in comparison with their peers, to delay marriage and childbearing, have fewer children and healthier babies, enjoy better earning, have stronger decision making and negotiation skills as well as higher self esteem, and avoid commercial sex.

One point worth noting is the lack of broad evidence on the success of the skills-based approach in Rarieda, underscoring the need for greater monitoring and evaluation of the impact of interventions in the District most gravely affected by the epidemic. However, helping children, especially girls, enroll and complete schooling beyond the primary level is also important. Secondary school education is what really makes a difference to increasing age at marriage, delaying first sexual encounters, improving negotiation for protected sex, and promoting other risk-reducing behaviors. Ensuring girls' access to

secondary school is also key to better employment opportunities for women, and often an opportunity to break the cycle of poverty and reduce the risk of exposure to HIV and AIDS.

From the study it was also observed that reduction in demand, reduction in supply, reduction in availability of resources, adjustments in response to the special needs of a rapidly increasing number of orphans, all because of HIV and AIDS impact, adaptation to new interactions both within schools and between schools and communities, curriculum modification, have direct implication on primary school education planning and intervention. These factors are coupled with altered roles that have to be adopted by teachers and the education system, the ways in which schools and the education system are organized it is therefore important that all the planners in the education and health sector have to come up with workable interventions that can suit in the era of HIV and AIDS to help cope with all the challenges. There should be efforts and interventions made to provide adequately for children of school age whose parents have become victims of HIV and AIDS. Poverty and illiteracy in the district are responsible for this pathetic state. If the two phenomena are not drastically checked the impact of HIV and AIDS situation now in the District will be a child's play in the next ten to twenty years. The present plans in the District s lack adequate provisions to cope with the educational problem emanating from the HIV and AIDS pandemic.

5.3 Conclusion

From the above summary it can therefore deduced that HIV and AIDS pandemic decreases demand and supply for education, interferes with education process hence. HIV and AIDS pandemic affect pupils of both gender .Planning in Kenya needs to squarely appreciate the new challenges occasioned by the most devastating threat to human health and life. Without any know scientific and generally acceptable cure for AIDS it is obvious that parents afflicted will with time abdicate their responsibilities to their children because of incapacitation. The number of orphaned children will continue to increase. This calls for a careful educational planning which must produce education

plans with accurate statistical projections that can cater for the educational problems associated with the HIV and AIDS pandemic. The multi-sectoral approach in response to the impact of HIV and AIDS epidemic has emphasized the role of civil society in controlling the HIV and AIDS spread, and mitigating associated effects. NGOs should model a number of approaches to mitigate the challenges that HIV and AIDS has inflicted on society and to tackle its long-term challenges. NGOs possess institutional mechanisms that help mobilize people into solidarity groups, which are capable of mitigating HIV and AIDS challenges.

5.4 Recommendation

While there is as yet no infection, there is need to provide knowledge that will inform self-protection; fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self-protection; promoting behavior that will lower infection risks; and enhancing capacity to help others to protect themselves against risk.

When infection has occurred there should be mechanisms of strengthening the ability to cope with personal and/or family infection; promoting care for those who are infected; helping young people stand up for the human rights that are threatened by their personal or family HIV and AIDS condition; and reducing stigma, silence, shame, discrimination. This will help the young people to retain their confident in life and continue with education.

When AIDS has brought death there should be ways to help in coping with grief and loss, in the reorganization of life after the death of family members, and in the assertion of personal rights. The pupils should know that by the death of parents they have not lost their rights to education, this will boost their morale and encourage them to go continue with education.

The education stake holders in the study area should come up with organized strategy to start school feeding program for orphans and children coming from families who are economically stable. These children should also be provided with basic requirements like school uniform. More resources should be put into the primary education.

The inadequacies in most educational institutions such as, accommodation and feeding arrangements encourage pupils to look for supplementary sources. For most female pupils it is through exchange of sex of money and material gratifications that they meet their needs. In many cases they also get HIV and AIDS as part of the reward which they transmit to other people. By providing adequately for education the spread of the disease will reduce

Proposed topics for further studies

a) Proper planning to prioritize intervention that works out in poor resource setting like the one in Rarieda and other similar regions
b) Planning and follow up of interventions for teachers in regions with high prevalence rate of HIV and AIDS.
c) Planning for effective campaign of health education especially on hygiene
d) Comparative study on areas with high prevalence and regions with low prevalence

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