

**FACTORS INFLUENCING PARTICIPATION OF CHILDREN IN THE EARLY
CHILDHOOD DEVELOPMENT EDUCATION PROGRAMME; A CASE OF
BUNGOMA SOUTH DISTRICT BUNGOMA COUNTY- KENYA**

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DECLARATION

This research project is my original work and has not been submitted to any university or institution of higher learning for any award.

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L50/71382/2011

Sign.....

Date.....

This research projectl has been submitted for examination with my approval as the university supervisor.

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DEDICATION

This study is dedicated to my father Rev. Wilson Oyamo and my mother Bethsheba Oyamo, who cherished academic excellence and tirelessly supported those who endeavored for the same. I thank them for creating an enabling environment for us to pursue higher education.

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ABBREVIATIONS AND ACRONYMS

ARVs	Anti-Retroviral Drugs
ASAL	Arid and Semi – Arid Lands
ECDE	Early Childhood Development and Education
EFA	Education For All
EPI	Extended Programme on Immunization
FPE	Free Primary Education
GMP	Growth Monitoring and promotion
KANU	Kenya African National Union
MDG	Millennium Development Goals
MoE	Ministry of Education
MoH	Ministry of Health
NGO	Non-Governmental Organization
NSNP	National Schools Nutrition Programme
PLHIV	People Living with HIV
POP	Physical Outdoor Play
SFP	School Feeding Programme
SMC	School Management Committee
UPE	Universal Primary Education
WASH	Water Sanitation and Hygiene

ABSTRACT

The purpose of the study was to investigate factors influencing participation of children in the ECDE programme in Bungoma South District. Early childhood care and education programmes yield greater investment returns than any other level of education yet it is the age at which children are most vulnerable to life threats like disease, abuse and neglect. This study therefore aimed at achieving the following objectives: - to examine the influence of common ailments, ECDE teachers satisfaction, school feeding programmes and parents' literacy levels on participation of children in the ECDE programme. Participation in the study included: enrolment, attendance, and transition to primary school by ECDE children. It was hoped that this study will be of importance to ECDE teachers/managers, parents and the government among others since it articulated the roles of each of these ECDE stakeholders in improving participation of learners in ECDE . The research design employed was Descriptive Survey design. This is because data was collected at a particular point in time and used to describe the nature of the existing circumstances. The target population of the study was 840 respondents but the researcher only considered 10% of these for the study. The sample for the study was drawn from 210 ECDE centers and included ECDE teachers and parents representatives in the three zones/strata of Bungoma South District. From the three strata (Municipality, Sang'alo and Mwibale zones) ECDE centers to form the sample were identified by Systematic Random Sampling. Two ECDE teachers and two parent representatives from each sampled ECDE centre formed 84 respondents to fill in the questionnaires (main research instrument) prepared for them. Content validity was used where questionnaire items were carefully chosen to ensure they are representative of the vast range of questions in the area of study. Split-half method was employed to test the reliability of instruments. Data obtained was analyzed descriptively and presented in tables. The study had the following conclusions: first, ECDE centres' enrollment was too high compared to available facilities thus creating conditions for easy spread of infections. Secondly, ECDE teachers' motivation was low mainly because of poor remuneration and poor school infrastructure. Thirdly, SFP was very important in enhancing participation in ECDE. Fourthly, the semi-illiterate and poor parents had limited capacity to support ECDE services compared to their literate wealthy counterparts. The study recommends that economic empowerment strategies should be employed to communities to enable them afford better nutrition and adequate sanitary facilities for their children. Secondly, a scheme of service for ECDE teachers should be established by the County government which should formally employ ECDE teachers. Private practioners in ECDE should also pay their teachers better and provide the necessary teaching/learning facilities. Finally, every ECDE centre should establish a feeding programme and the community sensitized on the importance of ECDE. The study suggested that further research be carried out to establish why there are more children in standard 1 than those who graduated from ECDE the previous year in Bungoma South District and to establish differences in developmental dimensions between children who attended pre-school and those who did no at the lower primary level.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Early Childhood Development and Education programme caters for children between 0-8 years of age. The programme is largely provided by the communities, local authorities and individuals and is crucial for holistic development of children. In his study in Peru, Cueto (2005), claims that the programme lays a foundation for primary; secondary and further education exposing children to various experiences that enhance their development prepare them for higher level professions and ultimately help them lead a better life. According to Ahmed (2003), Bangladesian children affected by hunger and malnutrition as well as ill health did not have the same potential to do well at school in comparison with well nourished and healthy children. In addition, Ahmed (2003) points out that poor health and malnutrition lowers children's cognitive development and performance through physiological changes, reduces their capacity to participate in learning activities or both.

The need for care that would lead to the holistic development of the child is appreciated globally and a corresponding right granted (UNCRC, 1989, OAU 1990 and Republic of Kenya, 1998). To secure this right the conditions necessary for optimal development of children need to be secured within children's environments among which are ECD centres (Bronfenbrenner 1989). To do this, communities need to focus on some important aspects of the preschool environments including teachers' working conditions, salaries, interpersonal relations and the physical learning environments. In a study conducted in Canada, teachers have been found to play a critical role in children's development (Read, Gardner and Mahler, 1993; Howes, Smith & Clanlinsky, 1995; and Essa, 2003). The effectiveness of the teachers on the other hand depends on the existing levels of motivation.

According to Del-Rosso (1999), the National School Nutrition Programme (NSNP) in South Africa aims at fostering better quality education by enhancing children's learning capacity, encouraging regular attendance and punctuality, decreasing gender disparity, addressing micro-nutrient deficiencies and alleviating short term hunger by providing 30% of daily energy requirement for the child. Del-Rosso (1999) argues that the minimum policy is to feed all grades from R (pre-school) to grade 7 for 196 school days per year. In addition, Agarwal *et.al.* (2003) advices that menus should provide at least 20% of the recommended dietary allowances for energy, protein, calcium, zinc, iron and vitamin A. Agarwal *et. al.*, (2003) insists that a meal must be served before 10 am to enhance the learning

capacity. Common ingredients in South African school meals include beans, rice, canned fish, soya, fortified maize meal, fortified bread, fruits and vegetables.

In a survey of primary school children in a rural area in Kwa Zulu-Natal, Grantham-McGregor (2005) revealed that a great number of children had persistent micronutrient deficiencies including inadequate vitamin A status (40%), anaemia (28%) and iodine deficiency (97%). Malnutrition is therefore one of the main causes of childhood ailments. If children are not given the right combination of food in the right proportions, they are likely to fall sick and suffer from deficiency diseases like kwashiorkor, marasmas, scurvy, rickets, night blindness to mention but a few. WHO, (2007) claims that the other main cause of childhood ailments is infection by pathogens like bacteria, fungi and viruses. This mainly results due to poor sanitation or environmental hygiene where food and water gets contaminated by the said pathogens (food and water born diseases), healthy skin comes into contact with infected skin (contact-borne diseases) or a healthy person inhales pathogens from an infected person (airborne diseases). Kent(2004) in Geneva illustrates that lack of safe water, sanitation and hygiene education contributes to diarrhea, cholera, pneumonia and worm infestations which are killers of children under age 5; hence MDG No. 7, seeks to half the proportion of people without access to safe water, proper sanitation and hygiene. Whatever the cause of the ailment, the final impact on the ECDE child's participation in activities is significant; it may have an influence on the child's attendance, performance of class activities, interaction with others, cognitive growth and final transition to primary school i.e. participation. In his speech, Mzee Jomo Kenyatta, while outlining KANU election manifesto blueprint in 1969, indicated that only healthy children could fully utilize the opportunities provided by schools to fully develop their intellectual potentiality. (KANU manifesto 1969).

Due to poverty and illiteracy, most communities/parents, and the disadvantaged in particular, have not been actively supporting the development of ECDE in Kenya (Akwach , 2008). Besides, such parents are not ready to invest in the education and development of 0-5 year old children, arguing that primary education was declared 'free' by the government. Most parents, especially the illiterate and poor, in rural areas, slums and ASAL regions have limited knowledge on the benefit of investing on care and education programmes of children under 4 years of age. The fact that 56% of them are living below the poverty line also limits the capacity to support ECDE services. Most children in rural and urban poor households (especially in ASAL regions, slums and pockets of poverty across the country) have limited or no access to good and balanced diet (nutrition), safe water and quality health services. Parental attitudes towards general hygiene and safe-rearing of children are casual to say the least. Additionally,

Akwach (2008) claims that most parents, especially those between the age of 20-35 years in disadvantaged and marginalized areas like slums and pockets of poverty across the districts have limited knowledge on holistic and comprehensive child-rearing. They use poverty as an excuse to be dirty and careless with their children – including not taking the 3-4 year olds to learning centers. As mentioned above, even feeding their children has become a big problem.

Interviews with stakeholders including community leaders indicate that Free Primary Education (FPE) in Kenya has impacted on ECDE programmes negatively (Abagi 2008). Situations were cited whereby parents were removing their children from ECDE centers and retaining them at home until time for entry into Standard I. Some parents are also pushing their young children directly into primary school at a tender age. They do not see the rationale behind paying fees for a 3 or 4 year old; leave alone a 2 year old, to attend an ECDE programme, while a STD I or VIII is not paying any fees. The EFA global monitoring report (2005) claims that since the implementation of FPE, poor parents are choosing to withdraw their children from ECD Centres and/or keep them at home until they reach the age of primary school entry. They refuse to pay the fees for ECD on the grounds that ECD, like primary education, should be free. Decreased enrolments have meant reduced salaries for ECD teachers. In Kenya, ECD teachers' salaries are in most cases covered by parental fees, unlike their counterparts in primary schools who are paid by the government according to an official teacher salary scale.

According to the Economic Survey (2009) the government of the republic of Kenya recognizes the importance of ECDE as one of the most important levels for accelerating attainment of Education for All (EFA) and the Millennium Development Goals (MDGs). This is to enhance access, equity and quality of ECDE services for children aged 4-5 years, especially those from arid and semi-arid areas and poor households. According to the survey, enrolment in ECDE has increased significantly over the past decade. Whereas there were 1.59 million children enrolled in ECDE in 2003, the number rose to 1.72 million in 2008. Although the number of children enrolled has been increasing, on average they represent only 50.1 % of the eligible population. This situation is true for Bungoma South District where more children enroll for ECDE at the beginning of the year but do not transit to the next level at the end of the year (MOE Bungoma South District, 2012). Absenteeism and performance below average cannot be ignored since many children remain at home as their parents are involved in socio-economic activities like selling of goods on market days. In view of these arguments, the researcher would like to

carry out a study to examine the factors influencing participation of learners in the ECDE programme in Bungoma South District of Bungoma County.

1.2 Statement of the problem

Childhood ailments have a great impact on participation of children in ECDE activities. For the children to maximize on the learning opportunities available at their ECDE centers, they must be physically fit in order to actively perform activities like singing, traditional dancing, competitive games and free Physical Outdoor Play (P.O.P). Children with ill health resulting from common ailments cannot be physically fit to actively participate in 'play' in various activity areas. Bennet, (2003) conducted a research that showed that children who are nutritionally fit are likely to have more stamina, energy and self esteem thus enhancing their ability to learn. According to the study, poor nutrition and health among children contributes to inefficiency of the whole education system. Moreover, Bennet, (2003), points out that children with diminished cognitive abilities and sensory impairments naturally performed less well and are more likely to repeat grades or drop-out of school in future than children who are not impaired.

According to research carried out by Ndani and Kimani, (2010) in central Kenya ECDE centres, there are some prevalent unfavourable conditions for teacher motivation. To enable ECD stakeholders to prioritize the areas that require urgent intervention in ensuring the conditions necessary for optimal participation and development of children, there is a need to establish the extent to which preschool teachers are motivated, as well as the factors that motivate them. This is part of the gap that this study hopes to fill.

According to the Economic Survey, 2008 of the Kenya National Bureau of Statistics, 1.67 million pupils enrolled in ECDE in 2006 nationally. One third of these (557, 445) were in the pre-unit class expected to transit to standard one. In the following year (2007) 1.2 million children were enrolled in standard one, showing a difference of over half a million pupils between pupils in pre-unit and those in standard one. The research gap that this study fills is to explain why there were almost twice as many children in standard one compared to those enrolled in pre-unit in the previous year. According to the same survey, there were over 54,177 ECDE trained teachers in 2007 and 22,147 untrained teachers; both the groups of teachers (90% female) were directly in charge of ECDE programme implementation as care givers. It is not clear whether the untrained teachers who formed over 40% of the teaching force

were competent enough to deliver on their mandate and this may have impacted on enrolment and attendance of children.

In a study conducted by Okwach (1997) the pre-primary education sub-sector received no funding at all from the government under the Education Development Expenditure until 1997 where it was allocated a mere K£ 2,150,000. Under the recurrent expenditure the sub-sector was allocated K£ 290,000 only. Though currently the government's involvement in the ECDE sub-sector is increasing, it has not come out strongly in terms of funding pre primary education. For instance the Ksh. 1.6 billion mentioned in the 2009/10 national budget estimates to employ ECDE teachers has not been actualized to date. This may be the reason for reduced enrolment in ECDE training colleges currently. In Bungoma South district with over 200 ECDE centres, only 20 centres benefited from the Community Support Grant (CSG) phase I and eleven in phase II (MOE Bungoma South district office 2012). Compared to the primary education sub-sector funding, the government has treated pre-primary education rather casually, leaving a big burden to the community and parents in feeding and providing the physical infrastructure to ECDE children.

The National Development Plan (2002-2008) targeted only 50% of children between 0-6 years in its strategy to revamp pre-primary education. The other 50% of eligible ECDE children were not catered for by this plan. This justifies the current enrolment of just 50.1% in ECDE nationally (Economic Survey, 2009). Factors such as level of awareness of the importance of ECDE, regional disparities, number of institutions in rural and urban slum areas, teacher motivation and the fact that ECDE is not a pre-requirement for admission in all primary schools provides a basis for this study. ECDE is termed as informal education (ECDE Guidelines, 2007) and there are no specific guidelines set to curtail the haphazard mushrooming of ECDE institutions in order to improve access to children from disadvantaged households in slums and marginalized areas. Partnership among stakeholders (parents, communities, religious organizations, governments and private sector) is inadequate with little or no teamwork amongst them. For the government and other ECDE stakeholders to understand why participation in ECDE is as low as only 50%, the study seeks to establish factors influencing participation of children in the ECDE programme- a case of Bungoma South District, Bungoma County.

1.3 Purpose of the study

The purpose of the study was to establish the factors that influence participation of children in the ECDE programme in Bungoma south district- Bungoma county-Kenya.

1.4 Research objectives

The study aimed at achieving the following objectives:-

1. To establish the extent to which common ailments among children influence their participation in the ECDE programme in Bungoma South District of Bungoma County.
2. To examine the extent to which ECDE teacher satisfaction influences participation of learners in the ECDE programme in Bungoma South District of Bungoma County.
3. To assess the influence of School Feeding Programmes on participation of children in the ECDE programme in Bungoma South District of Bungoma County.
4. To establish how the literacy level of parents influence participation of children in the ECDE programme in Bungoma South District of Bungoma County.

1.5 Research questions

The study addressed the following research questions:-

1. To what extent do common ailments among children influence their participation in the ECDE programme in Bungoma South District of Bungoma County?
2. To what extent does ECDE teacher satisfaction influence participation of learners in the ECDE programme in Bungoma South District of Bungoma County?
3. What is the influence of school feeding programme on participation of learners in the ECDE programme in Bungoma South District of Bungoma County?
4. How does the literacy level of parents influence participation of children in the ECDE programme in Bungoma South District of Bungoma County?

1.6 Significance of the study

The findings of this study will hopefully be useful to various ECDE stakeholders and/or practitioners in that the ECDE teachers and their heads of institutions will be given an opportunity to analyze and reflect on the importance of quality Water, Sanitation and Hygiene (WASH) provision to the total development of the child holistically. They will be prompted to improve the general school/ ECDE centers hygiene and sanitation in order for the learners to remain healthy. This study will also create awareness to parents with children in ECDE by providing information on many childhood diseases that

affect children between three to eight years of age including those that can be combated by immunization and through maintaining proper hygiene standards in the home and school environment. Parents and teachers of ECDE children will also benefit by understanding the role of a balanced diet in cognitive development of children to enable them successfully go through the ECDE programs. The MOH officials will also find this study useful by discovering the gaps that exist in their health services' provision and the need for the gaps to be filled urgently; these include gaps in the routine immunization procedure, sensitization to parents and teachers on maintenance of environmental hygiene and management of congenital and/or hereditary diseases in children.

The Children's Act (2003) spells out the rights of all children and recognizes basic education and health as human rights that every child must enjoy and be protected by the law. This study will provide policy makers or the government with useful information needed in re-examining the capacity of legislation on safeguarding the wellbeing of ECDE learners and teachers. ECDE children will benefit immensely from the findings of this study since all stakeholders of ECDE addressed will double their effort in ensuring that the learner is provided with the best environment, circumstances and resources for holistic development and is thus able to transit comfortably to primary school.

1.7 Limitations of the study

Limitations are factors that are likely to affect the outcome of the study (Mugenda and Mugenda, 1991). In this study, securing time from the respondents to fill in the questionnaires was a challenge while some respondents were not cooperative in divulging information. Due of these hard economic times, financial constraints were experienced in the course of carrying out the necessary activities. However, the researcher made use of her savings to try and meet all the costs ahead. On the onset of rains, some roads became impassable posing mobility challenges. Nevertheless, the researcher kept in touch with the respondents on phone so as to minimize the number of trips to and from the study area.

1.8 Delimitations of the study

The study was restricted in Bungoma South District, Bungoma County and data was collected from ECDE teachers and parents' representatives only. The respondents were therefore easily accessible and provided valuable information. Data collected was generalized to other ECDE learners in other institutions not in the study sample since they were thought to be experiencing similar problems.

1.9 Basic assumptions of the study

As this study was carried out, it was assumed that the respondents were cooperative and answered the questions correctly and honestly. Secondly that, the research instruments employed for data collection were valid, reliable, had 100% return-rate and were dully filled by respondents. Lastly that, the sample selected was representative of the entire target population.

1.10 Definition of significant terms used in the study.

Absenteeism - Missing in school during the official hours of learning.

Attendance -Availing oneself in school and participating in activities scheduled.

Caregiver -A person in-charge of the programme implementation for children in an ECDE center and is responsible for children's daily well-being.

Common childhood ailments -Sickness or maladies that are commonly seen/observed among ECDE children including the immunizable childhood diseases.

De-worming -Giving children medication against intestinal and other worms.

Drop-out rate -Number of children unable to complete a one year course fully.

ECDE Learners -Children between 3-8 years.

Enrolment -The number of children officially registered in a ECDE centre in a particular year.

Epidemiology -Scientific study of spread and control of diseases.

Malnourishment -Being in a condition of bad health due to lack of particular nutrients/class of food in the diet.

Participation -Includes enrolment, attendance and transition to the next level by ECDE pupils.

Performance -A mark or indicator of achievement in terms of scores and grades obtained by a Learner in a subject.

Retention -Ability to remain at school throughout the learning period.

Transition -Attaining ability to move to the next level of learning

1.11 Organization of the study

The study was organized as follows: Chapter one contained the background of the study, the statement of the problem, the purpose of the study, the research objectives, research questions, the significance of the study, the limitations and delimitations of the study and the operational definition of significant terms as used in the study. Chapter two was a review of literature related to the study. It contained the following sub-sections; Influence of common ailments among children, ECDE teachers satisfaction, and school feeding programme and literacy levels of parents on participation of children in the ECDE programme. It ended with a theoretical and conceptual framework, and a summary of the whole chapter. Chapter three described the research methodology adopted by the study. It included the research design, target population, sample size and sampling procedure, research instruments, the validity and reliability of the instruments, data collection procedure and the ethical considerations adhered to by the study. Chapter four included data analysis, presentation, , interpretation and discussion. Finally chapter five had the summary of findings, conclusions, recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter, literature related to the factors influencing participation of children in the ECDE programme was reviewed. It was divided into four themes including: Influence of common ailments among ECDE children, ECDE teacher – satisfaction, School Feeding Programmes and literacy level of parents on participation of children in the ECDE programme. The chapter also included a theoretical and conceptual framework for the study and summary of the chapter.

2.2 The Concept of Early Childhood Development Education

According to the Journal of Early Childhood Development by Kehor (2002), seminars, workshops and formal and informal meetings at various places in Nepal, India observed that the participants tend to define ECD differently depending on their own experiences and field of work. The teachers working in pre-school programs define ECD as a pre-school program. The programmers and facilitators working in Child Care Center programs define ECD as a center where children are taken care of for 3 to 5 hours a day by a facilitator with or without the support of a helper. People working in Center-based Child Development Programs define it as a center where children are provided care and education services at the center for 3 to 5 hours a day. People working for Community-based Child Development Program defines it as a service center established within the community but of course detached from the school. One of the major limitations of the definitions these people have made is that most of them take ECD as synonymous to the education of children below 6 years of age. The definitions made by various individuals thus give only a partial meaning of ECD. The United Nations Children's Fund (UNICEF) provides a more comprehensive definition of ECD in *The State of the World's Children 2001* as follows:

The acronym ECD refers to a comprehensive approach to policies and programs for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. Community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities. The approach promotes and protects the rights of the young child to survival, growth and development. However, one of the limitations of the above definition is that it looks upon the ECD program to start only after the birth of a baby. It has been widely accepted that the growth and development of a child begins from

conception. To have a complete meaning of ECD it is therefore important that the ECD program should also include services from conception and services for fetus in the mother's womb, concludes UNICEF (2001).

Kehor Shrektha (2002) further adds that Early Childhood Development programs in Nepal, India are known by various names. Early child care programs such as Day Care centers and child care centers; and Early Childhood Education programs like nursery, kindergarten, pre-school and pre-primary schools all fall under early childhood development program. There has been a shift in emphasis from Early Childhood Education (ECE) to Early Childhood Care and Education (ECCE), and from ECCE to that of Early Childhood Development (ECD). ECE connotes educating the children at early childhood age; ECCE refers to taking care of children and educating them during the absence of parents and guardians. ECD encompasses a broader meaning in that it refers to the overall development of children. It therefore explains why the term ECD is becoming more appealing and is being widely used.

2.3 Influence of Common Ailments among Children on Participation in the ECDE Programme

According to the study conducted by Kent (2004) in Zimbabwe, The International Convention on Human Rights Article 24 maintains that member states should recognize the right of the child to the enjoyment of the highest attainable standard of health by way of combating diseases and malnutrition through provision of adequate nutritious foods, clean drinking water and sanitation services. Kent (2004) feels that Water , Sanitation and Hygiene (WASH) in school help fulfill children's rights to education and participation and enjoys wide spread recognition for its significant role in achieving Millennium Development Goals (MDGs) especially those related to universal access to primary education, reducing child mortality, improving water and sanitation and increasing gender equality. In addition, a report in Washington DC by Tarrulo (2002) argues that early childhood is a period of great vulnerability as it is marked by rapid and dramatic changes in physical and cognitive development. Tarrulo (2007) also concedes that children's physical, emotional and cognitive development is a byproduct of their health and nutritional status. He further maintains that comprehensive ECDE programme ensures that the centre is made ready for children by putting in place water and sanitation infrastructure before enrolling the children.

The WHO (2007) suggests that the first step towards ensuring a healthy learning environment in schools is by ensuring proper Water, Sanitation and Hygiene programmes. This lessens the spread of diseases. Furthermore WHO (2007) points out those worms affect more than 380 million school-aged

children in the developing world. Chronic worm infestations are linked to impaired physical growth and impaired intellectual development. Children enduring intense infestation with whipworms miss twice as many school days compared to their infestation-free counter parts. On the same vein, Hutton and Haller (2004), from Geneva, Switzerland claim that children miss many millions of school hours due to diarrhea.

Pruss (2005), in his study with WHO, Geneva asserts that infestation with soil transmitted worms of which 100% of annual cases are attributed to inadequate sanitation and hygiene can be prevented by improving WASH conditions in schools. This can be done through providing de-worming services plus hygiene education to help children avoid re-infections since water and sanitation prevent children from re-exposure. The South African National Nutrition Survey, (2010), revealed that high rates of diarrhea, acute respiratory infection and fever contribute to high rates of malnutrition. According to UNICEF, (2006), diarrhea comes after pneumonia as the leading cause of death among children under 5 years of age and causes chronic malnutrition in millions of children. In addition, a UNDP (2011) research has shown that effective sanitation services alone can reduce diarrheal diseases by up to 45% and that more than 40% of diarrhea cases in school children result from contamination at school than home. Nutrition survey, (2010) in Zimbabwe claims that though there are limited data regarding the relationship between HIV/AIDS and nutrition, it is estimated that 70% of admissions to therapeutic feeding centers are HIV positive and global experience had established a strong correlation between nutrition and HIV.

The Washington study by Levinger, (1996) agrees that School attendance is a great antidote to an orphan's sense of loss, insecurity and fretfulness. School enables orphaned children to relate to peers and adults rationally, regularly and under a situation of normalcy. It helps a child to restore lost confidence and receive hope that life can go on. Moreover, according to Levinger (1996), school restores structure to young lives, provides a measure of stability amidst chaos, trains the mind, rehabilitates the spirit and offers critical life-sustaining hope to a child in the face of an otherwise uncertain future. According to SAFAIDS (2010), more than 340, 000 People Living with HIV/AIDS (PLHIV) are in urgent need of Anti-retrovirals (ARVs). SAFAIDS (2010) further points out that because of limited accessibility to preventive and curative health services most rural children are likely to be among the people that are not accessing ARVs and hence susceptible to WASH –related diseases.

2.3.1Influence of ailments on Education Attendance and achievement

According to UNICEF (2006), Educational and health work in synergy, nutrition deficiency, diarrhea and worm infestations are related to inadequate sanitation and hygiene and they all affect school

performance, learning and attendance. Furthermore, UNICEF (2006) claims that Some studies in Bangladesh showed a 15% increase in attendance when water was available within a 15 minutes' walk compared to an hour or more (UNICEF and IRC, 2006). Similarly, Red-house (2004) in Tanzania, through a study showed a 12% increase in attendance when water was available within a 15 minutes' walk. According to Bowen (2007) a programme in Chinese primary schools to promote hand-washing by the provision of soap and a selection of a "student hand washing champion" resulted in healthy children who had 54% fewer days of absence.

In another study conducted in Kenya, Hall *et., al* (2008) points out that a rationalized impact evaluation of a de-worming programme in Western Kenya demonstrated that a worm burden in children contributes to 25% of overall school absenteeism. Furthermore, an estimated 47% of children between 5-9 years of age from developing countries are infested with hookworms, roundworms and whip worms which are responsible for iron deficiency anemia in children and subsequently threaten children's cognitive development, allow a recurrent cycle of missed school attendance, poorer school performance and poverty. In a nutshell Hall *et., al* (2008) concludes that safe water sanitation and hygiene are major factors in protecting children from worm infestation and other illnesses. By providing WASH facilities and encouraging behavior change with the participation of children, the burden of disease can be lifted, children potentials exploited and their opportunities expanded.

2.3.2 The necessity of early nutritional intervention in children

A study conducted by Deustch and Ruthame (1999), in the Netherlands showed that problems in schooling such as repetition, early drop-out rates and poor learning, as well as poor health of youths and adults, are traced to malnutrition, poor health, and abuse very early in the lives of children. According to the study, there exists a strong association between nutritional and health status and cognitive and psychosocial skills measured at earnings and employment outcomes. Moreover, Currie and Thomas (1999), in London assert that extensive literature has examined consequences of child malnutrition on subsequent school outcomes. According to this literature, malnutrition tends to be most common and severe during periods of greatest vulnerability that is during pregnancy and the first 2-3 years of life.

In the same vain Lozoff *et., al* (1999) claims that in developing countries however, diets that young children receive to complement breast milk are of low quality in terms of energy and nutrient concentrations thus multiple nutrient deficiencies are common rendering children very susceptible to

infections and one consequence of this is increased mortality. Furthermore, he says that about one-half of all deaths in developing countries in children below five are due to an interaction between malnutrition and common infections like diarrheal diseases, respiratory infections and measles. These infections kill malnourished children easily because malnutrition impairs immune function and lowers disease resistance. Additionally Lozoff *et., al* (1999) says motor and mental development is affected negatively by poor nutrition like micro-nutrient deficiencies, iodine deficiency and anemia for instance cause poor cognitive development especially in children under two and unhealthy children do not perform well in school.

Glewwe, Jacoby and King (2000) in Malawi, assert that children with moderately severe anemia showed lower scores for mental and motor functioning at school entry. Glewwe, Jacoby and King (2000) examined the impact of child nutrition, schooling and academic achievement and found out that malnourished children enter school later and perform more poorly on cognitive achievement tests. According to their argument, Vitamin A supplementation decreases the risk of blindness and of illness like measles and diarrhea. The Bangladeshaian Bronfenbrenner (1999) came up with a framework illustrating the factors that are likely to affect child development. The study come up with a framework that shows the pathways and interaction between the child and child's environment from the household level to the broader socio-economic political framework that affect how children grow, learn and develop. It shows that to improve ECD, the level of resources and effort allocated to ECD services at different levels of government need to affect behavior of service providers in the community, as well as community and family knowledge and attitudes. This framework is shown below.

Figure 1. ECD Conceptual Framework

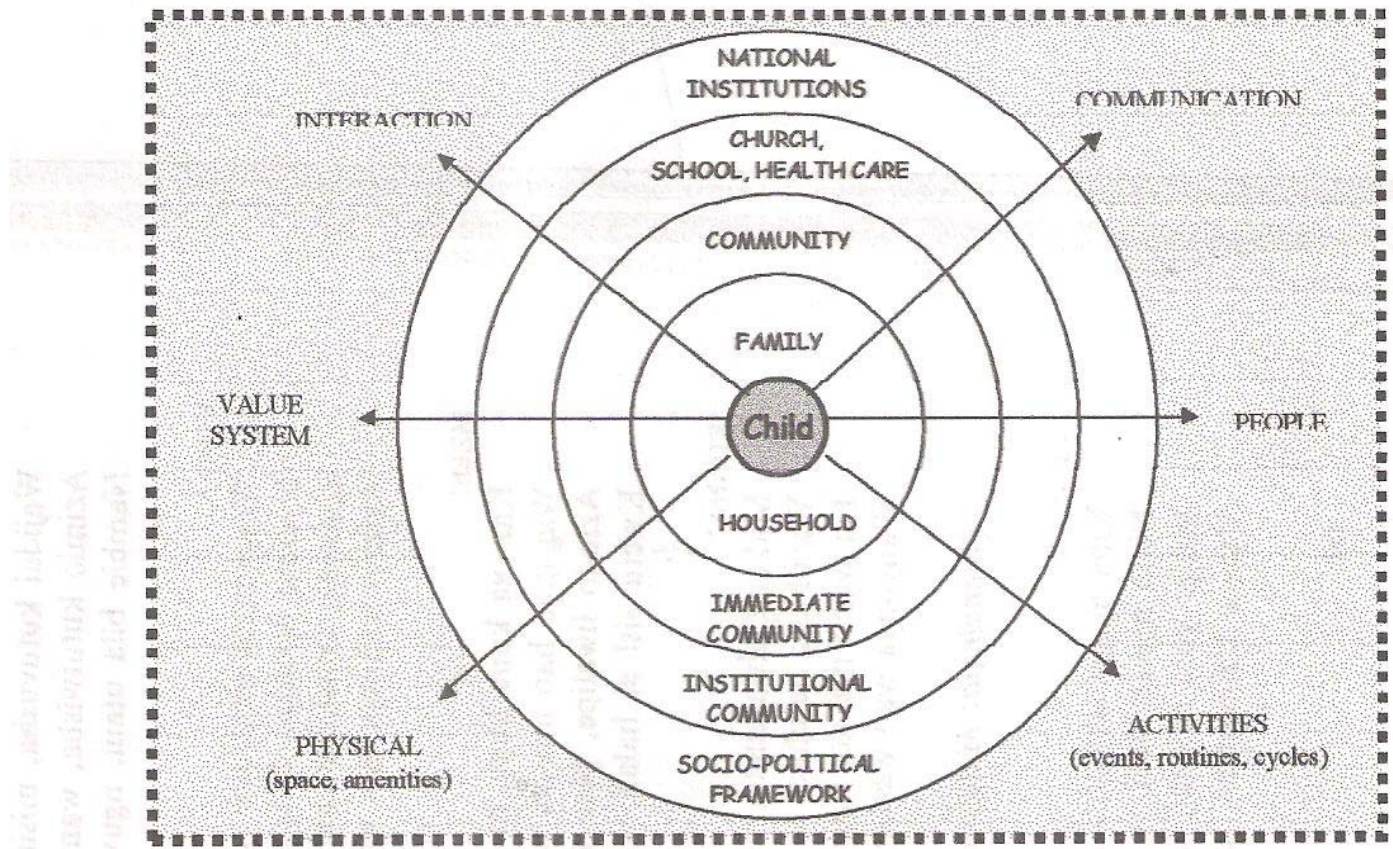


Figure 1. Pathways and interactions between the child and the environment

2.3.3 ECDE health and nutrition promotion

According to a final situational report on Implementation Strategy for ECDE Elements, in Kenya by Akwach, (2008) all public and community ECDE, except those with school feeding Program supported by MoE/World Food Program/UNICEF, there is no formal school-based Feeding program leave alone snack/hot enriched porridge. About 95% of parents do not pack any food for their children when they are going to school. This is due to poverty/lack of food at home.

In addition, Akwach, (2008) claims that in most private ECDE centers there is formal feeding program comprising a balanced diet (Enriched porridge, beans, rice, meat, fruit), such a program is expensive and is optional. The cost ranges from Kshs 600 to 2,500. The safety and protection standards in the majority of ECDE centers across the districts for children 3-5 years old are very low. No public and community ECDE centers visited had firefighting equipment, a first aid kit, and almost 95% of the ECDE centers had no fence and a lockable gate. Over 90% of public/community ECDE centers which operated on full day basis had no sleeping facilities. Health and hygiene services offered to ECDE

children at the centers visited is very minimal if not none existence, in public and community centers in particular. In most public schools, deworming and immunization follow-ups are done at least once a year. Growth Monitoring Promotion (GMP) is not known to many ECDE teachers and there are no proper health records.

In a study conducted by Abagi (2008) in Kenya, ECDE managers/teachers in many districts reported that ECDE centers are unable to observe all basic hygiene including making sure those classrooms and the surroundings are clean, the ventilation is adequate, sanitary facilities are available and clean and children themselves are clean including their uniforms. This is due to limited resources and capacity. Across the districts, few parents give their children some snack, packs a piece of sweet potatoes or *githeri*. ECDE children in town centers usually carry two-three pieces of biscuits or two slices of bread. A small packet (50grams) of crisps (roast potato chips bought in kiosk/super market) is very common. Some parents also pack 50grams packet of a soft drink (juice or soda). The storage condition for the snacks that children carry to school is also very poor if not a health hazard. Most ECDE centres have no kitchen or storage facilities.

In the Central province of Kenya, about 33% ECDE conduct some kind of GMP, compared to 14% Coast, 100% Nairobi, 35% North Eastern/ ASAL 14% Nyanza and 20% Rift Valley, in Nairobi and North Eastern/ASAL it was indicated by teachers that 57% and 50% of the ECDE centers offer some kind of snack/porridge to the 3-5 year old children, in Coast province only 30% of the institutions have the program, compared to 42% in Rift Valley, 43% in Nyanza, and 47% in Central. In all the provinces, except Coast, over 50% of the ECDE centers were indicated to have done deworming at least once a year.

According to the report by Abagi, (2008) the health conditions in high cost private ECDE centers like Aga Khan in Kisumu and Busy Bee in Mombasa is good and up to standard. They have established a health unit, equipped with basic drugs and facilities for emergency incidences. For example, if a child is hurt, they have an equipped First Aid kit. The most common illnesses among the 3-5 year old children include the following: Malaria, typhoid, water-borne diseases, ring-warms, diarrhea, and jiggers. The latter was a serious issue in Muranga South district.

Rolf, (1986) in his study conducted in Tanzania, argues that regardless of how carefully one tries to keep each child on a regular immunization schedule, exceptions occur which require you to modify the

schedule. It used to be thought that live vaccines (polio, small pox and measles) should not be given at the same time but this has been disapproved and these vaccines can even be combined if necessary. It is also important to consider whether the body still has antibodies from the mother or not before deciding to vaccinate them. According to Richard Hart (1986), if the body still has antibodies from the mother and is given a vaccine against those antibodies, then the vaccine will be of no protection effect on the child and he/she may succumb to the disease they have been vaccinated against. He identifies other vaccines not indicated on the immunization schedule but can be administered on irregular basis. These include:

Yellow fever -One injection lasting 10 years

Rabies -Given after bite by an animal with possible rabies infection

Typhoid -Usually only used during an outbreak

Cholera -Must be repeated every six months for adequate protection

Plague -Reactions common, used in an epidemic only.

Richard Heart (1986) further suggests that the vaccines for Mumps and rubella are given on experimental basis and may become available in future.

2.4 Influence of ECDE teacher satisfaction on Participation of Learners in ECDE Programme.

The need for a holistic development of children is appreciated all over the world. Consistently, United Nations' Convention on the Rights of the Child (UNCRC, 1989), African Charter on Rights and Welfare of the Child (OAU, 1990) and the Government of Kenya (Republic of Kenya, 1998) recognize the right of every child to a standard of living adequate for its physical, mental, spiritual, moral and social development. This implies that care givers should provide adequate and appropriate care to children, since developmental deficiencies that occur during this stage are difficult to reverse (Pipes & Trahms, 1993).

Unfortunately, increased urbanization, introduction of formal education, the universal use of the money economy and the multiplicity of the roles of mothers, pose challenges in the use of the traditionally effective childcare systems. Consequently, Early Childhood Development (ECD) centres have been accepted by contemporary societies worldwide as an alternative child care system. These centres comprise one of the immediate physical and social environments experienced by young children (Bronfenbrenner, 1989). The environments are made up of the personal qualities of teachers, other

caregivers and peers therein, as well as the quality of the physical environment to which the child is exposed. They also comprise of the activities, roles and interpersonal relationships experienced by the developing person, all of which have an influence on children's development. However, "evidence abound that the teacher is the most important single factor in determining what a school (ECD) experience will be like for children" (Gardner and Mahler, 1993).

Thus, creating conditions that motivate ECD teachers to initiate positive interactions with children and a physical environment that is conducive both to teachers' work and children's development is essential. To create these conditions, ECD centre communities who sponsor about 70% of the ECD centres in Kenya (Republic of Kenya, 1998) need to participate to address what Herzberg, *et. al.*, (1959) termed 'hygiene' factors or 'job context' needs. These include physical working conditions, good salary, benefits, job security, and interpersonal relations.

According to the research by Essa (2003) in Canada, in demonstrating the importance of hygiene factors, preschool teachers whose 'hygiene' needs are satisfied, become warm, sensitive and nurturing. The teachers in these studies showed great responsiveness, gave encouragement to children and used less negative disciplinary techniques. As a result, children developed positive emotional adjustments and their cognitive, language and social skills were enhanced. Additionally, the children displayed fewer behavioural problems and became socially competent. Ultimately, the amount of adult interaction with children became greater and more beneficial, and children had friendlier interactions with peers. These positive child outcomes clearly demonstrate the need to motivate teachers. The key factors influencing ECD teacher motivation therefore need to be investigated in order to guide communities in areas where they need to concentrate their efforts. This was important because most preschool teachers reportedly worked in what Herzberg described as an "unhealthy psychological work environment", including unclear terms and conditions of service (Makoti, 2005), and low irregular salary averaging Ksh.2000 a month (Ngome, 2002, Waithaka, 2003 and Makoti, 2005). Heavy workload was also considered to be a de-motivating factor as Ngome (2002) found unmanageable pupil enrolment to contribute to the 54.56 percent rate of preschool teacher attrition.

In addition, studies had shown that most centres lacked the necessary infrastructure including facilities, equipment and materials that would promote teacher motivation and holistic development of children. According to Ngome, (2002) most public centers supported unfriendly work conditions characterized by windowless, rough mud walled and floored classrooms, and others that were iron-sheet walled and roofed. In such classrooms, temperatures went very high or very low, ventilation was inadequate, dust

was a problem and children were easily distracted if not disgusted. Most of these classrooms were also congested. (Gakii, 2003 and Ng'asike, 2004). Further, findings of the Ministry of Education Science and Technology (MOEST, 1999) had revealed that on average, preschools even within primary school compounds were worse off than their lower primary counterparts, in terms of provision and appropriateness of facilities.

According to Ndani and Kimani (2010), relevant strategies should therefore be geared towards motivating teachers and providing a child-friendly environment in Kenyan ECDE centres. Satisfying teachers' hygiene needs, including favourable terms and conditions of service, a manageable workload, 'good' remuneration as well as providing an adequate physical working environment is expected to result in motivating them (Herzberg, Mausner & Snyderman, 1959). This, in turn, is likely to result in teachers becoming effective in stimulating and nurturing children, responding sensitively to their needs, encouraging them and using few negative disciplinary actions. Consequently, teachers would achieve the ultimate psychosocial development goals in children: the development of high cognitive and language skills, positive emotional adjustment and social competence as they participate in school.

According to Richard, (1986) the care givers (teachers) of ECDE children can be excellent health educators through the use of visual aids and demonstrations with their learners and parents. People remember more when they see than hear. Richard, (1986) adds that useful tools here include posters, flannel boards and pictures. The pupils and parents can actually take part in the discussions and demonstrations as facilitated by the teachers. Examples include demonstrations on food preparation, using medicines, caring for children, preparing drinking water, cleaning the compound and personal hygiene among others.

2.5 Effect of School Feeding Programme on Participation of Learners in ECDE Programmes

According to the report by Allen (2001), the increased number of new learners by 1.3 million has brought Kenya closer to the MDG of complete primary education for all children and achievement of gender parity. School feeding enhances Free Primary Education by providing a meal at school. Children from food insecure households do not have to miss school to search for food. School feeding programmes attract more underprivileged girls to school even though there are significant regional disparities in access to education and school enrolment. For instance, more than 70 percent of school aged children in Nairobi slums are not enrolled in schools as compared to the national average of 8 % (MOE 2003). The WFP and the MOE have targeted 1.2 million children in 4,000 schools to expand school feeding activities in food insecure areas. According to the Sessional Paper on Policy Framework

for Education (2005), a national school feeding programme has not been fully implemented though it was approved by parliament.

2.5.1 School feeding programme and enrolment

SFPs contribute immensely to enhanced enrolment. According to Ranivnder (2007) the first years of school are important and have the largest impact on success in future school life,

Children in poor health start school later and the probability of attending school was 5 % less for stunted children than children of normal nutritional status (Moock and Leslie 1986). In Bangladesh, World Bank evaluated the impact of a government feeding programme that covered over 2 million children in 2000. The enrolment was found to increase by 35% over the 2 year period (Ahmed and Del Ninno 2002). Enrolment for girls increased by 44% while that for boys by 28%.

2.5.2 School Feeding Programmes and Retention

Learners who commit themselves to completing their education will be more motivated and perform at higher levels of achievement. According to Batten and Miller, (1984), the students feeling of success and general satisfaction with school resources such as feeding programme influenced their intention to remain in school. Schools that provide a relevant curriculum and supportive SFP have higher retention rates. Ainley and Sheret (1992) found that by the middle years in school pupils have educational plans about the level to which they intend to continue at high school and this intention is highly enhanced by feeding programmes.

2.6 Literacy Levels of Parents and Participation of Children in ECDE Programme

Most communities/parents, the poor and disadvantaged in particular, have not been actively supporting the development of ECDE in Kenya (Abagi, 2008). Besides, Abagi, (2008) asserts that such parents are not ready to invest in the education and development of 0-5 year old children, arguing that primary education was declared 'free' by the government. Most parents, especially the illiterate and poor, in rural areas, slums and ASAL regions have limited knowledge on the benefit of investing on care and education programmes of children under 4 years old. The fact that 56 per cent of them are living below poverty line also limits the capacity to support ECDE services. Most children in rural and urban poor households (especially in ASAL regions, slums and pockets of poverty across the country) have limited or no access to good and balanced diet (nutrition), safe water and quality health services. The research team observed that parental attitudes towards general hygiene and safe-rearing of children are casual to say the least. Most parents, especially those between the age of 20-35 years in disadvantaged and marginalized areas like slums and pockets of poverty across the districts have limited knowledge on

holistic and comprehensive child-rearing. They use poverty as an excuse to be dirty and careless with their children – including not taking the 3-4 year olds to learning centers. As mentioned above, even feeding their children has become a big problem.

Interviews with stakeholders including community leaders indicate that Free Primary Education (FPE) have impacted on ECDE programmes negatively. Situations were cited whereby parents were removing their children from ECDE centers and retaining them at home until time for entry into Standard I. Some parents are also pushing their young children directly into primary school at a tender age. They do not see the rationale behind paying fees for a 3 or 4 year old; leave alone a 2 year old, to attend an ECDE programme, while a STD I or VIII is not paying any fees (Abagi, 2008)

2.6.1 Influence of education level of parents on ECDE participation

Numerous studies have found statistically significant positive associations between family background and schooling and child health (Strauss and Thomas, 1998). The growing literature on early childhood development (ECD) in developing countries like Kenya find that these associations begin earlier in childhood. Parents with more education, for instance, tend to have greater access to public health and ECD-related facilities because they have better connections, are favored by the providers of such services, or are more informed in ways that permit them to more efficiently exploit such services. Some examples: In the Philippines, mothers' education protects child health in communities without piped water or good sanitation and in communities further from health facilities—an effect larger than that of household income (Barrera, 1990). In Guatemala, women with more education are more likely to use childcare, particularly formal care, and to have their children immunized completely (Pebbley, Goldman, and Rodriguez, 1996). In urban Niger and Nigeria, mothers' education is also positively related to immunization (Gage, Sommerfelt, and Piani, 1997). This positive relationship between mother's schooling and child immunization rates is observed broadly across world regions, as parents with more schooling seem better able to translate their own health status into beneficial outcomes for children, and those with greater wealth are more efficient in using information for their young children's development, suggesting the double -disadvantage of poor parents with low education and little access to information and public services. We see this same effect in the Philippines (Behrman *et al.*, 2002). Parents who have more household wealth, higher schooling, and better health tend to have children who have better physical development (i.e., taller and heavier) and score higher in cognitive, language, and motor development.

According to a report titled *Dying: Millions of Women in Childbirth, Newborns and Young Children* (The Standard March 10th, 2011), 350,000 – 500,000 women die in child birth each year. The report says experts warn that the low empowerment of women on sexual and reproductive rights is undermining gains made in the sector. According to Prof. Koigi Kamau an Associate of Obstetrics and Gynaecology at The University of Nairobi, more women still visit Traditional Birth Attendants (TBAs) because they trust them more, and due to their attachment to traditional beliefs and practices. The cost implications and vast distances involved to medical centers especially in rural areas have made TBAs popular. Koigi (2011) notes that women need to access education if they are to be empowered.

2.6.2 Literacy level of ECDE parents and Free Primary Education

According to UNESCO Policy Brief on Early Childhood (2006), Free Primary Education (FPE), introduced in Kenya in 2003, has enabled 1.3 million poor children to benefit from primary education for the first time through the abolishment of fees and levies for tuition. The gross enrolment rate in primary education jumped from 86.8% in 2002 to 101.5% in 2004. Though intended to boost primary education, FPE has had consequences in other areas of education, including early childhood development (ECD).

Studies have been conducted to assess the effects of FPE on ECD Centres. Some report on negative effects, while others note no major drawbacks. While the overall impact of the policy is yet to be determined, the UNESCO/ECD Early Childhood Policy Review Mission, which took place in September 2004, observed that the policy did have a negative impact on ECD Centres serving poor children. In North Eastern Province of Kenya, one of the most disadvantaged regions, for example, there has been a sharp decrease in ECD enrolments since the implementation of FPE.

Declining enrolments appear to be so acute and widespread that there is a serious concern about the “collapse” of ECD services. In the better-off regions, such as Rift Valley Province and Nairobi City, decreasing enrolments are observed in public- and community-owned ECD Centres, which typically serve poorer children, but not in private ECD Centres, which accommodate the more affluent ones. (EFA Global Monitoring Report, 2005). The main reason for this phenomenon is that since the implementation of FPE, poor parents are choosing to withdraw their children from ECD Centres and/or keep them at home until they reach the age of primary school entry. They refuse to pay the fees for ECD on the grounds that ECD, like primary education, should be free. From the same report above, decreased enrolments have meant reduced salaries for ECD teachers. In Kenya, ECD teachers’ salaries are in most cases covered by parental fees, unlike their counterparts in primary schools who are paid by the government according to an official teacher salary scale. In ECD Centres, parental fees are paid in

proportion to the number of children one enrolls and are mostly, if not entirely, used to cover teachers' salaries. Thus, the level of teachers' remuneration depends on the total number of children enrolled as well as parents' ability to pay fees. As a result, the reduced number of ECD enrolments brought about by FPE has been a blow to teachers, whose remuneration was meagre and unstable already before the introduction of FPE. With parents increasingly reluctant to pay for ECD, FPE has made it even more difficult to mobilize resources from parents for ECD. Cases of increased job insecurity and ECD Centre closures are on the rise, particularly in poor communities. FPE has also had unintended consequences for ECD in terms of resource allocation. ECD classrooms set up on the premises of public primary schools have been shut down in order to accommodate the surge of enrolment in primary education sparked by FPE. In some cases, ECD children and teachers must put up with reduced space; in others, they have been moved to the worst classrooms on the premises. At the district level, inspection and supervision of ECD Centres, some of which is carried out by the district-based zonal inspectors of schools, have reportedly become less frequent. Instructed by the government to closely monitor the progress of FPE, the zonal inspectors are spending more time visiting primary schools, leaving little room for work with ECD Centres.

2.7 Theoretical frame work

This study on the factors influencing participation of children in the ECDE programme was guided by the Constructivist Theory of child development and learning:-

2.7.1 Constructivist Theory

The constructivist perspective of readiness and development was advanced by theorists such as Jean Piaget, Maria Montessori, and Lev Vygotsky. Although their work varies greatly, each articulates a similar context of learning and development. They are consistent in their belief that learning and development occur when young children interact with the environment and people around them (Hunt, 1969). Constructivists view young children as active participants in the learning process. In addition, constructivists believe young children initiate most of the activities required for learning and development. Because active interaction with the environment and people are necessary for learning and development, constructivists believe that children are ready for school when they can initiate many of the interactions they have with the environment and people around them.

Constructivist-influenced schools and educators pay a lot of attention to the physical environment and the curriculum of the early childhood classroom. Kindergarten classrooms often are divided into

different learning centers and are equipped with developmentally appropriate materials for young children to play with and manipulate. Teachers and adults have direct conversations with children, children move actively from center to another, and daily activities are made meaningful through the incorporation of children's experiences into the curriculum. At home, parents engage their young children in reading and storytelling activities and encourage children's participation in daily household activities in a way that introduces such concepts as counting and language use. In addition, parents may provide young children with picture books containing very large print, and toys that stimulate interaction (such as building blocks and large puzzles). When a young child encounters difficulties in the learning process, the constructivist approach is neither to label the child nor to retain him or her; instead, constructivists give the child some individualized attention and customize the classroom curriculum to help the child address his or her difficulties.

Today, most researchers have come to understand child development and the learning process as articulated by the constructivists. However, this view has not been widely translated into practice. Many kindergarten teachers and parents still believe that young children are not ready for school unless they can recite the alphabet, count, and have the ability to follow instructions from adults.

Learning and development of children occurs when they interact with the environment and people. Children should be active participants in ECDE through the use of child centred approaches by their teachers e.g the Thematic Intergrated Approach. Other stakeholders must also be involved for children to interact with them. These include fellow children, parents and teachers, both at home and school. For children to be able to maximize on the interactions as well as initiate their own learning and development activities, they must be healthy. This is ensured through provision of proper diet and medical attention during the pre-natal and post-natal periods. These should be done by parents at home in collaboration with the government which provides health services and initiate school feeding programmes at ECDE level.

The physical environment and curriculum in ECDE classrooms should be carefully organized by teachers, managers, parents and the government to ensure that they are appropriate. Materials for young children and other physical infrastructure should be provided adequately. Funding in ECDE should be enhanced to capture teacher remuneration to boost their morale. Parents at home should provide learning resources like picture books so that learning does not end in school, but goes on at home. Only parents who understand the importance of ECDE for their children now and in future will be willing to spend their resources on their children at this stage.

2.8 Conceptual framework

Participation (dependent variable) includes enrolment, attendance, and transition of children to the next level. The presence of childhood ailments and lack of balanced diet meals in ECDE centres compromises the children's health, lowering their level of attendance and involvement in class activities. ECDE teachers' level of satisfaction ought to be high enough so that the teachers ensure the children are comfortable and therefore able to participate in class activities. The study also aimed at establishing the link between parents' level of education and participation of their children in the ECDE programme. Finally, a School Feeding Programme needs to be availed and sustained in ECDE centres for learners to remain comfortable thus enhancing transition from home to school.

Independent variables

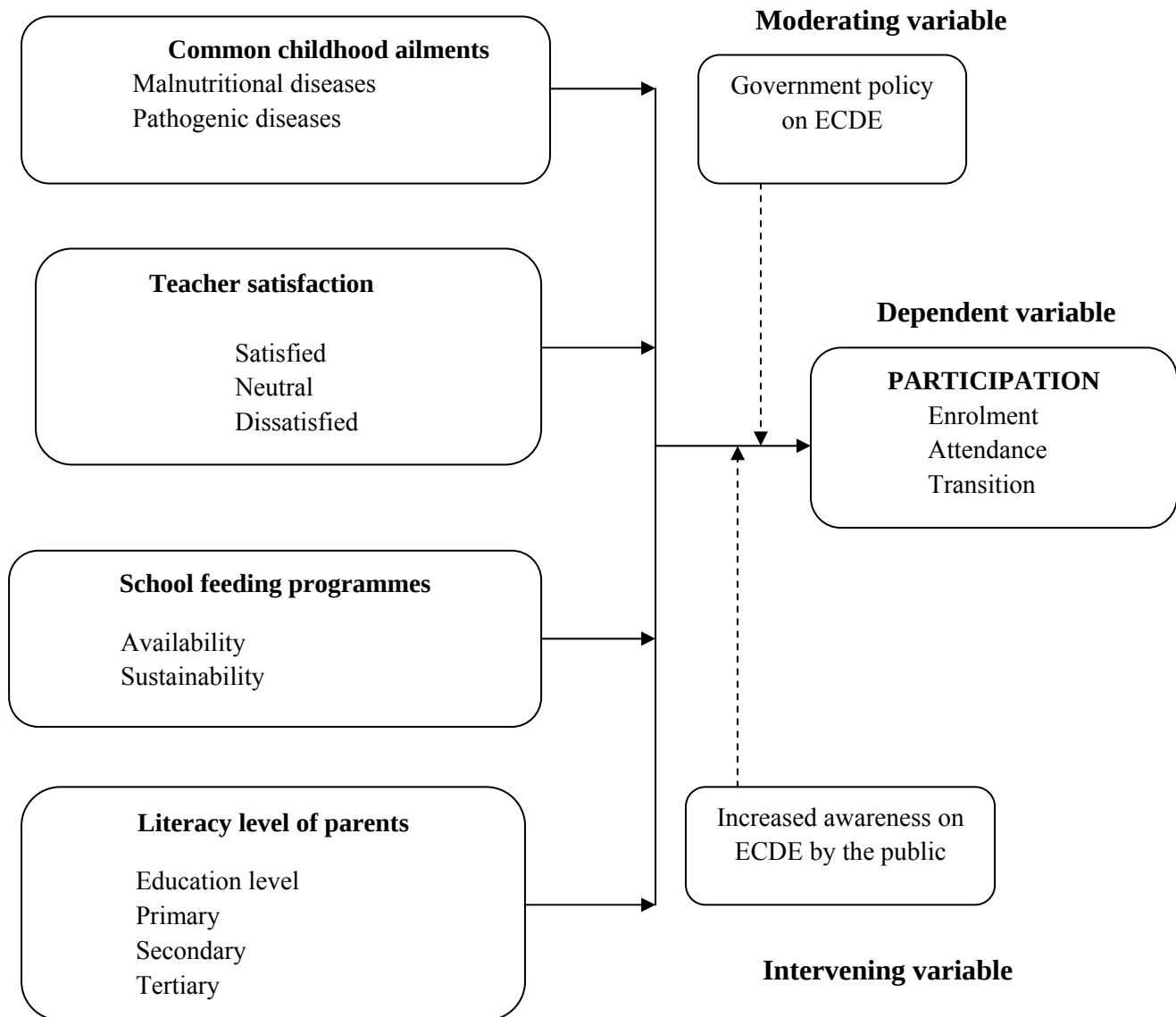


Figure 2: Conceptual framework showing factors influencing participation of children in the ECDE programme.

2.9 Summary of Literature Review

Some literature indicating the factors influencing participation of learners in ECDE programmes has been reviewed in this chapter. This literature has touched on: the influence of common ailments, ECDE teacher-satisfaction, School Feeding Programmes and literacy level of parents on participation of children in ECDE programmes. The Constructivist Theory on child development and learning has also been considered. The conceptual framework at the end of the chapter shows the relationship between the dependent and independent variables.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter covered research methodology which was divided into the following sections: The research design, target population, sample size and sampling procedure, research instruments, validity and reliability of the instruments, pilot testing, data collection procedures, technique for data analysis and ethical considerations.

3.2 Research Design

Descriptive survey research design was employed in this study. This is because it made use of both qualitative and quantitative data to describe the state of affairs as they existed. This design is simple and easy to execute yet can yield convenient information needed by the study (Borg and Gall, 1996). Descriptive studies are more than mere data collection; they involve measurement, classification, analysis, comparison and interpretation of data (Kothari, 2003). Detailed information can be gathered by subjecting the respondents to a series of items in a questionnaire or interview schedule. Finally, descriptive survey design is useful in the collection of original data from a population which is too large to observe directly. In this case, data was collected from ECDE teachers and parent's representatives

3.3 Target population

A study population is a group of individuals, objects or items from which a sample or study subjects are drawn. The subjects or objects forming a sample have at least one thing in common (Wambiri, and Muthee, 2010). For the purpose of this study, the target population was ECDE teachers and ECDE parent representatives. The entire district has 210 ECDE centers (public and private) thus the target population comprised of 420 ECDE teachers and 420 ECDE parent representatives. The total target population was 840.

3.4 Sample size and sampling procedure

A sample is a small group of persons or items selected from the population that will be subjected to the study; it is usually a representation of the entire population (Wambiri and Muthee 2010). Sampling is the process of selecting the required individuals for the study. It involves selecting a number of individuals from a population such that the selected group has elements representative of the characteristics found in the entire population (Orotho and Kombo 2002). The entire Bungoma south district comprise of three clusters or zones namely Municipality (110 ECDE centers), Sanga'lo (54 ECDE centers) and Mwibale (56 ECDE centers) zones. 10% of ECDE centers were taken to form a sample (Mugenda and Mugenda 2003) through systematic sampling. This was done through taking every 10th centre from the municipality, Mwibale and Sang'alo zones list of ECDE centers. This resulted in eleven centers from the municipality zone and five centers each from the Mwibale and Sang'alo zones. 10% of the target population formed the sample size comprising of 42 ECDE teachers and 42 ECDE parent representatives. The sample size was 84 respondents as shown in Table 3.1

Table 3.1: Target population breakdown in ECDE centers (Source: MOE 2013)

Category	Target population	Sample size	Percentage %
ECDE teachers	420	42	50
ECDE parent representatives	420	42	50
Total	840	84	100

3.5 Research Instruments

The research instrument that was predominantly used was the Questionnaire. Various questionnaires titled “Questionnaire on factors influencing participation of children in the ECDE programmes in Bungoma South District of Bungoma County” were used to obtain information from 42 ECDE teachers and 42 parents representatives. The questionnaires were used to collect data for the study to assess the perception of various respondents on the subject in question. Each questionnaire was divided into sections namely: personal/general information and factors influencing participation of children in ECDE programme. Questionnaires with both closed ended and open ended questions were used because they are easy to administer and are economical in the use of time and money. They are also

easier to analyze and interpret. The Likert scale type of questionnaire was also employed on some respondents. This is because they are easy to complete and are unlikely to put off respondents. They also consume less space and allow easy comparison of responses given to different items.

3.5.1 Pilot study

The pretesting of the questionnaires was done in five (5) ECDE centres in the neighbouring Bumula District. The pilot study revealed vague questions, elicited important comments and suggestions for improvement of the instrument, indicated deficiencies in the questionnaire and enabled the researcher to try out suggested methods of analysis to find out if they were appropriate or not.

3.5.2 Validity of the Instruments

Validity is the accuracy, meaningfulness and the degree to which results obtained from the data analysis actually represent the phenomenon under study (Mugenda and Mugenda 2003). It is the ability of an instrument to measure what it purports to measure. Content validity was used in this study. Content validity refers to how adequate the items selected for inclusion in the questionnaire adequately represent the universe of items in the area of study (Orodho 2004). It seeks to answer the question “Do the few items selected adequately represent all the questions that can be used in that area?” It also refers to how adequate the items in a questionnaire give information relevant to all objectives and how adequately the items enable collection of enough data for every objective in the study. To ensure validity Expert Judgment was sought where the researcher availed the instrument to experts to analyze it and any advice given by the latter was used to improve the instrument.

3.5. 3 Reliability of the Instruments

Research instruments are expected to constantly yield the same results with repeated trials under similar conditions (Donald, 2006, Mugenda and Mugenda 2003). The instrument returns the same measurements when it is used at different times. To determine the reliability of the instrument (questionnaire) the split-half method was applied. This method requires that the instrument is administered once after which it is split into two halves. The first half will have odd numbered items while the second half will have even numbered items. The two halves are scored separately to obtain the two sets of scores. A correlation was then run between the first and second halves. To get the reliability of the whole instrument, Spearman’s coefficient formula was applied; thus

$$R = 1 - \frac{6\sum d^2}{n(n^2-1)} \quad \text{where,}$$

d = Absolute deviation of the actual ranks of variables x and y .

n = number of pairs of scores.

A correlation coefficient of 0.71 was obtained and Mugenda and Mugenda (1999), suggests a correlation coefficient of 0.6 for such studies as acceptable.

3.6 Data collection procedure

The researcher obtained a research permit from the National Council for Science and Technology. After receiving written consent, the researcher proceeded to the DEO Bungoma South District to inform the office about the research to be carried out in ECDE centers. Upon acceptance of the request, the researcher presented the permit to the ECDE head teachers who introduced her to the ECDE teachers and ECDE parents representatives. She then presented questionnaires to ECDE teachers and parents representatives for them to fill and collected some of them the same day and others after two weeks for data analysis.

3.7 Data analysis techniques

The study employed descriptive survey design. Questionnaires collected from field the were checked to confirm if all questions were answered and data was coded. Qualitative data was first organized into themes, then descriptive statistical method was used after frequencies and percentages were calculated from the data obtained in the field. This information was presented on tables to make its interpretation easier and clearer. In interpreting the results, the frequency with which the item appear was treated as more important and attention and emphasis placed on it. Content analysis was used in order to determine the frequency and trends in the concepts and objectives of the study. This was then interpreted as a measure of direction regarding the objectives.

3.8 Ethical considerations

In this study high levels of confidentiality were maintained and respondents clearly informed about the purpose of the study they were about to participate in. Necessary permission was obtained from the relevant authorities and principles of anonymity upheld. All these was done to boost the confidence of the respondents so that they provided adequate and accurate information on the factors influencing participation of children in the ECDE programme in Bungoma South District of Bungoma County.

3.9 Operational definition of variables

The Independent variable for the study was factors influencing participation of ECDE children in ECDE programmes. This included - childhood ailments, ECDE teacher satisfaction, school feeding programmes and literacy level of ECDE parents. The Dependent variable was Participation which included enrolment, attendance and transition of ECDE children.

Table 3.2: Operational Definition of Variables

DEPENDENT VARIABLE	INDICATORS	MEASURES	SCALE
PARTICIPATION	- Absenteeism - Dropout rate - Transition rate - Enrolment rate	- Average number of children missing school per day - Number of children not able to complete a one year course fully - Number of children qualifying for next level - Number of new children joining ECDE centre	Nominal Nominal Nominal Ordinal
INDEPENDENT VARIABLES 1. Childhood ailments 2. Teacher satisfaction level 3. School Feeding Programme 4. Literacy level of parents	- Completion of immunization schedule - Number of hours of work per day - Teacher's pay in relation to others - Number of ECDE centers with feeding programmes - Education level of parent	- How frequently do children visit hospital for treatment? - What are the common health complaints that children have? - How many hours does the teacher work per day? - What is the difference in salary between the teacher and other teachers? - How many ECDE centers have feeding programmes throughout the year? - How many children (per year) drop out of schools without feeding programmes? - What is the highest education level of parent?	Nominal Ordinal Ordinal Nominal Nominal Nominal Ordinal

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction:

This chapter presents the analysis of data obtained from the field, its interpretation and relevant discussions in line with the study objectives. It includes instrument return rate, demographic characteristics of the respondents, influence of common ailments among children on participation in ECDE programmes, influence of ECDE teacher satisfaction, school feeding programme and ECDE parents literacy levels on participation of children in the ECDE programme in Bungoma South District, Bungoma County.

4.2 Instrument return rate.

Twenty one ECDE centres were sampled including 11 from the Municipality Zone and 5 each from Sang'alo and Mwibale Zones of Bungoma South District. 42 ECDE teachers and 42 ECDE parent representatives were sampled and given questionnaires to fill. The questionnaire return rate is shown in Table 4.1

Table 4.1 Instrument return rate.

Respondents	Number of questionnaires administered	Number of questionnaires returned	Percentage (%) return rate
ECDE teachers	42	42	100
ECDE parents	42	38	90.5
Total	84	80	

N = 84

To enhance instrument return rate, the researcher visited the ECDE centres involved personally and supplied the questionnaires to ECDE teachers who in turn gave these questionnaires to already identified parent representatives. Some questionnaires were filled and returned to the researcher on the same day while a few were picked on a date agreed upon but within two weeks from the day they were

issued. The ECDE teachers and school administration assisted in following up the participating parents' representatives and in helping the same parents fill in the questionnaires. They also ensured that the questionnaires were returned to school for the researcher to collect. This ensured a high return rate. Out of the 42 ECDE teachers sampled, all of them returned the questionnaires. Out of the 42 ECDE parents representatives sampled, 38 returned the questionnaires giving a 90.5% return rate. This instrument return rate was good enough since Kothari (2004) accepts a return rate of 70% as sufficient to give reliable analysis.

4.3 Demographic characteristics of the respondents.

In this section, the distribution of teachers per zone, their gender, age, professional qualifications and experience were established.

4.3.1 Distribution of ECDE teachers by zones.

To establish the distribution of ECDE teachers by zones, the ECDE teachers were asked to indicate their educational zones. Table 4.2 shows the findings:

Table 4.2 Distribution of ECDE teachers by zones.

Zone	No. of ECDE teachers	Percentage (%)
Municipality	22	50.25
Sang'alo	10	24.9
Mwibale	10	24.9
Total	42	100

Some 50.25% of the teachers sampled were from the Municipality zone while 24.9% were from Mwibale and Sang'alo zones each.

The Municipality zone had the highest number of teachers who teach in the ECDE centres attached to public primary schools as well as the highest number of privately owned ECDE centres. The zone comprises of the urban Bungoma where the population is comparatively high and more parents can

afford to pay for their children in private institutions. The institutions are also many in the urban Municipality zone. Some have informally mushroomed behind shops, in people's houses, churches and mosques. Fewer ECDE teachers have been noted in the rural based Mwibale and Sang'alo zones where most children learn in ECDE centres attached to public primary schools and there is less commercialization of ECD education by private practitioners. Probably, rural based parents, majority of whom are illiterate or semi – illiterate do not understand the value of ECDE education leave alone paying for it. Akwach (2008) claims that due to poverty and illiteracy most communities and the disadvantaged in particular have not actively supported the development of ECDE in Kenya; they are not ready to invest in ECDE arguing that primary education was declared 'free' by the government.

4.3.2 Distribution of respondents by gender

To establish the distribution of ECDE teachers by gender, ECDE teachers were required to indicate their gender.

Table 4.3 Distribution of ECDE teachers by gender

Gender	ECDE Teachers	Percentage (%)
Male	4	10
Female	38	90
Total	42	100

From theTable 4.3 above, 90% of ECDE teachers in Bungoma South District were female. There is a big gender imbalance among teachers who implement the ECDE curriculum and parents who sit in committees to plan for ECDE activities. Probably ECDE is still viewed as not very important and a concern for women who are naturally better at child care than men. Such a trend is dangerous to the ECDE sub -sector considering that most economic resources including finances are in the hands of men.

4.3.3 Distribution of respondents by age

The study sought to establish the age bracket of ECDE teachers who filled the questionnaires by asking them to indicate their age bracket. The findings are presented in Table 4.4.

Table 4.4 ECDE teachers' age

Age (year)	Frequency	Percentage (%)	Cumulative percentage (%)
18 – 25	06	14.3	14.3
26 – 35	22	52.4	66.7
36 – 45	09	21.4	88.1
46 – 50	05	11.9	100.0
Over 50	0	0	100.0
Total	42	100	100.0

It was established that majority of the ECDE teachers (52.4%) were between 26 – 35 years of age. Those between 18 – 25 years were 14.3% while 21.4% were between 36 – 45 years. Only 11.9% were between 46 – 50 years of age. No teacher in the sampled group was over 50 years of age. If given an enabling environment including adequate motivation, majority of the teachers were middle-aged and thus strong enough to deliver on their mandate. According to Ndani and Kimani (2010) relevant strategies should be geared towards motivating teachers and providing a child friendly environment in Kenyan ECDE centres. Similarly, Makoti (2005) agrees that key factors influencing ECDE teacher motivation need to be investigated in order to guide communities in areas where they need to concentrate their efforts since most teachers worked in an “unhealthy psychological work environment” without clear terms and conditions of service.

4.3.4 Professional qualification

The ECDE teachers were asked to indicate their highest professional qualification. This has been presented in Table 4.5.

Table 4.5 Highest professional qualification by ECDE teachers

Qualification	Frequency	Percentage (%)
Certificate	29	69.0
Diploma	10	23.8
Degree	01	2.4
Others	02	4.8
Total	42	100.0

From Table 4.5, 69.0% of the ECDE teachers were trained upto the Certificate level, 23.8% were Diploma holders while 2.4% had a degree in ECDE. Another group of teachers who formed 4.8% of the ECDE teaching force were not specific on their highest level of professional qualification. It was assumed that they had trained beyond the degree level but most probably they were not trained in ECDE at all. ECD education combines both academics and child care for the holistic development of a child. Though most teachers in the district were trained, their level of training was rather basic (69.0%) and yet some were not trained at all. According to Ndani and Kimani(2010),the ECDE teacher is a key and central person to the participation of children in ECDE and he/she must be well endowed in terms of training to be able to keep the child in school and enable the child achieve holistic development; this will enable smooth transition from one level to another and ultimately to primary school. Abagi (2008) agrees that majority of ECDE teachers have only KCSE certificate with basic literacy and numeracy to implement the ECDE syllabus and Guidelines. Most of them qualify to train at certificate level after which it is upon them to decide whether to advance to the next level or not.

4.3.4 Teaching experience of ECDE teachers

The questionnaire for the ECDE teachers required them to indicate their teaching experience. Table 4.6 shows their response.

Table 4.6 Experience of ECDE teachers in the district

Experience (in years)	No. of teachers (Frequency)	Percentage (100%)
Less than one year	2	4.8
1 – 5	4	9.5
6 – 10	12	28.6
11 – 15	20	47.6
Over 15 years	4	9.5
Total	42	100.0

Table 4.6 shows that 4.8% of the ECDE teachers had an experience of less than one year, 9.5% had a teaching experience of between 6 – 10 years and 9.5% had taught for over 15 years. Majority of the teachers, 47.6% had an experience of between 11 – 15 years. A teaching experience of between 11 – 15 years was not very small thus this study raises the question of whether teaching experience of an ECDE teacher has an influence on participation of children in ECDE. Teachers who have been in the field for over 10 years are expected to enhance participation since they understand children and can handle them better. However, teachers with an experience of 11 – 15 years must have graduated from ECDE colleges between 1998 – 2003 when ECDE training resulted in attaining a Ministry of Education certificate only. Training at diploma and degree level was rare that time. Thus teachers with an experience of between 11 – 15 years (majority) may be certificate holders who have not bothered to enhance their career by further training in order to acquire better skills in handling children. According to Read, Garder and Mahler (1993) teachers have been found to play a critical role in children's development. Their effectiveness depends on their level of training as well as levels of motivation. Additionally, Abagi (2008) asserts that since ECDE teachers have only been trained upto certificate level, they taught children basing on the primary school pedagogy which emphasized reading and writing rather than promoting holistic development and school learning readiness.

4.4 Influence of common ailments among children on participation in the ECDE programme.

This section will be discussed under the following headlines:

4.4.1 Enrolment at ECDE centres.

Table 4.7 shows enrolment in the ECDE centres as shown by ECDE teachers' responses.

Table 4.7 Enrolment of children in the ECDE centres in the district.

Enrolment	Frequency	Percentage
Less than 20	1	2.4
20 – 40	4	9.5
40 – 60	17	40.5
60 – 80	10	23.8
80 – 100	6	14.3
More than 100	4	9.5
Total	42	100

Majority of the ECDE centres (40.5%) had an enrolment of between 40 – 60 children. Those with more than 100 children (9.5%) were centres attached to public primary schools some of which had basic facilities like classrooms and trained personnel. They however faced the problem of congestion and the facilities available were strained. Most of these centres with fewer children (less than 40) were private institutions managed by individuals or church based organizations (11.9%). Unlike those attached to public primary schools, the privately owned ECDE centres surcharged parents relatively heavily thus the latter had high expectations of their children's performance. They also however, faced the same challenge of strained meager facilities and lowly motivated teachers. Tarrulo (2002) concedes that children's physical development is a product of their health status and that a comprehensive ECDE programme must ensure that the centres are made ready for children by putting in place water and

sanitation infrastructure before enrolling the children. This is however rare in many ECDE centres in the district.

4.4.2 Absenteeism rate

ECDE teachers were asked to indicate how many children were absent from school per day (on average). These responses were given based on the marking of the Daily Attendance Register and are shown in Table 4.8.

Table 4.8 Number of children absent from ECDE centres per day.

Number of children	Frequency	Percentage
0 – 2	20	47.6
3 – 5	22	52.4
Over 5	0	0
Total	42	100.0

From the responses given by sampled ECDE teachers ,52.4% of the children missed school for 3 – 5 days per week while 47.6% were absent for 0 – 2 days per week. Fortunately no teacher indicated over 5 children being absent in school per week. However, these responses from teachers indicate that it was very rare to have all children present in school every day. This meant that some children missed school daily due to one reason or another thus interfering with smooth running of programmes and acquisition of concepts by children. Hutton and Haller (2004) claims that many children miss millions of school hours due to diarrhea while Hall *et. al.*, (2008) points out that the worm burden in children contributes to much absenteeism.

4.4.3 Most common ailments that children suffer from at ECDE centres.

ECDE teachers were asked to mention the most common ailments among children at their ECDE centres. Their response,in order of prevalence is indicated in Table 4.9.

Table 4.9 common ailments among ECDE learners.

Ailment	Frequency	Percentage
Malaria	14	33.3
Common cold	7	16.7
Chicken pox	6	14.3
Diarrhea	6	14.3
Jiggers	5	11.9
Measles	4	9.5
Total	42	100.0

More than 50% of teachers questioned mentioned the ailments on Table 4.9 as the main ones affecting children in their ECDE centres. Others not on the list above included whooping cough, typhoid, asthma and food allergies (intolerance). Malaria was the most prevalent disease (33.3%) among children especially during second term when there was much rain and maize plantation bushes. Outbreaks of measles and chicken pox (and occasionally mumps) spread very quickly among children who closely interacted with each other. Diarrhea (14.3%) and the jiggers menace (11.9%) may have resulted from low hygiene standards both at home and in school. Common cold and other allergic responses by hypersensitive children occurred due to change of weather or consumption of foods to which the children were allergic yet the teachers were not aware. Over 80% of children in ECDE centres were affected by one or more of these ailments at one point or another in the course of the year. This heavily interfered with their coming to school (attendance) and active participation in learning activities especially play as also indicated by Del – Rosso (1999) in his report in the National School Nutrition Programme in South Africa.

Pruss (2005) asserts that infestation with soil transmitted worms, inadequate sanitation and hygiene (which result in diarrhoea) can be prevented through deworming services and hygiene education to prevent re-infections and re-exposure.

4.4.4 Effects of ailments among children on participation of children in school activities.

ECDE teachers were asked to indicate the extent to which ailments amongst children affected their participation. Table 4.10 shows how they responded.

Table 4.10 Effects of childhood ailments on participation of children in school activities.

Effect	Frequency	Percentage
Very great extent	12	28.6
Great extent	18	42.9
Moderate extent	08	19.0
Little extent	04	9.5
Total	42	100

Most ECDE teachers agreed that childhood ailments influenced participation of children in school activities to a very great and great extent (71.5%).WHO (2007) also claims that the main cause of childhood ailments was infection by pathogens due to poor sanitation. Only a few teachers (28.5%) indicated that ailments among children affected their participation to a moderate and little extent (Table 4.10). Asked to explain their responses, most teachers (71.5%) claimed that sick children hardly came to school and even if they did, they were dull and less active in learning activities, especially play. To minimize incidences of illness, teachers questioned suggested that parents ought to be sensitized on common childhood ailments and advised to seek medical intervention for their children early enough. This, they said, would lower absenteeism rate and enhance participation of learners in learning activities. This agrees with the National Nutrition Survey (2010), which revealed that high rates of diarrhea, acute respiratory infection and fever contributed to high rates of malnutrition resulting in lowered enrolments and absenteeism.

4.4.5 Availability of sanitary units in school.

ECDE teachers were asked to give their responses on the availability of sanitary units for their pupils. Their response is shown in Table 4.11.

Table 4.11 Sanitary conditions of the school.

Prevailing conditions	Frequency	Percentage
ECDE centre has toilets of its own	12	28.6
ECDE children share toilets with the rest of the school	28	66.7
ECDE centre has no toilets of its own	2	4.8
Total	42	100

Only 28.6% of ECDE centres in Bungoma South District have toilets of their own, constructed with specifications for use by small children. Otherwise, majority of the ECDE centres, 66.7% shared toilets with the rest of the school. This predisposed many ECDE children to contamination by germs during toileting which later led to infections and spread of food and water bone diseases. Literally, the pit latrines used by adults in the school had wide enough apertures for children to slip and fall in the pits posing a safety challenge. Abagi (2008) in his Situational Analysis report on ECDE in Kenya presented a more alarming situation indicating that about 99% of public ECDE centres shared toilets with the primary school and that these facilities were located more than 200 metres from ECDE children. They also did not have water facilities available and accessible to children.

4.4.6 Water source for the school.

When asked to tell the main sources of water for their ECDE centres, the teachers responded as shown in Table 4.12.

Table 4.12 Main water sources for the school.

Water source	Frequency	Percentage
Piped water	6	14.3
Borehole	33	78.6
Fetchd and stored	3	7.1
None	0	0
Total	42	100

Majority of ECDE centres, 78.6% obtained water from a borehole in the school compound or in the neighbourhood. It was not ascertained how safe the water was for drinking, cooking or washing. The water was also fetched manually, with children dropping in the borehole different containers to access the water thus contaminating it. This water supply was also not reliable since the boreholes dried up during the dry months of the year (December - March). Some 14.3% of schools relied on piped water from the urban supply system while few schools ,7.1% fetched water in containers and stored it till when required. To minimize the trips for fetching water, the teachers and other users of this water used it so sparingly thus compromising hygiene standards. This effort to access water is in agreement with Kent (2004) who claims that water, sanitation and hygiene (WASH) in schools enhances children's participation and is significant in achieving MDGs related to universal access for primary education, child mortality reduction and increase in gender equality. Though all ECDE centres had a source of water, most of them did not achieve adequate water, sanitation and hygiene (WASH) standards for the water to be safe for pupils.

4.4.7 Safety of drinking water

Table 4.13 indicates the action taken to ensure water was safe for drinking at ECDE centres as indicated by ECDE teachers.

Table 4.13 Safety precaution for drinking water.

Safety measures	Frequency	Percentage
Boiling	8	19.0
Adding chlorine/water guard	30	71.4
No action taken	4	9.5
Total	42	100

From table 4.13, over 71.4% of ECDE centres relied on artificial chemicals (chlorine/water guard) to render their water safe for drinking. Only 19% sterilized the water by boiling. Unfortunately, 9.5% of the ECDE centres took no safety precaution on water before drinking it. There was a strong indication that many centres were far from safe water sources like springs and streams thus had to spent considerable amount of time to reach the water. This interfered with class time and is in agreement with a Bangladesian study by UNICEF (2006) which showed a 15% increase in attendance when water was available within a 15 minute walk compared to an hour or more.

4.4.8 Completion of the National Immunization Schedule.

Basing on the Health Record maintained by ECDE teachers, Table 4.14 shows the level of completion of the immunization schedule by ECDE children.

Table 4.14 Immunization Schedule completion rate.

Completion rate	Frequency	Percentage
100%	7	16.7
Over 50%	22	52.4
Below 50%	8	19.0
0%	5	11.9
Total	42	100.0

Slightly more than half of ECDE centres had pupils with over 50% immunization completion rate. Only 16.7% of the ECDE centres had all their children fully immunized. The majority of the centres, 52.4% had an immunization rate above 50%; 19% had an immunization rate of below 50% while a crucial 11.9% of ECDE centres had all their children not through with the national immunization schedule. Only a few parents (16.7%) had been keen enough to complete their children's vaccines. Majority (52.4%) had only done it halfway thus predisposing their children to life threatening, yet immunizable diseases like measles, polio, chicken pox and whooping cough. This situation was worsened by the fact that some ECDE centres (11.9%) had all their children not through with the vaccination programme. Abagi (2008) claims that immunization follow-ups and Growth Monitoring and Promotion (GMP) was not known to many Kenyan ECDE teachers and that the latter did not maintain proper health records. This resulted in children remaining sick for long periods and missing many valuable school hours.

4.5 Influence of ECDE teachers' satisfaction on participation of learners in the ECDE programme.

This section was divided into four areas including: Teachers' level of satisfaction, length of service at current station, performance of ECDE children and transition rate to primary school.

4.5.1 Teachers' level of satisfaction.

ECDE teachers were asked to indicate their level of satisfaction in 10 different areas related to their line of duty. Their responses were restricted to either – satisfied, neutral or dissatisfied.

Table 4.15: ECDE teachers' satisfaction level.

Motivating factors	Satisfied	Neutral	Dissatisfied
	(%)	(%)	(%)
Teachers' relationship with children	39 (92)	2 (4.8)	1 (2.4)
Teachers' relationship with school management	32 (76.2)	4 (9.6)	6 (14.3)
Teachers' relationship with the community	34 (81.0)	2 (4.8)	6 (14.3)
Number of hours worked daily	24 (57.1)	4 (9.6)	14 (33.3)
Number of children in class	30 (71.4)	8 (19.2)	4 (9.6)
Status of ECDE teachers in the district	4 (9.6)	2 (4.8)	36 (85.7)
Physical conditions of the school	5 (11.9)	2 (4.8)	35 (83.3)
Supply of teaching materials	4 (9.6)	2 (4.8)	36 (85.7)
Amount of salary received	2 (4.81)	0 (0.0)	40 (95.2)
Parents' expectation of children's performance	6 (14.3)	4 (9.6)	32 (76.2)
Aggregate	180 (46.9)	30 (7.8)	174 (45.3)

Results in Table 4.15 indicate that ECDE teachers' satisfaction levels varied with high satisfiers being: Teachers' relationship with children (92.9%), their relationship with school management (76.2%), their relationship with the community (81.0%) and the number of children in their classes (71.4%). Dissatisfiers included: Teachers' status in the district (85.7%), physical conditions of the schools (83.3%), supply of teaching materials (85.7%), parents' expectations of their children's performance (76.2%) and the amount of salary they received (95.2%). The good social relationships were very important in motivating teachers. Ndani and Kimani (2010) agree strongly that Interpersonal relationships such as ECDE teachers' relationship with the children, parents, school administration and each other were very important motivators since they provided a conducive environment for children to develop psychosocially.

Qualities like well maintained classrooms, enough play ground, hygienically kept compound and adequate sanitation measures described the physical and social environments preferred by most ECDE teachers. Unfortunately, many ECDE centres in the district fell short of the above criteria. This coupled with unavailability of equipment and low supply of teaching/learning materials contributed to teachers' dissatisfaction with the physical infrastructure/conditions in their centres. Sanitary facilities and play equipment were in bad shape in many public and community ECDE centres and unsuitable for learning and safety of young children. They did not meet the Early Childhood Development Service Standard Guidelines. Classrooms were less than 8 x 6 metres and in dilapidated condition (Akwach, 2008).

In terms of number of working hours per day, most of the ECDE teachers in centres attached to public primary schools were contented since they only worked for about 6 hours per day. Their counterparts in privately owned ECDE centres were forced to remain in school up to about 3.00 p.m in the afternoon and were heavily supervised by the school administration in order to produce results. The latter may have felt over – worked yet underpaid and seemed to always have a bone of contention with their administrators. This greatly affected their performance and in turn children's' participation in ECDE.

Teachers' remuneration was very poor with some receiving as little as Ksh. 500 up to Ksh. 3,500 per month. This pay was also irregular thus demotivating many teachers. A few private school owners in big towns paid teachers to the tune of Ksh. 10,000 per month, claims Abagi (2008). Only teachers in two ECDE centres (4.8%) were satisfied with the salary they received. They probably were paid better and on time. They may also have been enjoying fringe benefits from the school like accommodation, free snacks and chances for capacity building. These are mostly centres run by faith based organizations, private companies and parastatal bodies in the district.

Finally, many teachers (76.2%) were dissatisfied with the parents' expectation of their children's performance. Many parents were too ambitious and expected their children to achieve language and mathematical competencies too soon. Teachers found such parents unrealistic and were therefore often demoralized. This was common in private ECDE centres where parents expected a quick and high return for their money. The need for care that would lead to the holistic development of the child is appreciated globally and a corresponding right granted (UNCRC 1989, OAU 1990 and the Republic of Kenya, 1998). According to Bronfenbrenner, (1989) to secure the right conditions for optimal child development, communities need to focus on pre – school environment including teachers' working conditions, salaries, interpersonal relations and the physical learning environments. The effectiveness of teachers depends on the existing levels of motivation (Read, Gardner and Mahler, 1993).

4.5.2 Length of service at current station.

ECDE teachers were asked to indicate how long they had served at their current station. The response is shown in Table 4.16.

Table 4.16 Length of service of teachers at the current station

Length of service	Frequency	Percentage
Less than 1 year	3	7.1
1 – 3 years	3	7.1
4 – 6 years	14	33.3
7 – 9 years	12	28.6
Over 9 years	10	23.8
Total	42	100

From Table 4.16, 7.1% of teachers had been at the current station for less than 1 year and for 1 – 3 years. Some 33.3% had taught at their current centre for 4 – 6 years, 28.6% for 7 – 9 years and 23.8% for more than 9 years. Majority of the teachers ($\approx 85\%$) had been in their current stations for more than 3 years; the modal period was 4 – 6 years (33.3%). The centres whose teachers had been there for 3 or less years were those that were newly established or revived after collapsing and were mainly privately owned.

ECDE centres attached to public primary schools had maintained teachers for longer periods because the teachers felt their jobs were more secure and their remuneration, (though small) was forth coming. They also held the notion that, in the event that the government employs ECDE teachers, then they stood a higher chance than those in privately owned centres. This is in line with Ndani and Kimani (2010) in their study on teacher motivation in Thika District – Kenya.

4.5.3 Performance of ECDE children

ECDE teachers were asked if they maintained a Progress Record for their pupils. They all responded in the affirmative and Table 4.17 shows the level of performance in activity areas by children in ECDE centres as indicated by ECDE teachers.

Table 4.17 Level of performance in activity areas

Level of performance	Most	Several	Few
Very good	8 (19.0)	16 (38.0)	18 (42.9)
Good	20 (47.6)	15 (35.7)	7 (16.7)
Needs help before promotions to next level	5 (11.9)	30 (71.4)	7 (16.7)
Cannot be promoted to next level	4 (9.5)	8 (19.0)	30 (71.4)
Total Aggregate	37 (22.0%)	69 (41.1%)	62 (36.9%)

In terms of performance in Learning Activity areas, only a few of the teachers (42.9%) claimed that their pupils were “very good.” Most children were “good” (47.6%) while several children (71.4%) needed help prior to promotion to the next level. Many teachers (71.4%) concurred that just a few children would not be promoted to the next level. They attributed this to underperformance, chronic absenteeism and being under age on the part of the children.

4.5.4 Transition rate to primary school

Table 4.18 shows the transition rate of children from ECDE to primary school at the end of the year.

Table 4.18: Transition rate of children

Transition rate	Frequency	Percentage (%)
100%	8	19
Above 50%	30	71.5
Below 50%	4	9.5
Total	42	100

When asked to indicate the transition rate of ECDE children to primary school at the end of the year, 19% of teachers responded that all (100%) their children qualified to join standard 1 in the new year while 71.5% claimed above 50% transition and only, 9.5% had a transition rate of below 50%. This implied that only a few pupils did not qualify to join standard one. However, a study carried out by Abagi (1997) indicated that there are more pupils in standard 1 than those who qualified to transit to primary school the previous year. This probably means that some children did not attend ECDE level of education but just joined standard 1 directly from home. Such children missed the necessary foundation on which all other levels of education built on.

4.6 Influence of School Feeding Programme on participation of children in ECDE programme.

This section was discussed under the following headings:-

4.6.1: Availability of meals in school.

When asked if children took meals in school daily ECDE teachers responded as shown in Table 4.19.

Table 4.19: Availability of feeding programme in school.

Availability	Frequency	Percentage
Yes	25	59.5
No	17	40.5
Total	42	100

Some 40.5% of the teachers indicated that the ECDE centres did not prepare meals in school. Some children went home for meals at noon or carried some packed snack to be taken at breaktime. This was especially the case in urban centres where parents packed some snack for their children since they (parents) knew what their child(ren)'s tastes were. This is in agreement with Abagi (2008) who asserts that children in town centres usually carried 2 – 3 pieces of biscuit or 2 slices of bread. Some carried a packet of chips and soft drink or juice. However, the storage condition for these food staffs was very poor, if not a health hazard. Most centres did not have a kitchen or storage facilities. Additionally, some children came to school without any snacks yet the school offered none. This was attributed to poverty/lack of food at home. Such children were unable to concentrate in class and were susceptible to malnutrition diseases as indicated in the Health Record and Growth Monitoring Promotion (GMP) carried out regularly in some public ECDE centres.

Some 59.5% of the teachers agreed that children had meals in school even if it was the break time snack alone. This snack mainly consisted of maize meal porridge that was taken as a common meal provided through the parents' contribution of cash or maize. This was more common in rural based ECDE centres. In general cases studied, the snack was not available throughout the year as some parents did not provide the maize flour nor pay for it during some months of the year (November - May). According to Abagi's report in 2008, 57% of ECDE centres in Nairobi provided porridge for their 3 – 5 year old children while 50% did the same in North Eastern province. In other provinces the percentages of ECDE centres that provided a snack for children was as follows: Coast – 30%, Rift valley 42%, Nyanza 43% and Central 47%. From these figures, it means that many ECDE centres (over 50%) did not provide snacks for their children totally or partially. Many parents could not afford a balanced diet comprising of enriched porridge, beans, rice, meat and fruit as seen in a few private ECDE centres attended by children from affluent families. This greatly affected children's active involvement in class and resistance to diseases.

4.6.2 Effectiveness of feeding programme in enhancing attendance.

Table 4.20 shows the teachers' responses on how the feeding programme influenced attendance by children.

Table 4.20 Effectiveness of feeding programme.

Effect	Frequency	Percentage
Very effective	22	88
Fairly effective	3	12
Not effective	0	0
Total	25	100.0

In the ECDE centres that provided a common meal/snacks in school, 88% said the meal/snack was very effective in enhancing daily attendance of children in school. Some 12% claimed that the feeding programme was only fairly effective in promoting attendance but no teacher denied that the feeding programme had no influence on attendance. Pockets of poverty like some rural centres or those in urban slums were particularly notable for attendance being pegged on availability of porridge/snack. This was because some children did not take any breakfast at home thus their first meal of the day was

the school snack. The latter was therefore very significant to them though inadequate. Ranivnder (2007) agrees that SFPs contributed immensely to enhanced enrolment and that the first years of school were important since they had the largest impact on success in future school life.

4.6.3: Feeding programme and enrolment

Some four aspects on SFP were identified and teachers asked to indicate the degree at which they agreed with them. The results are tabled in table 4.21.

Table 4.21: Feeding programme and enrolment

Aspect	Strongly agree	Agree	Disagree
Number of children increased after introduction of feeding programme.	80%	15%	5%
Parents inquired about meals provided before enrolling their children.	75%	20%	5%
SFP availability increases participation in class activities.	82%	18%	0%
Presence of SFP is more important than other factors in enhancing participation.	68%	24%	8%

Most of the teachers, 80% strongly agreed that enrolment in their centres increased after the introduction of a SFP while 75% of the teachers indicated that parents inquired about the availability of an SFP (among other things) before enrolling their children in ECDE centres. Some parents only wanted to have a clarification on what their role would be in terms of making available the meals/snacks. This was because the parents understood the importance of some meal for their children before 12.00 noon since they were young and had just left the comfort of their homes to join ECDE. In his journal- “A better start in life,” Jere (2004) asserts that governments in a number of countries have introduced pre – school programmes for improving nutrition and providing children with home and other environments conducive for learning. The World Bank and other international agencies have also devoted increasing resources to support such efforts. It is presumed that all these is done to make the child newly enrolled to transit smoothly from home to an ECDE centre with minimal discomfort. Some 68% of teachers agreed that SFP was more important than any other factor in enhancing participation.

4.6.4: Challenges faced in implementing SFPs in ECDE centres.

ECDE teachers cited several challenges faced in an attempt to establish SFPs at their centres. The major challenges identified are shown on Table 4.22.

Table 4.22: Challenges faced in implementing SFPs.

Challenge	Frequency	Percentage
Poor parents' co-operation	30	71.4
Inability to afford the charges by parents (poverty)	35	83.3
Insufficient water supply/sanitation	34	81
Lack of adequate cooking/kitchen facilities	40	95.3
Food intolerance/allergies in some children	10	23.8
Failure of SFP in the past	2	4.8

Factors like lack of adequate cooking space/kitchen, inability to afford the charges asked, insufficient water supply and poor co-operation from parents were the major obstacles to the implementation of a SFP in that order. In many centres food was prepared in some shade or even in the open environment over open firewood stoves and was served outside in the open. Many parents in 83.3% of ECDE centres in the study were not able to pay for the meals promptly and consistently. Some brought food staffs like maize and bean during the harvest season but were unable to sustain the supply when their stocks ran out. Over 80% of teachers claimed that their ECDE centres did not have adequate sanitary/water facilities. The water was obtained mainly from bore- holes shared with the rest of the community and was neither therefore safe for food preparation nor drinking.

Some 71.4% of the teachers claimed that some parents were not co-operative when it came to issues like meals for children, quantities of food staffs to be supplied/purchased, payment of food handlers and number of meals to be provided per day. Different parents had varied opinions on how the SFP should be handled since they were paying for it. This was more profound in urban based private ECDE centres. Those parents dissatisfied with the way the SFP was handled opted out leaving just a few children on the programme.

Food intolerance/allergies among some children forced their parents to pull out of the SFP. Several children suffered allergies to some proteinous foods like meat and eggs. Some children however did not just like the meals served such as porridge and thus presented problems during meal times. Finally, inability to sustain the SFP resulted in the failure of the programme in some schools. The process of

reviving SFPs was very difficult since it was met with resistance from parents who had paid in the previous programme.

Some of the factors identified above have been challenges in other places in and outside Kenya. In his study – integrating ECD into Mainstream Primary Education in Zimbabwe, Gunhu et. al. (2011) agreed that primary schools did not have adequate WASH facilities for their 2 – 5 year olds in ECD. According to a commission, (1999) issues of proper water, sanitation and hygiene (WASH) promotion were not adequately addressed making children under 5 more vulnerable to diseases like diarrhea, worm infections and bilharzia.

The Early Child Care and Development (ECCD) Act (2002) was passed in the Philippines with the aim of enhancing the knowledge of parents and the community about child development and to encourage them support child – related projects after they understood the importance of ECDE for their children. They were encouraged to be more willing to contribute to their children’s education through moral and financial support instead of being an obstacle.

4.7 Influence of parents’ literacy level on participation of children in ECDE programmes.

In terms of literacy level of ECDE parents this study dealt with the following:

4.7.1 Gender for ECDE parents.

When asked to indicate their gender, ECDE parents’ representatives responded as shown on Table 4.23.

Table 4.23 : Gender for ECDE parent representatives.

Gender	Frequency	Percentage
Male	18	47.4
Female	20	52.6
Total	38	100.0

Table 4.23 shows that 47.4% and 52.6% of the parents sampled were male and female respectively. These parents’ representatives were elected by parents themselves during their Annual General Meeting. These parents were allowed to sit on the School Management Committee (S.M.C) where various matters were discussed. They were allowed to raise matters pertaining to ECDE for discussion and provide away forward during S.M.C meetings.

4.7.2 Marital status of ECDE parents.

ECDE parents representatives were asked to indicate their marital status. All of them claimed to be married. This was good because the children in ECDE centres did not suffer due to the challenges facing single, divorced or separated parents.

4.7.3 ECDE parents' age.

Parents indicated their age bracket as asked. This is shown in Table 4.24.

Table 4.24: ECDE parents' age.

Age (years)	Frequency	Percentage
18 – 25	10	26.3
26 – 35	15	39.5
36 – 45	8	21.1
46 – 50	4	10.5
Above 50	1	2.6
Total	38	100.0

Majority of the parents were between 18 – 35 years of age (65.8%). Those between 36 – 45 were 21.1% and those above 45 years were 13.1% only. Parents above 45 years of age are likely to have most of their children out of ECDE and in primary and secondary school. The highest number of parents was between 26 – 35 years. Those who were urban and affluent enrolled their children in private high cost ECDE centres. Most of the rural and slum dwellers had limited resources and thus enrolled their children in public centres or those run by religious organizations. According to Abagi (1997) such parents had limited knowledge on holistic and comprehensive child rearing practices and they used poverty as an excuse to be dirty and careless with children.

4.7.4 ECDE parents' educational level

The parents were asked to indicate their highest educational level. This result is shown in Table 4.25.

Table 4.25: Parents' highest educational level.

Highest educational level	Frequency	Percentage
Primary	20	52.6
Secondary	14	36.8
Tertiary	4	10.5
Total	38	9.9

From table 4.25, 52.6% of parents had primary school education as their highest educational level. Those who had attained secondary and tertiary levels of education were 36.8% and 10.5 respectively. Most of the parents with secondary and tertiary level of education were working class people whose children were mainly in the high cost private ECDEs in urban areas. These group of parents were willing to pay for their children's ECDE education because they understood the importance of the 'Early years' of their children and invested in them heavily. Strauss and Thomas (1998) clarify that there is a positive relationship between parents' level of education and child health. They claim that parents with more education tend to have a greater access to public health and ECD related facilities because they have better connections, are favoured by the providers of such services and are more informed on ways of exploiting such services.

On the other hand, parents who are less educated are likely to have missed ECD education themselves and are therefore not in viable employment to afford to pay for it. They are likely to be in the rural areas or in the slums of urban centres thus in the pockets of poverty. This is supported by Abagi (2008) who argues that most parents, especially the illiterate and poor in rural and slum areas have limited knowledge on the benefit of investing on care and education programmes of their children.

4.7.5 Attendance of ECDE by older siblings.

ECDE parents were asked to indicate if all their older children (apart from the one currently in ECDE) attended ECD education. Their response is given in table 4.26.

Table 4.26: Attendance of ECDE by other siblings.

Attendance status	Frequency	Percentage
Yes	21	55.3
No	17	44.7
Total	38	100.0

From Table 4.26, 55.3% of ECDE parents claimed that all their older children had been through ECDE but a significant 44.7% of parents said that not all their older children had undergone ECDE.

4.7.6 Reasons for not taking children to pre – school.

ECDE parents were asked to give reason(s) why not all their older siblings attended ECDE. The responses from the 17 parents are given in Table 4.27.

Table 4.27: Reasons for children not attending ECDE.

Reason	Frequency	Percentage
I do not find it necessary	6	35.3
It is too expensive	8	47.1
There was FPE in primary school	2	11.8
Others	1	5.9
Total	17	100.1

From the responses given by ECDE parents who had some children not attending ECDE, 35.3% said they did not find it necessary to enroll their children in ECDE. Majority, 47.1% claimed ECDE was very expensive while 11.8% and 5.9% said it was because there was FPE in primary school and other reasons respectively. Parents who claimed they did not find ECDE education necessary (35.3%) made it clear that they were ignorant about the importance of pre-school education for their children. This implied unfortunately, that some parents, upto this current era were not enlightened enough on the essential need to take their children for ECDE. Probably such parents had the notion that pre-school education was not a serious programme that had a myriad of benefits, not only for their children's present life but even for their future. For instance, a study by Deutsch and Ruthame (1999) showed that

problems in the early life of a child like poor health, nutrition and abuse affected their adulthood lives in terms of earnings and employment outcomes.

For the 47.1% of parents who claimed ECDE was very expensive, it may mean that they had a negative attitude towards ECDE or they were literally economically challenged to pay for ECDE or that they have the same reason as some of their counterparts (11.8%) who took the wrong advantage of FPE in primary schools and avoided pre-school for their children altogether. The explanation for this could be in the UNESCO/Early Childhood Policy Review Mission (2004) which observed that FPE had a negative impact on ECDE centres serving poor children and had resulted in a sharp decrease in enrolments in some districts.

For the 55.3% of parents who had all their children go through ECDE (Table 4.27) majority of them reasoned that ECDE gave their children a strong and good foundation for further learning. They however did not seem to fully understand other benefits received by their children if they attended ECDE and thus needed more sensitization in order for them to fully support ECDE.

4.7.7. Income made by ECDE parents per month.

ECDE parents were asked to indicate their average monthly income based on 3 clusters indicated in Table 4.28.

Table 4.28: Monthly Income made ECDE parents.

Income (ksh.)	Frequency	Percentage
Less than 5,000	12	31.6
Between 5,000 – 10,000	16	42.1
Above 10,000	10	26.3
Total	38	100.0

From Table 4.28, 31.6% of the parents earned below Ksh.5,000, 42.1% between Ksh.5,000 and Ksh. 10,000 while 26.3% earned over Ksh.10,000. From the earnings they made, parents had to provide for all their children including those out of ECDE. Even parents who had children in ECDEs attached to public primary schools, had some levies to pay like providing for the snack, school uniforms and stationery for their children. Majority of the parents, 42.1% who earned between Ksh.5,000 and Ksh.10,000 were not able to adequately provide all requirements by the school, especially privately owned ECDEs. Many of them had not completed paying school fees and other levies for the current

term of the year. They had accumulated fees arrears for several months and it was clear that most of them would not be able to clear these arrears by the end of the year. Due to this inability to pay for their children at ECDE level, Abagi (2008) agrees that situations were cited where parents were removing their children from ECDE centres and retaining them at home until time for entry into standard I. Some pushed their children directly into primary school at a tender age since there was 'Free' Primary Education (F.P.E) there.

Some parents, 26.3% earned well over Ksh.10,000 per month. These were parents in formal employment or business. They could afford to pay for their ECDE children fairly easily. They were themselves educated and understood better the importance of ECDE for their children now and in future. They indicated a significant positive association between parental schooling and child health (Straus and Thomas, 1998). Barrera (1990) agrees that in the Philippines, mother's education protects child health in communities without piped water or good sanitation and in communities further from health facilities. Parents with greater wealth and more schooling are more efficient in using information for their young children's development unlike poor parents with low education and little access to information and public services.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to establish the factors influencing participation of children in the Early Childhood Development Education (ECDE) programme in Bungoma South District of Bungoma County. It aimed at achieving the following objectives: To establish the extent to which common ailments among children influence participation of children in the the ECDE programme, to examine the extent to which ECDE teacher satisfaction influence participation of learners in the the ECDE programme, to assess the influence of School Feeding Programme on participation of children in the ECDE programme and to establish how literacy levels of parents influence participation of children in the ECDE programme in Bungoma South District of Bungoma County. This chapter presents the summary of findings, conclusions, recommendations and also provides suggestions for further research.

5.2 Summary of findings.

The first objective of this study sought to establish the influence of common ailments among children on participation in the ECDE programme in Bungoma South District Bungoma County. The study revealed that most ECDE centres (40.5%) had enrolment of between 40 – 60 children. On average, 52.4% of ECDE centres registered an absenteeism rate of 3 – 5 children per day mainly due to ailments like malaria (33.3%), diarrhoea (14.3%) and the jiggers menace (11.9%). The study also showed that ailments among children affected their enrolment, attendance and transition (participation) to a very great extent (28.6%) and to a great extent (42.9%). Most ECDE centres in the district (66.7%) did not have toilets for the children; they shared sanitary units with the rest of the school. The main source of water for ECDE centres was boreholes (78.6%) and water was treated for safe drinking using chlorine/waterguard (71.4%). However, some 9.5% of ECDE centres never took any precautionary measures to ensure water was safe for drinking. Only 16.7% of ECDE children had completed their immunization schedule but majority (52.4%) registered an immunization rate of over 50%. Some 11.9% of ECDE centres however had no children who had completed their immunization schedule.

The second objective for this study was to examine the influence of ECDE teacher satisfaction on participation of learners in the ECDE programme in Bungoma South District. The study indicated that higher satisfiers for ECDE teachers were good social relationships such as good interpersonal relationships with children, parents, school administration and each other. The highest dissatisfiers included the physical environment of the ECDE centres, ECDE teacher status in the district and

remuneration received. Majority of the teachers (33.3%) had worked at their current station for between 4 – 6 years and only a few pupils performed very well (19.0%) and needed help before being promoted to primary schools. The transition rate in many centres was above 50%.

Thirdly, the study sought to assess the influence of school feeding programmes on participation of children in the ECDE programme in Bungoma South District, Bungoma County. The study revealed that 59.5% of ECDE centres offered a feeding programme to their children while 40.5% did not. The feeding programme was very effective (88%) in enhancing enrolment and daily attendance of children in school. The biggest challenge facing the implementation of SFP was inability to sustain the programme by parents (83.3%) and lack of adequate Water Sanitation and Hygiene (WASH) conditions (66.7%) during the preparation and serving of meals to children. The teachers who strongly agreed that SFP was more important than any other factor in enhancing children's participation were 68% while only 8% disagreed.

The last objective for this study was to establish the influence of parents' literacy level on participation of children in the ECDE programme in Bungoma South District in Bungoma County. The results of this study showed that majority of ECDE parents in the district (39.5%) were between 26 – 35 years of age while only 2.6% were above 50. Most of the parents, 52.6% had only attained primary school education, 36.8% secondary level and 10.5% tertiary level. Some 42.1% made an income between Ksh.5,000 – Ksh.10,000. Only 55.3% of the parents were keen on ensuring that all their children went through ECDE. Those who did not take all their children through ECDE claimed that it was too expensive (47.1%), it was not necessary (35.3%), there was FPE (11.8%) and other reasons (5.9%).

5.3 Conclusions

Based on the findings of this study the following conclusions can be made:

Most ECDE centres had enrolments that were too high compared to the available facilities. The latter were overstrained due to large numbers of children who were congested in them. Due to sharing of sanitary units with the adult members of the school, the children risked being contaminated during toileting thus quick spreading of infections in the congested facilities. Some ECDE centres never took any precautionary measures to ensure water was safe for drinking and some parents did not ensure complete immunization for their children; thus childhood diseases including immunizable ones affected children for a long time making them miss school hours. The consequences of this included inability to

qualify to transit to the next level, repetition and insufficient involvement in learning activities by the children.

The ECDE teachers' motivation was generally low mainly because government had not mainstreamed them in the remuneration offered to other teachers; they were left under the mercy of poor parents who could not afford to pay them or under selfish private centers' proprietors who over-worked yet under paid them for the essential services offered to children. The low status accorded to ECDE teachers in the district, the dilapidated physical conditions of the schools and very high expectations of children's performance by parents played a big role in lowering the spirit of most ECDE teachers. Though the transition rate was above average, other factors like age attainment and pressure from parents caused it rather than qualification of children. The dissatisfied teachers therefore had very little morale to work thus affecting participation of children in learning activities and in achieving the set goals.

The ECDE centres that organized the School Feeding Programme (SFP) had enhanced enrolment and daily attendance by children. The SFP created a conducive environment for smooth transition from home to pre-school since it acted as a bridge between home and school. Involvement in learning activities like play was very low in centres that did not provide some meal or snack for children since some children did not have breakfast at home and relied on the meal in the school. High poverty levels among parents and inadequate Water, Sanitation and Hygiene (WASH) conditions posed a great challenge to the sustainability of S.F.P in many ECDE centres in Bungoma South District.

Semi-illiterate and poor parents in rural areas and slums in urban areas had little knowledge on the benefits of investing in ECDE. Most of them lived under the poverty line and had limited capacity to support ECDE services. Their children therefore had little access to a balanced diet, safe water and health care services and were highly predisposed to diseases. On the other hand, parents with more education had greater access to public health and ECDE related facilities since they were better informed and connected; they most likely were in formal employment and could afford ECDE education. Parents with more schooling were better placed to translate their health status into beneficial outcomes for their children. They also had more wealth and were more effective in using information for their children's growth and development. Since their children were physically developed better and healthier they enrolled in time, were more regular in school and attained higher scores for timely transition.

5.4 Recommendations

1. To keep children healthy, communities should be empowered economically through microfinance projects that improve agricultural production and small scale industry so that many of its members live above the poverty line and are thus able to provide nutritious food for their children, access medical services and put in place adequate water, sanitation and hygiene conditions. This will lower the incidences of malnutrition and poor sanitation – related diseases thus giving children a chance to participate in ECDE. The officers in medical facilities should increase sensitization to young parents attending ante-natal clinics on the importance of the ‘Early years’ of their children so that they can be in a position to reduce illness among children who are at a critical age of growth and development.
2. On teacher satisfaction, efforts should be made by the national and the county governments to enhance ECDE teacher motivation through putting in place a scheme of service for them so as to provide a basis for them to access the national Public Service or Teachers’ Service Commission pay roll. The government and private ECDE practitioners should endeavor to improve the low status accorded to ECDE teachers in the district by engaging them under humane and appropriate terms and conditions of service. ECDE should not be abandoned to parents alone; commitment from the Bungoma County government should be seen through providing financial and other resources to provide teaching/learning resources and improve infrastructure at ECDE centres.
3. School Feeding Programmes must be organized by the school managements and properly implemented in all ECDE centres. Availability of SFP will enhance smooth transition from home to school and improve enrolment and attendance of children. Common meals that are nutritionally balanced and adequate should be prepared in school for all the children present and served at an appropriate time. Individually packed snacks should be discouraged by the school management to minimize food contamination and stratification of children based on their economic backgrounds.
4. There is need for a systematic strategy to strengthen sensitization and mobilization of the local community to ensure children attend school regularly. This can be done during religious meetings, local administration gatherings, medical clinics and even through NGO initiatives. All members of the community, particularly parents, should be sensitized on the importance of a strong educational foundation and a holistic development programme offered in ECDE ;this should be clear to all parents with children below 8 years of age irrespective of their educational and economic backgrounds.

5.5 Suggestion for further research

This study suggests that further research be carried out in the following areas:

1. To establish why there are more children in standard I than those who graduated from the ECDE top class the previous year in Bungoma South District - Bungoma County.
2. Establish differences in development in various developmental dimensions between children who attended pre-school and those who did not at the lower primary school level.
3. A comparative study on participation of children in ECDE activities in publicly and privately owned ECDE centres in Bungoma South District which is thought to result in the differences in performance between the two groups of pre-schools.

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APPENDICES

Appendix1: Letter of transmittal

JOANNA MURUGI OYAMO,

P.O.BOX 40,

BUNGOMA.

Dear Respondent,

RE: FILLING OF QUESTIONNAIRE

I am a student at the University of Nairobi undertaking a Master of Arts degree in Project planning and management. I have identified you as a respondent to a questionnaire to gather information on the factors influencing participation of learners in the ECDE Programme in Bungoma South District of Bungoma County. Kindly fill in the questionnaire as honestly as possible. All your responses will be handled with confidentiality and will only be used for academic purposes. Thank you for your cooperation.

Yours faithfully,

Joanna Murugi Oyamo

Appendix 2: Questionnaire for ECDE teachers

A questionnaire on factors influencing participation of children in the ECDE programme in Bungoma South District, Bungoma County. All responses given will be confidentially handled and will be used plus those from other ECDE teachers to form a basis for recommendation.

SECTION A: Personal information.

Put a tick [☒] or fill in the appropriate response(s)

1. Indicate your zone. Municipality [☐] Sang'alo [☐] Mwibale [☐]
2. What is your gender? Male [☐] Female [☐]
3. Indicate your age bracket (in years)
18 – 25 [☐]
26 – 35 [☐]
36 – 45 [☐]
Over 45 [☐]
4. What is your religious faith?
Christian [☐] Islam [☐] Others [☐]
5. What is your highest professional qualification?
Certificate [☐]
Diploma [☐]
Degree [☐]
Others [☐]
6. What is your teaching experience?
Less than one year [☐]
1 – 5 years [☐]
6 – 10 years [☐]
11 – 15 years [☐]
Over 15 years [☐]

SECTION B:

Influence of common ailments among children on participation in ECDE programmes

7. How many children do you have in your ECDE centre?

Less than 20 []

20 – 40 []

40 – 60 []

60 – 80 []

80 – 100 []

Over 100 []

8. What is the ratio of boys to girls in your ECDE centre?

9. Basing on the marking of the Daily Attendance Register, about how many children on average are absent in your class per day?

0 – 2 []

3 – 5 []

Over 5 []

10. Do you maintain a Health Record for children in your centre?

Yes []

No []

11. List in order of prevalence, five common ailments that children in your ECDE centre suffer from.

1. _____

2. _____

3. _____

4. _____

5. _____

12. (a) (i) To what extent do the ailments mentioned in question 11 above affect children's participation in school?

Very great extend []

Great extent []

Moderate extent []

Little extend []

(ii) Briefly explain your answer in (a) (i) above.

(b) What steps have you taken to minimize incidences of illness in school?

13. Indicate true (T) or false (F) appropriately for each of the following statements:

- i. My ECDE centre has toilets specially set aside for ECDE children alone.
- ii. Children in my ECDE centre share toilets with the rest of the school community.
- iii. My ECDE centre has no toilets at all.

14. (a) What is the main source of water in your school?

- Piped water from the urban supply system []
- Borehole []
- Fetches and stored in tanks []
- None []

(b) How do you ensure that water in your centre is safe for drinking?

- Boiling []
- Adding chlorine/water guard []
- No action taken []

15. What percentage of children in your school has completed the National Immunization Schedule?

- 100% []
- Over 50% []
- Below 50% []
- 0% []

SECTION C:

Influence of ECDE teacher satisfaction on participation of learners in the ECDE programme.

16. Fill in the table below to indicate your level of satisfaction in various areas as an ECDE teacher.

	Factor	Satisfied	Neutral	Dissatisfied
1.	Teacher's relationship with children			
2.	Teacher's relationship with community			
3.	Number of hours worked daily			
4.	Teacher's relationship with school management			
5.	Number of children in class			
6.	Physical conditions of the school			
7.	Supply of teaching materials			
8.	Parents' expectation of the children's performance			
9.	Amount of salary received			
10.	Status of the pre – school teachers in the district			

17. For how long have you served at your current station?

Less than one year ☐

1 – 3 years ☐

4 – 6 years ☐

7 – 9 years ☐

Over 9 years ☐

18. (a) Do you keep a progress record for all your pupils in class?

Yes ☐

No ☐

- (b) Indicate how you rate children at various levels of performance to show how they perform in different activity areas; show levels of performance as [1] most [2] several [3] few

Level of performance in activity areas	1	2	3
Very good			
Good			
Needs help before promotion to next level			
Cannot be promoted to the next level			

19. What percentages of pupils in your school qualify to transit to primary school at the end of the year?

100% []

Above 50% []

Below 50% []

SECTION D:

Influence of school feeding programme on participation of children in ECDE programme.

20. (a) Do children take meals in school daily?

Yes []

No []

- (b) If yes, who provides the meal to the children?

Government []

Parents []

Government and parents []

Religious organization []

Others []

(c) How effective is the feeding programme in enhancing attendance?

Very effective []

Fairly effective []

Not effective []

21. (a) To what extent does the feeding programme enhance enrolment in your ECDE centre?

Great extent []

Moderate extent []

Little extent []

(b) Give reasons for your answer above.

22. To what extent do you agree with the following statements in the effects of school feeding programme on enrolment and attendance? Rate on the scale where:

1. Strongly agree 2. Agree 3. Fairly agree 4. Disagree

	1	2	3	4
There has been an increase in number of children in school after introduction of a feeding programme				
Parents inquire about meals provided before deciding to enroll children in the ECDE centre				
SFP increases pupils participation in class activities and other duties				
Presence of a feeding programme is more important than other factors in enhancing performance of pupils in the ECDE centre				

23. What are the challenges you face in the implementation of a school feeding programme in your ECDE centre?

Thank you

Appendix 3: Questionnaires for ECDE parents

A questionnaire on factors influencing participation of children in the ECDE programme in Bungoma South District, Bungoma County. All responses given will be confidentially handled and will be used plus those from other ECDE parents to form a basis for conclusions and recommendations for the study.

SECTION A:

Personal information

Put a tick [✓] or fill in the appropriate response(s)

1. What is your gender?

Male [] Female []

2. Indicate your marital status.

Married [] Single []

3. Indicate your age bracket (in years)

18 – 25 []

26 – 35 []

36 – 45 []

46 – 50 []

Above 50 []

4. What is your highest education level?

Primary []

Secondary []

Tertiary []

5. For how long have you been a parent at your current ECDE centre?

SECTION B:

Influence of parents literacy level on participation of learners in ECDE programme.

6. How many children do you have?

7. (a) Have all your older children gone through ECDE programme?

Yes []

No []

(b) If not, what are the reasons for them not going through ECDE programme?

I do not find it necessary []

It is too expensive []

There was Free Primary Education in primary school []

Others []

8. Did you attend pre – school education yourself?

Yes []

No []

9. (a) In your opinion, is ECD education necessary for your children?

Yes []

No []

(b) Explain your answer above.

10. (a) How much income (in ksh.) do you make per month?

Less than 5,000 []

Between 5,000 - 10,000 []

Above 10,000 []

(b) How much do you pay (in ksh.) per month for your children in ECDE?

(c) Have you completed paying last month's fees for your child?

Yes []

No []

11. (a) Does your ECDE centre prepare snacks/meals for its children?

Yes []

No []

(b) If yes, who funds the School Feeding Programme?

Parents []

Government []

Religious groups []

Donors []

12. How often does your child miss school per week?

1 day [] 2 days [] More than 2 days []

13. Indicate, in the order of prevalence, the reason for your child being absent from school: Illness,
Lack of breakfast, child was not prepared in time for school, child sent home for fees

1. _____

2. _____

3. _____

4. _____

14. Has your ECDE child(ren) completed his/her immunization schedule?

Yes [] No []

15. (a) What is the current enrolment in your ECDE centre?

(b) To what extent do you agree with the following statement on the influence of the parent on participation of children in ECDE? Rate on scale where:

1. Strongly agree 2. Agree 3. Disagree

	1	2	3
Free Primary Education has negative effects participation of children in ECDE			
Parents with more schooling enroll their children in ECDE, more than those with less schooling			
Enrolment in ECDE is higher in urban than rural areas			
ECDE is important for children before joining primary school			
The government should include pre – primary education in the FPE funding programme			
Parents should continue funding ECDE for their children before they join primary school.			

Thank you