

**EFFECTS OF HIV/AIDS ON LEARNER PARTICIPATION AMONG PRE-SCHOOL  
CHILDREN IN IGEMBE NORTH DISTRICT, KENYA**

**BY**

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**DECLARATION**

This project is my original work and has not been presented for any other academic award in any other University for examination.

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## **DEDICATION**

This research project is dedicated to the glory of God, my late father Naman Mururu, my late mother Gladys Kabuta, my husband Justus Laibuni, and our children Evelyn Nkatha and Ann Kananu who have encouraged me to go a little further in pursuit of academic excellence.

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## **ACRONYMS AND ABBREVIATIONS**

AIDS	:	Acquired Immune Deficiency Syndromes
ECDE	:	Early Childhood Development and Education
EFA	:	Education for All
HIV	:	Human Immune Deficiency Virus
KDHS	:	Kenya Demographic Health Survey
NACC	:	National AIDS Control Council
NASCOP	:	National AIDS STIs Control Programme
TIQET	:	Totally Integrated Quality Education and Training
MTCT	:	Mother to child transmission
UNICEF	:	United Nations international children education fund
ARV	:	Anti retroviral drugs
UNAIDS	:	United Nations Aids
EFA	:	Education For All
MOH	:	Ministry of Health
M.OE	:	Ministry of Education
CHLWHA	:	Children Living with HIV/AIDS.
DEO	:	District Educational Officer
NGO	:	Non Governmental Organization
OVCS	:	Orphans and Vulnerable Children
PLWHAs	:	People Living with HIV/AIDS
KNASP	:	Kenya National Aids Strategic Plan
GOK	:	Government of Kenya
KINACO	:	Kenya Aids National Control Organization
MDG	:	Millennium Development Goals

## **ABSTRACT**

Over the last decade, HIV/AIDS has become the most devastating pandemic in Kenya which has led the government to declare it as a national disaster. Children have suffered a lot as a result of this pandemic. Their learning has greatly been affected in one way or another. The purpose of this study was to investigate the effect of HIV/AIDS on learner participation recommend ways of dealing with these challenges in order to enhance good classroom performance of the children.

Good performance is a crucial component for smooth transition of children to primary school and so once preschool education is the foundation of all phases of education. it is vital that it must be enhanced for adequate educational progress. The selection of Ndoleli division as the site of the study was the fact that it had the highest number of orphaned children as a result of HIV/AIDS and yet the division displayed the highest number poor performance in the whole districts. The objectives of the study were; to examine the participation of children living with HIV/AIDS among preschool children in Ndoleli division of Igembe north district and the causes of poor participation. In addition the objectives was to find out the challenges encountered by these children as they undergo the learning process and recommend the intervention measures in order to enhance active participation of these children in the preschool centres. The study was conducted through descriptive design. Data was collected using questionnaire and interview responses from 10 schools with 40 respondents who were selected using purposive sampling, strict random sampling and stratified random sampling from the accessible population data was analyzed using percentages distribution and frequency distribution techniques using statistical for social scientists (SPSS) version 16 and MS Excel. The study found out the CLWHAs has a lot of challenges which they undergo during their participation in classroom learning process. Such challenges include chronic absenteeism inorder to attend to medical care and to care for their

ailing parent. Another challenge was dropping out of the school when their parents die result to acting the role of adult as child headed families. Still others miss basic resources such as school fees, school learning resources, uniforms among others. These children are also discriminated in school hence resulting to being isolated. The study concludes that lack of care for CLWHAS, stigmatized and discrimination of these children and if their parents are not assisted, classroom performances cannot be enhanced. The study recommends that CLWHAs should be supported by government by providing free pre-school education to ease the burden of parents. Child headed families should be eradicated by identifying orphans and initiating consultation development funds to help them and bursaries to eradicate poverty. Isolation of these children and active participation can be created by providing child friendly environment. Parents can also be encouraged to join community support groups which help in initiating small business to support their children. Through these groups they can also learn from their parents and their predicament can be improved through guidance and counseling. More study should be carried to investigate a link between child friendly environment and classroom participation in ECD centers. Research carried to find the effect of integration of pre-school education into primary schools. Finally investigation should be carried to identify why there are more children living with HIV/AIDS in public schools that private schools.

## **CHAPTER ONE**

### **1.0 Introduction**

This section presented background of the study, statement of the problem, purpose of the study, research objectives and research questions. Following this was significance of the study, basic assumptions, limitations and delimitations of the study. Finally, the study concluded by defining the operational terms and outlined of the study organization.

### **1.1 Background of the study**

Over the last decade, H.I.V./AIDS has become the most devastating pandemic in Kenya which has led the government to declare it as a national disaster. According to world vision (2000), the effect of HIV/AIDS has been felt by countries and has had devastating effects on the development of the economy, education and agriculture sector. In education sector, it has been felt where teachers are losing life and this has impended and participation whereby they miss lessons and sometimes stay for a day or more without being taught. Children, do not concentrate in class due to their parents sickness and death. The sick children are stigmatized in school due to their conditions.

UNICEF (2007) observed that in classwork, these children do not answer questions well in classroom and others keep off from play because of being discriminated by their friends and even teachers (Ugunja 2006). In turn these have adverse effects on learner participation in classroom. Consequently if a lot is done urgently then more countries will be left with few children due to the devastating effect of the pandemic. This implies that clever children may die and this has a long lasting effect on the education sector.

World vision (2006) stipulated that the HIV/AIDS has left unpredicted number of orphaned children. Approximately 13 million children worldwide have lost one or both parents to AIDS in the last 25 years. Children have to leave schooling to care for their ailing parents and siblings and this has affected learning process because due to absenteeism. They have no idea of what is being learned because they have not attended the previous lesson(s). Mayer (1990) says that other Orphans and Vulnerable Children (OVCS) are left under the care of their relatives who are economically stressed behold capacity in terms of resources especially in providing education, food and health care which are basic needs for the children to participate well in classroom participation due to absenteeism . This is due to hunger, anxiety and sick ones cannot participate in classroom activities like the ones with all the basic needs.

UNAIDS (2005) further stated that 1.3 million orphaned children also drop out of school and get employed as maids and houseboys in order to make ends meet. The studies continues to say that these further indicated that orphans and vulnerable children are denied their parents inheritance which could push them through their education process. Hence, they lack school fees and other basic resources and leads to chronic absenteeism as they are sent home and later may drop out of school.

According UNICEF (2000) the pandemic has undermined the achievement of millennium goals, increased child mortality and morbidity over the years, which contributes to school dropout and chronic absenteeism because of children frequent sickness. UNAIDS , WHO (2006) research indicated that Which has a positive impact on education sector because reduction in prevalence means that not many parents may have to die leaving their children under the mercy of relatives and so affecting learner participation and classroom learning process. RESSP Kenya (2005) stipulated that these children are not receiving adequate care, nutrition or education hence poor

participation because in order for a child to produce good results he/she needs to be healthy, well fed and mentally stress free.

## **1.2 Statement of the problem**

Since the first case was diagnosed in (1984), HIV/AIDS has continued to have a devastating effect on the Kenyan population. It has greatly affected the economy, productive work cohort of the country thus posing a challenge on economic growth, human development and education fraternity. This is because people who could work are affected, health care givers and teachers are dying at a very high rate paralyzing educational sector. Some children are either dying or left as orphans after their parents died and so terminating schooling and resulting to child headed families Ayieko (1998).

Studies by the United Nations Aids (UNA) shows that the effects are also devastatingly effect the young children who form 10% of the total 2.6m. The country has witnessed increased infant and child mortality and mobility, increased infection and reduced education participation and performance among children's growth and development but these issues have been approached with business as usual Muturi (2005).

In classroom situation, some children are sick and do not participate fully in play which is the core method of learning in Early Childhood Education Centres (ECE). Victimization and stigmatization of both the infected and affected are at rampant both by teachers and their fellow classmates. Opportunistic diseases and other infections like tuberculosis have been a "thorn in the flesh" to these ECD Children.

Therefore the increased morbidity of children, absenteeism of teachers and children, poor performance are a combination of factors that have caused havoc in education in ECDE centres, which has influenced the researcher to carry out a case study to establish the effect of HIV/AIDS on learners participation in Early childhood development and education in classrooms in Kenya. A case study of Ndoileli division, Igembe North District.

### **1.3 Purpose of the Study**

The purpose of the study is to investigate the effect of HIV/AIDS on the learner participation among pre-school children in Ndoleli Divison, Igembe North District, Eastern Province, Kenya.

### **1.4 Objectives**

The study sought to address the following objectives

1. Examine the participation of children living with HIV/AIDS in ECE classrooms.
2. Establish factors contributing to poor performance among children living with HIV/AIDS in ECE classrooms.
3. Identify HIV/AIDS vulnerable children and how HIV has impacted on the learning process in ECE classrooms.
4. Investigate interventions in improving participation of children living with HIV/AIDS in ECE classrooms.

### **1.5 Research questions**

The study was guided by the following research questions:

1. How are the children living with HIV/AIDS participating in ECE classrooms?
2. What are the factors hindering participation among children living with HIV/AIDS in ECE classrooms?
3. Are there ways of identifying the HIV/AIDS vulnerable children.
4. Are there interventions to improve participation of children living with HIV/AIDS in ECE classrooms?



## **1.6 Significance of the study**

It is hoped that the findings will be used to establish the effect of HIV/AIDS on learner participation of preschool children and recommend possible solutions. It will be important to the ministry of education science and technology in order to establish the best interventions to help these children. The preschools may benefit from the study because the teachers will see the importance of keeping health records and understand the challenges encountered by these children in order to try and offer solutions to them. The NGOs and other organizations will benefit from the findings in order to lay the strategies on interventions on learner participation in ECE classrooms. The national children council services will also benefit from the information for it may help them to cite citing the challenges encountered by the Children Living with HIV/AIDS (CHWHAS) and identify ways of helping these children.

## **1.7 Limitations of the study**

The following were the limitations of the proposed study.

There was fear of confidentiality from the respondents. Also getting real information was cumbersome because not many people visit voluntary counseling and testing (VCT) in order to confirm their status.

It was not be easy to cover every part of Ndoleli division because some parts were arid and semi-arid and traveling to such places required considerable time and resources. Therefore the researcher had to take a sample of ten schools.

## **1.8 Delimitation of the study**

The proposed study confined itself to all the public and private pre-schools in Ndoleli division.

It only targeted children living with HIV/AIDS and their parents and teachers.

The study targeted those people who had openly declared their status and were willing to share their experiences, making it a child headed family, orphans denial to inherit their parents properties, high rate of school dropout, chronic absenteeism are in pre-school classroom among the factors that had prompted the researcher to carry out an investigation on the effects of HIV/AIDS on learners participation among preschool children.

## **1.9 Basic assumptions of the study**

The following were the basic assumptions of the study. Sample was representation of population, instruments and validity, respondent answered questionnaires correctly and truthfully. The study assumed that the children living with HIV/AIDS are accessing pre-school education just like other children. It also assumed that the preschool teachers are doing everything possible to help children living with HIV/AIDS access preschool education. The study further assumed that the respondents will be willing to give out the right information without fear of being intimidated. So it was assumed that all children irrespective of their background and status are participating fully in learning process in ECE classrooms. It was further assumed that ethical issues will arise in course of the research process.

## **1.10 Definition of operational terms**

**Affected** – refers to someone not someone who is not suffering from HIV/AIDS but is experiencing the effects of living with a person who has HIV/AIDS or has lost a person and an infected means a person with HIV/AIDS.

**Chronic absenteeism** – refers to children who have absented themselves from school for a number of times.

**Early Childhood Development and Education centres** – In this case it refers to preschool classrooms.

**Participation** – according to the study, it refers to being actively and getting involved in the classroom learning process.

**Pre-School children** – refers to the categories of children who are attending baby class, nursery and pre-unit.

**School drop out** – refers to the children who have deserted school.

**Stigmatization and discrimination** – stigmatization refers to HIV/AIDS discrimination prejudice, negative attitudes abuse and maltreatment directed to people living with HIV/AIDS and discrimination means the practice of treating somebody less fairly than others.

**Vulnerability** – refers to a state of being in danger being exposed to potential harm or disease.

### **1.10 Organization of the study**

The research study is organized in five chapters. The first chapter starts with background to the problem followed by statement of the problem. In the same chapter the purpose of the study is outlined followed by highlighting of research objectives and the research questions. The limitation and delimitation of the study follows. The significant of the study is also given and the chapter concludes with the basic assumption and the organization of the study. In chapter two, the related literature is reviewed on HIV/AIDS. This chapter is subdivided into subthemes which are based on HIV/AIDS epidemic. It will explore its effects on learner participation, challenges experienced in the learning process in ECE classroom and what the government is or can do to arrest the situation.

Chapter three covers the research methods including research designs, the population which will cover the study and the methods of sampling procedures. The instruments to be used in data collection as well as their validity and reliability issues are also captured in this proposal. Chapter four covers the findings. These were discussed as found on the ground. Chapter five deals with conclusion of the research and gives recommendations as the way forward.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### **2.0 Introduction**

In this chapter it starts with introduction, then the impacts of HIV/AIDS globally, HIV/AIDS in Kenyan context and prevalence per district. It also explores HIV and the education system in Kenya and challenges faced due to the impacts of HIV/AIDS. In addition it also includes children and HIV/AIDS in Kenya, children's knowledge, attitude and practices pertaining to HIV/AIDS state obligation and the national policies. The chapter concludes with interventions decline of HIV/AIDS, theoretical and conceptual frame work.

#### **2.1 The Growing number of Children made Vulnerable by HIV/AIDS threatens the achievement of Education for All (EFA) and Millennium Development Goals (MDG)**

Policy recommendation assign schools key roles in meetings the needs of vulnerable children but there is a dearth of evidence about how vulnerable children and school interact in AIDS affect communities. The case study of school and vulnerable children in Kenya, Malawi and Zimbabwe shows that although schools are materially and symbolically well positioned to serve an institution base to meet the needs of vulnerable children (VC). Schools are not accountable for these children and have not reorganized or built capabilities to meet their special needs. The Malawi and Zimbabwe cases shows that elimination of fees perceives open door politics and exultation are insufficient measures to bring and keep these children in school. The Kenya case study suggest that investigation in long term, well resources, local partnership can be effective. (Nancy Kendoll and Chloe-O-Gard).

## **2. 2 Effect of HIV on Families and Communities**

Children are affected by HIV in ways that can diminish their childhood and as a result limit choices and opportunity for successful survival throughout their life. Circumstances of an individual life and their social context in family and community during childhood can increase the probability they will one day be exposed to and infected by HIV. In order to develop appropriate means of enabling and protecting people either as children or adults against infection and affect of HIV/AIDS adequately and judiciously attend needs to be given the right and realities of childhood.

## **2.3 Situations of children living with HIV/AIDS participation in class**

According to Dakar conference education for all (2000) education in a world with HIV/AIDS cannot be the same as education in a world without AIDS. The study stipulates in many countries today children and adolescents are growing up amidst multiple challenges exacerbated by the direct or indirect threat of HIV/AIDS infection. The conference further cited that the challenges facing Sub-Saharan Africa are particularly dramatic. In this region, where 90% of all HIV infections are found, one third of the children currently do not attend school and increase in the absolute number of out-of-school children is projected. The conference further stated that numerous international normative text and global agreement have reaffirmed the basic right to education for all (Jomtien 1990).

The children living with HIV/AIDS exhibits many challenges as they undergo their learning process. As the spread of HIV/AIDS epidemic continues, the potential of the education sector to

respond to the root causes of vulnerability to HIV/AIDS has increasingly been highlighted. This vulnerability is expressed in children as they care for their ailing parents.

## **2.2 HIV/AIDS and demand for education**

Enrolment figures have declined as HIV/AIDS spread. The overall demand for general education, for vocational education and tertiary education has dropped. This has implication on learner participation in that most classes have no teachers and others have a huge number of children to handle and so many result to being neglected especially the slow learners. The conference further cited that AIDS has reversed progress in reducing infant and child mortality, drastically affecting the actual population entering school in the most affected areas.

According to UNICEF (2004) the number of young people dropped out of school has increased, and school attendance has dropped due to various HIV-related phenomena affecting children such as having to cope with personal illness caring for family members (particularly girls) trauma related to illness and sudden death in the family. Discrimination and stigma decline financial support from parents and the need to work to earn some income. Such problems are exacerbated by the estimated 10 million orphans under 15 years of age in the African region. A few incentives to enter school to attract children to come to school were needed. This implies that these children may never participate well in classroom like the rest due to lack of basic need and essential learning resources. Studies have shown that pessimism about the value of education has spread as parents perceive the early death of their children as likely and thus are unwilling to spend their limited resources on education and this has implication of children living with HIV/AIDS to dropping completely out of school.

The strain of poverty also appears to push children into early employment to boost family income, rather than schooling, especially in families who are economically strained to provide for orphans hence resulting to dropping out of school. UNAIDS (2006) further cited that grades in gender equity in education will be a set back for many reasons, including early marriage and pregnancies of girls as early as 13 years, pushing them out of expanding households. The study cited that due to the infections of men with young girls, infection rates among girls as young as thirteen years have risen, therefore reducing their likelihood of completing and benefiting from schooling.

According to Ugunja (2006) some parents have withdrawn their daughters from schooling because of the risk of sexual exploitation and pregnancy, caused by male students as well as male teachers. The project studies done in Ugunja (2006) continues to say that disparities in access to education will grow as the impact of HIV/AIDS increases the number of marginalized young people, orphans, street children, out of school youth and working youth. The entire above are not accessible to classroom participation hence blending an illiterate folks which are a threat to the developing society. Early childhood care is likely to be the only area of increased demand as households expand and the traditional caregivers need to work to help support the family. This leaves the children with no informal part of education.

### **2.3 HIV/AIDS children participation in ECE**

According to Kenya national AIDS control programme (1999) high death and mortality rates of teachers, administrators, and children have severely affected the supply of educational services in schools. Teaching time and quality are more thematic in the most affected countries, as both teachers and pupils' attendance is irregular due to HIV related reasons and stop-gap solutions



such as group teaching may become a more common way of coping with this situation. This is because group teaching do not allow for effective child individual participation in classroom.

The studies further stated that schools may lack pupil, as enrolment and the number of teachers fall below sustainable levels. The remaining children and teachers may need to travel further which could increase their vulnerability for example by taking away from family support and health care services and this results to poor classroom participation because a sick child cannot learn well. The AIDS pandemic has highlighted the enormous disparities in the quality of education both within and between countries in respect to the teaching/learning and programme content which together largely shape the overall learning environment.

#### **2.4 The children learning process in relation to HIV/AIDS**

According to world education forum (2006) social interaction may change among children, teachers and communities due to discriminatory attitude and behavior towards HIV/AIDS infected individuals. The forum continues to say that young girls may face increased risk of sexual exploitation at school and in the community especially where they are regarded as 'safe' because these children are perceived to be free from infections. This may traumatize the children or become pregnant and drop out of school.

The studies further states that teachers and other education personnel are not generally well informed nor well prepared for dealing with HIV/AIDS related issues in their own lives let alone in the classroom. However technology has the potential to overcome geographical distance empower teachers and learners through information, and bring the world into the classroom by the touch of buttons or the glare of screen.

## **2.5 Challenges faced by HIV / AIDS children in their learning process.**

Ayieko (1998) observed that the affected children undergo serious times in their learning process. Some of these children especially girls drop out of school in order to care and provide for their orphaned siblings they too are vulnerable to HIV/AIDS. Studies say that children living with HIV/AIDS result in considerable disruptions in the learning process. The studies further said that social interaction is a problem due to discriminatory attitudes and behavior towards HIV/AIDS infected individuals.

According to Achoka (2005) children born of infected parents suffer immensely. They lack proper dietary needs medical care and clean habitats and these are essential for active participation in classroom situation. Such children are pre-disposed to disadvantaged access to ECD right from conception to primary school age, they suffer improper growth due to financial impoverishment of their parent and this may affect their cognitive development hence low participation in classroom learning process. Central Bureau of statistics republic of Kenya (2002) cited that children, who are born to infected parents, die at the tender age of less than five years or result to stunted growth which has impediment to learner participation in classroom learning process.

Studies by UNICEF (1996) showed that, the child morbidity and mortality due to HIV/AIDS related diseases increased from 60 per 1000 birth (1990) to 74 in 1996. The pandemic affects the education system which is pillar of development and economic growth both at societal and individual levels. It affects the demand for schooling, enrolment rates, participation and completion necessitated by high rate of absenteeism from classes (Achoka 2006).

The republic of Kenya (2003) observed that by 2005 Kenya had over 2 million people living with HIV/AIDS. Over 600000 among them were children. About 40M 70% of patients in major public hospital suffer from HIV/AIDS related illness. It is estimated that by the year 2010 nearly 3 million Kenya's will be suffering from HIV/AIDS hence devastating learning process in the education sector.

According to education research and review (2007) said that disabled children have been systematically underlined in the awareness campaign as well as resource allocations making them more vulnerable to diseases as well as to school dropout. In 2006, the highest crime in Kenya (Daily nation June 2006) was rape of the girl child. It was erroneously believed that sex with a virgin cures the deadly disease many girl-children perished. Accordingly this trend defeats the whole purpose of education and erodes gains in basic education which contributes toward failure to attain education for all (1990) and millennium goals of education (2000). UNICEF (2000) indicates that HIV/AIDS induces anxiety through trauma, discrimination and stigma which affect children concentration in class during the learning process. Aggleton et al (2003) observed that these sentiments of orphans being isolated by stigmatization and sickness, reflected in school leading to in access to education.

UNICEF (2000) also concurred that HIV/AIDS orphans stand high risk of being denied access to education. Mayer (1996) ascertains that children need love and care to be able to perform well in school. Isolation and being rejected by their other children are likely to lead to poor performance in school. Studies also show that HIV/AIDS infected children enrolment is low compared to an orphaned. From example cited from UNICEF (2000) ascertain poor participation of preschool children have anxiety caused by trauma and discrimination that CLWHAS go through in school process. CUO and Sullivan (2006) stipulated that rejection, isolation and abandonment of

CLWHAS are an impediment to child's participation in school. Mayer (1996) and Hetherington (1999) observed that children need love and care to be able to develop well and hence participate in the learning process actively. Studies done by Meintives et al (2010) indicate an increase in child-headed household among PLWHAS. This is an indication that a range of challenges including greater economic vulnerability and services access. This in turn will be reflected in preschool because challenges in economic issues mean lack of money to cater for academic needs.

According to Daily Nation Dec. (2009) about 60,000 people with HIV/AIDS are receiving nutrition intervention and this means that children will leave school due to lack of food as one of the basic need. Also new guidelines have been put in place to prevent mother-to-child transmission and this means that not many school going children will be infected by the terrible disease. The studies further states that 300,000 Kenyans living with HIV/AIDS are on anti retroviral drugs hence minimizing child morbidity and mortality which immensely affects the learning process in ECE classrooms. Also government has developed policies and strategies aimed at promoting human rights revolution fueling the spread of HIV. By promoting individual human rights education (inclusive) people can get access to free education care and treatment services without fear of discrimination.

## **2.6 Strategies for children living with HIV/AIDS to access formal education**

Preventing HIV/AIDS infection and dealing with the fear and discrimination derived from the epidemic requires careful attention to a range of cultural, social, religious, health and education issues, as well as the ethical and moral ramifications of interventions. HIV/AIDS is linked to issues that are at the very heart of education, such as human rights, the status of women

discrimination personal relationships community development, social responsibility and health world vision (HWV 2003).

The studies further cited that to achieve sustained control over HIV/AIDS, a multi sectional analysis of its impacts is reacquired and integrated responses must be developed. However the focus of this strategy session is first to analysis the need of the education sector and then identify process and measures that can facilitate process to accord to Daily.

UNICEF (2007) stipulated that a 3 year pilot began in April 2007 in partnership between the child-to-child trust and UNICEF it support programmes in a small number of countries worldwide to increase enrolment to standard one in primary schools and to minimize increased dropout particularly among disadvantaged communities where children have no opportunities to attend preschools. According project called to child-to-child approaches caring home (KANCO 2007) enable primary school children to meet the needs of younger children during a critical period in their development and preparedness for school. The goal is to increase both the child's readiness for school and the schools readiness to foster optimal learning environments for its youngest student/children.

According to Kenya AIDS NGOs consortium (KANCO 2007) children with behavioral problems as those who require a different kind of intervention and stimulation, understand that it will take them a longer period of time to achieve their potential and may require more parenting effort. This means that with love they are likely to participate well in the learning process. The studies further said that the child to child project also help individual children to achieve their potential in their areas of strength. This creates a conducive learning environment even for children living with HIV/AIDS KANCO (2007) continued to say that children play should be emphasized in

learning because children learn to interact communicate, make adjustments, learn to tolerate and share through playing together.

According to Ugunja (2007) children's testimonies, ideas and activities will help the caregiver to identify the challenges and find solutions to deal with them. And so they should be listened to. Also in classroom situation a teacher should listen and appreciate children answers opinions in spite of there status to motivate them in their learning process. According to the studies Ugunja (2007) media advocacy help to sensitize on how learning has been affected by HIV/AIDS. ECE and HIV/AIDS interventions can be addressed to young children through communicating and family support to caregiver while trying so measure the maximum participation of the child at the same time children are engaged though counseling process largely using play skill in order to forget them predicaments and concentrate in school learning process.

Naomi, Uoningsbaum (1993) stipulated that preschool educators all the staff to receive training in understanding HIV/AIDS so that they can dispel myths such as that having sex with a virgin cures AIDS. This will reduce the make of defilement in children and so parent will not have to fear taking their girl children to school. Still on interventions several homes have been established to deal with early childhood development and education of children living with HIV/AIDS such include Nyumbani orphanage and Bethany among others. These homes provide care and education for these children and this means they participate actively in classroom for their problems have been minimized.

UNESCO and UNICEF recommended started that other measures to increase children active participation in schools includes provision of schools that are closer to children's homes, provision for orphans and children from AIDS affected families and those infected. If the above

measures are implemented by government in collaboration with private partners, then the indiscriminate education can be provided to all children despite of their health and social status and this can improve their participation in ECE classroom situation.

## **2.7 HIV/AIDS and learner participation in ECE classroom in Kenya**

According to world AIDS Day (Daily nation 2009) Kenya wins United Nations praise and wants to put more people on ARV drugs. Emerging evidence indicates that current HIV interventions are saving lives and showing the rate of new infection in Kenya and several other countries. This has an implication that most people will be on anti-retroviral drugs (300,000 to 480,000 in the next two years). According to this UN data released, Kenya is among a handful of countries that have reduced the number of AIDS related deaths by as much as 25% in the last eight years. The Kenya national AIDS strategic plan seeks to reduce new HIV infections by 50% in the next five years. This will lead to high enrolment rate. By 2007 about 3.3 million people world wide are infected with the pandemic but more people are living longer due to the availability of drugs UN report (2007). This so with child mortality rate and mobility lows contributing to high participation in classroom Enrolment increase because their parent do not die leaving children to care for others. In conclusion looking at the unfolding events on the impact of HIV/AIDS on learner participation in ECE centres, the challenges and review the researcher has been motivated to conduct a study in Ndoileli division Igembe north district.

## **2.8 Theoretical frame work of the study**

Theoretical framework is a collection of interrelated ideas based on theories attempting to clarify why things are the way they are, introducing ideas and views of the research problems, allowing understanding realm of the problem, helping to conceptualize topic in its entirety and to acknowledge problem from a wider perspective for objectives (Kombo and Tromp, 2006).

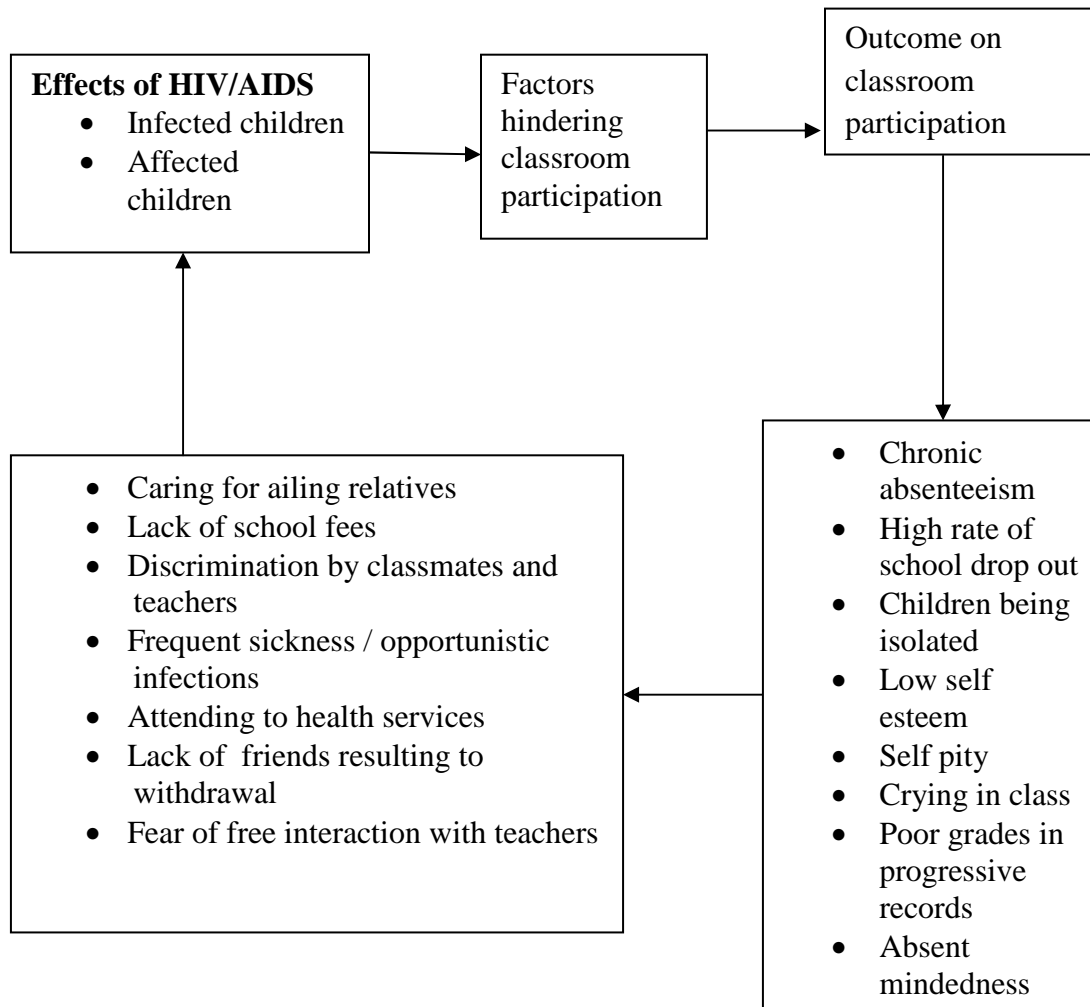
This study is modeled on John Dewey (1952), philosopher who believed that children are valuable. He emphasized that childhood is an important phase of human growth and development. He believed that children are born with an intrinsic potential to learn. (KIE Module, on General Methods and Material Development, 2009). Dewey thought that hard child labour and discrimination that did not allow children to access to education. He emphasized that education should prepare children to live in the society. Education for children should provide relations and social skills. Dewey's theories are applied in the study holds that children are valuable persons in the society and therefore should be given opportunity to develop and be educated in order to be "fruitful future generation" especially in Kenya in order to achieve vision 2030. So, inspite of their status, (infected or affected with HIV/AIDS), children need to be assisted to participate fully in classroom performance. He also emphasized on encouraging children to learn since they are born with an intrinsic potential to learn. Dewey observed that hard child labour and discrimination do not allow children to access education, so in case of the orphans, they should be assisted, teachers and the community should not discriminate children living with HIV/AIDS when it comes to classroom participation.



**2.9 Conceptual framework showing perceived effect of HIV/AIDS on learner participation on ECE classrooms.**

Rachael and Ramey (1987), Kombo and Tromp, 2006) says that a conceptual framework is a set of ideas and principles taken from relevant fields of inquiry and used to structure subsequent presentation. Conceptual framework involves forming ideas about relationship between variables in the study and showing these relationships graphically or grammatically. (Mugenda and Mugenda, 2003).

**Figure 1 Perceived impact of HIV/AIDS on pre-schoolers participation in classroom**



The effects of HIV/AIDS has been felt in the young children living with HIV/AIDS as they undergo the learning process. This is because of their sickness and attending to their sick relatives hence resulting to poor performance in most early childhood education centres. The attendance to health care and caring for their ailing relatives contribute to chronic absenteeism of these children. Lack of school fees was a problem since there is no free pre-school education and other learning resources could have made several children drop out of school. This is because most financial resources may have been directed to the infected and affected children medical health care and even death funeral arrangements. Frequent illness may also have contributed to their chronic absenteeism leading to poor performance in class. These children also may not have enough to eat and this can result to deficiency diseases like kwashiorkor and marasmus and this hinders active participation in their learning process. The fact that they are hungry most of the times, leads to being absent minded especially when the teacher is teaching and these impacts negatively to classroom participation.

The CLWHAS are normally discriminated by their teachers and other children and this may lead to being isolated due to self pity, hence do not participate in play which is a powerful approach in learning in preschool education. Fear of being laughed at or ridiculed by their playmates results to being withdrawn and later hate school which may lead to dropping out of school. In conclusion it has been observed that the HIV/AIDS has a devastating effect on children living with HIV/AIDS in their classroom learning process as cited by Dewey (1952), education prepares children to live in the society and that education for children should provide relations and social skills.

## **2.9 Summary of the Literature Review**

This section viewed literature review on the effect of HIV/AIDS on learner participation among pre-school children. It has discussed the global view on the effect of HIV/AIDS has on child education and rationale for caring for orphans and vulnerable children in order to access education like any other children. Studies on how HIV/AIDS has impacted negatively on education performance are discussed, especially among Kenyan children. It has come out clearly that in order for classroom participation of these children to improve, it is crucial for parents, government, teachers and the community at large to work together and hence a need to investigate the effect of HIV/AIDS on learner participation among pre-school children.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter described how the requisite data was obtained, processed and analyzed to fulfill the research objectives. It covered the research design that was applied, targeted population and sampling techniques and sampling procedure, the type of data; research instrument for data collection, the research process as well as reliability and validity of the instrument. Details of these terms are discussed in the section that follows.

#### **3.1 Research design**

According to Nachimas & Nachimai's (1996) a case study design is an action for answering the research questions and realizing the study objectives. It further explains that the nature of the type of research and its implications for the kind of statistical manipulation that can be performed on the result data. This study applied a case study design. According to Njenga and Kabiru (2008) a case study is an in-depth look at the individual or a single entity and Paton (2006) stipulates that a case study seeks to describe a unit in content and holistically.

A case study becomes practically useful when one can identify a case rich both in information and in the sense that a great deal can be learned from a few examples of the phenomena under study. The information obtained can be used in a situation similar to the one the study was collected. So the case study which was applied in this research study can be used to understand how HIV/AIDS as a phenomena is affecting learner participation in the ECE classroom in other parts of the country. Information of children participation was reviewed from the register, health

records and parents also participate in explaining the challenges encountered by their children as they go through the learning process. Interviews were conducted with parents and children who were also part of the respondents. The observation of the children was done in class as the researcher participated in teaching in order to get the behavior of the children living with HIV/AIDS as they participated in the learning process.

### **3.2 Target population**

Population targeted for study were, children living with HIV/AIDS, their parents and pre-school teachers. The target population consisted of 90 people. This was distributed as 40 CLWHAS, 40 parents of these children and 10 teachers. The target population of the children living with HIV/AIDS gave information on challenges encountered in their learning process. The pre-school parents also gave their version while the teachers acted as the main source of information because they had children in the classroom.

**Table 3.1 Population targeted for study**

Cluster	Schools	Preschool teacher	Preschool Children	Preschool parents
Kongoi	4	4	16	16
Baibariu	3	3	12	12
Kawiru	3	3	12	12
Total	10	10	40	40

### **3.3 Sampling design and procedures**

Quoting Koul (1984) in Mugenda and Mugenda,( 1999), sampling is a process by which a relatively small number of individuals, objects or events are selected and analyzed in order to find out something from the entire population from which they are selected. A sample is thus a small proportion of population selected using some predetermined procedure.

Igembe district has 128 preschools and out of which 98 are public and 30 are private. The district covers 3 divisional education administration namely Ndoileli, Laare and Mutuati divisions. Due to the large population the sample was brought into economic minimum. So a sample was selected from the population of the study, leaving the study focused on Ndoileli division which had 30 preschools. The study elements were preschool children, preschool parents and preschool teachers. Stratified sampling was used to come up with five educational zones. Every stratum yielded 2 schools making a total of 10 schools that were used in the study. In every school two teachers were picked using random sampling from a specific cohort of teachers and this had a total of 33 also to come up with four children to be studied making a total of 40 children in the whole division. There 40 children was used to come up with 40 parents to be included in the study.

### **3.4 Data sources**

Data that achieved objectives of this study was obtained from secondary and primary sources. However the study heavily borrowed from primary data because such information was not altered as it was a direct description of occurrence by an individual researcher (Mugenda and Mugenda, 1999).Primary data was sourced through self administered questionnaires and personal observation by investigator and interviews conducted from sampled populations. The investigator also borrowed from secondary sources to supplement primary data by reviewing

essential books, documents including official documents like review reports, administrative records as well as internet.

### **3.5 Data collection instruments**

Data collection instruments are used in securing information concerning phenomenon under study from selected number of respondents (Mulusa, 1988). Data for a case study employs techniques and methods that according to Mugenda and Mugenda, (1999), are structured unbiased and as far as possible reliable. Three instruments were used to collect data for this study; these included questionnaires, interview schedule and observation checklists. Questionnaire is defined as a carefully designed tool for collecting data in accordance with specification of research questions. It is recommended as a suitable tool for addressing research questions in a descriptive case study research, It gives important information about population and at the same time minimizes bias on the side of researcher and respondents (Kombo and Tromp, 2005) It is an instrument used to gather data which allows measurement for or against a particular viewpoint. A questionnaire has the ability to collect a large amount of information in a reasonable quick space of time. ( Mugenda and Mugenda 1999)

Questionnaires for teachers were divided into Part I and Part II. Part I of each questionnaire gave demographic characteristics by collecting data on gender, age, teaching experience, employment status, educational level, professional qualification, type of institution and so on. Part II of each questionnaire had structured and open- ended questions These questions were analyzed to denote extent of respondents' views on variables that were scrutinized regarding the effects of HIV/AIDS on preschoolers participation in classroom activities

The type of questionnaire was used is a close and open ended question. Respondent were offered a set of answers and asked to choose the one that closely represent the character view and opinions. The main advantage of this type of question was that it is easy to ask and quick to answer and analysis, it was also straight forward. However open-ended question are not followed by any kind of specific choice and the respondent answers are recorded in full. These types of questions do not follow the response to adapt to preconceived answer. Open ended questions also provide the research with opportunity to make probes in case of unclear response hence the question yield more data than the closed-ended type.

The intended questions consisted of questions for the teacher to fill concerning the challenges encountered when teaching a class with children living with HIV/AIDS. The questionnaires were sent to the 10 teachers who had been purposely sampled to give the information on the effect of HIV/AIDS on learners' participation in preschool centre. With help of the research assistance the questionnaire were distributed to the sampled schools to be collected at a later date.

An interview guide was constructed to interview respondents. An interview schedule makes it possible to obtain the data required to meet the specific objectives of the study. Interview schedules are also used to standardize the interview situation so that interviewers can ask the same question in the same manner. In most cases the question are usually asked exactly as they appear on the guide. It is also desirable that the guide should be constructed and structured to require minimum writing by the interviews.

The above instrument was used to elicit information from the CHLWHAS and their infected parent as well as teachers who are handling them. According to Mugenda and Mugenda (1999),



the interview schedule was directed to the care givers living with children infected with HIV/AIDS. It targeted the problems encountered by these children as they undergo their learning process. Through interviews, the researcher was to come up with the strategies to help these children access pre-school education just like other children.

Observation schedule or form are utilized to record what you are utilized to record what you as a researcher anticipates observing during data collection. One should be focused regarding what needs to be observed. Once the observational variables to be used in the research study are identified, you need to develop a form to record these observations. The schedule consisted of a list of behaviors the researcher wanted to note. These behaviors were related to the topic on effect of HIV/AIDS on learner participation. The schedule consisted of three columns, one with behaviors, and the other two were respondent whether or not the behaviors are stipulated in the classroom situation. The above instrument was used to record the behavior of CLWHAS as they undergo the learning process. Here investigator taught and recorded the children behavior and responses in classroom situation as he/she conducted the teaching process.

### **3.6 Pre-testing of research instruments**

The purpose of pre-testing was to assess clarity of the instruments validity and reliability of each of the items in questionnaire and suitability of language used in the instruments (Mulusa, 1988). Drafted questionnaire items were piloted in order to avoid threats to reliability, revealing vague questions and unclear instructions (Gay 1991). Piloting was done in 2 preschools. It needed 2 teachers and 2 parents, 2 preschool children randomly selected from samples identified for pilot study, on the basis of ability to generalize data. Care was taken not to include the samples in main study. Piloting was needed so as to modify and remove any ambiguities on items. Thereafter blank spaces, inaccurate responses, inconsistencies and other weaknesses detected in

items, were reviewed after piloting. Data collected from pilot study, was analyzed and results used for appropriate amendment of instruments (Mulusa, 1988).

### **3.6.1 Validity of the research instruments**

According to Mugenda and Mugenda (2003) validity is the degree which result obtained from the analysis of data actually representatively the phenomena under study. Validity is the accuracy and meaningful of inferences, which are based on the research results. Pre-test was also done in order to assess the clarity of the instruments items so that they could be improved or discarded. Bong and Gall (1989) suggested that questions that fail to measure the variables were to be modified while some might be discarded in a population similar to the target study. The validity of instruments was tested in schools which are not sampled. The questionnaire was sent to these schools interviews with be conducted to the parents of these pilot schools children and the observation was done to check the validity of the instruments to be used.

### **3.6.2 Reliability of the research instrument**

Mugenda and Mugenda (2003) states that reliability is a measure of the design to which, a research instrument yields consistent result or data after repeated trails. Therefore a reliable instrument was the one that consistently produced the result when used ones to collect data from two samples randomly drawn from the sample population. The test-retest approach was used. According to Mugenda and Mugenda (2003) this approach involves administrating the same instrument twice on the sample group of the subject at different times. Nachmanias and Nachmanias (1976) in addition states that instrument is administered at two different times and

then computes the correlation between the sets of scores. The reliability of the instrument was administered in a school called Murungene Primary which was not among the sampled school.

### **3.7 Data collection procedures**

As for observation schedule the researcher was to arrange with the teachers in the sampled schools in order to take the role of teaching for a week or two so as to come up with the right data since during this time the children were used to the researcher, the behavior of various children was noted as the researcher carried out the teaching process. The collected data was compiled and processed in form of percentage and graphs were used to present the observations. The interview schedule was directed to the care givers living with children infected with HIV/AIDS. It targeted the problems encountered by these children as they undergo their learning process

### **3.8 Data analysis procedures**

The data collected was mainly analyzed using descriptive method. It was described using both qualitative and quantitative approaches. According to Mugenda and Mugenda (1999) qualitative research deal with empirical data, or potentially verifiable information obtained from the environment and accesses via human sense. According to Bateson (1985) one cannot anticipate in advance what it will be important is to pay attention to the respondent. One must be open to the data to the possibility that very small clues will prove to be critical and that access will provide pivotal insight. Orodho (1998) observed that qualitative researcher is able to specify all the strategies they actually used for the study. So in fact this research is a case study. Qualitative method of data collection is appropriate in-depth and details.

Mugenda & Mugenda (1991) quantitative quantitative method which depends much on the principle of verifiability, knowledge of the world is only meaningful through direct observation using human senses. Due to the fact that the research has tables, diagrams and charts to compare the impact at which HIV/AIDS has affected learning in ECE centre in the in the whole division. It could also use quantitative method of research whereby graphs were used to represent observation schedule. Percentages were also used to come up with the highest challenges encountered as the children undergo their learning process.

### **3.9 Ethical concerns**

The researcher sought consent through signing consent form. This is to show that there was coercing of the participants. There was confidentiality to all information given by the respondents. The researcher ensured that the subjects were not psychologically humiliated by having ensured that consent was fully guaranteed. These subjects had been informed that involvement of the study was voluntary. Thorough explanations were given before hand.

**CHAPTER FOUR**  
**DISCUSSION OF FINDINGS**

**4.0 Introduction**

Chapter four presents study findings broken down in the following thematic subsections which are: Demographic characteristics of the respondents, questionnaire respondent rate, results from observation of the children living with HIV/AIDS during classroom learning processes and the results of the interview schedules conducted among parents of children living with HIV/AIDS (CLWHAs) and questionnaire results of effects, opinion of respondents on how HIV/AIDS affect CLWHAS's participation in class.

**4.4 Section A: Demographic characteristics of the respondents**

After the data was collected it was grouped according to age and gender in order to find out the type of teachers teaching in pre-school classes.

**4.4.1 Composition of respondents by gender and age**

Characteristics of the respondents were disaggregated by gender and age. Table 4.3 presents distribution of the respondent disaggregated by gender and age.

**Table 4.3 Distribution of preschool teachers by age and gender**

Age range	Gender		Percent
	M	F	
20 – 30	3	2	50
31 – 40	1	2	30
41 – 50	0	2	20
Above 50 yrs	0	0	0
Total	4	6	100

**Source survey data 2010**

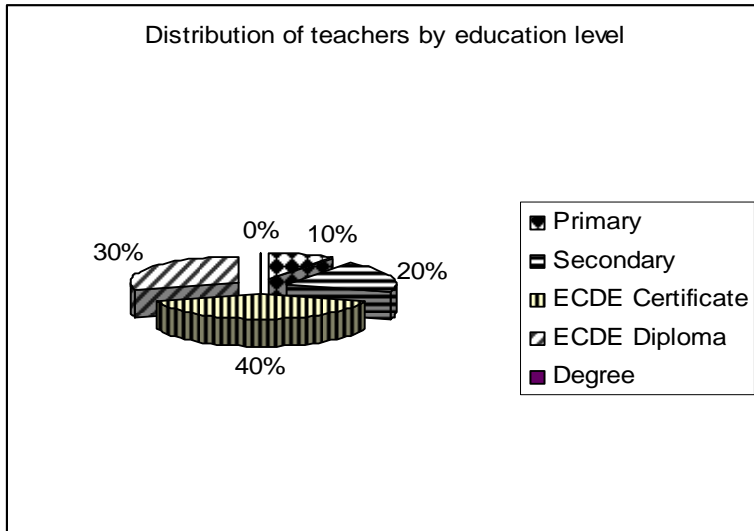
Analysis of data in table 4.3 indicated that 5 (50%) were aged between 20-30 years which means that most pre-school teachers are young while a few in number 3 (30%) are above the youth bracket which is 31-40 years. The fact that only 2 (20%) were above 40 years was an indication that very few aged persons teach in pre-school classes. This showed a positive gesture especially that the sub sector is managed by energetic and youthful males and females to steer its growth and development. Study findings indicate that out of 100 (70%) of the pre-school teachers were women, while only a few 3 of (30%) men were found teaching pre-school.

#### **4.4.2 Respondent educational and professional qualifications**

Good grades and higher academic achievement is an indicator of ones potential towards problem solving. In the teaching career, an individual with academic achievement can completely implement best practices of education, offer quality guidance and counseling skills and ultimately influence what learners get to learn. Such characteristics are able to boost participation of children with HIV/AIDS in preschool classrooms To determine this, the study documented highest educational and professional qualifications of respondents and this was presented as in Table 4.4.

Education and qualification level of preschool teachers and parents was key in determining how well they used the guidance and counseling skills to enable parents provide a better care and nutritional requirements to the preschool CLWHAS. Educational levels of teachers were tabulated as in table 4.4.

#### 4.4 Distribution of teachers by education level and professional qualification



Source survey data 2010

The study indicated that out of 100, 10(%) of the pre-school teachers sampled had undergone primary level and a great number 40(%) and 30(%) had undergone training in both certificate and diploma levels respectively. The study found out that due to high level of training, teachers were able to man the children living with HIV/AIDS. The teachers indicated quite a number of them, had attended HIV/AIDS seminars. This revealed that they were able to use skills learnt from seminars wisely to enhance preschools participation in classroom activities.

#### 4.4.3 Questionnaire Return Rate

The study targeted 10 preschools from which a sample of 10 teachers, 40 preschool children and 40 parents of preschool children were targeted to respond to constructed items. These were distributed to public schools and two were taken to private schools of which arrangement were

made by the researcher to collect at a later date. The total number of questionnaires given to teachers were 40 out of which, 24 were duly completed and returned giving a response rate of 78%. The number of questionnaires given to parents were also 40 out of which, 24 were filled and returned giving a response rate of 76%. After collecting the researcher found out that those distributed to the private schools came without being filled and the reasons given were that there were no cases of children living with HIV/AIDS. Nevertheless this indicated the findings of the study valid as Gay (1992) contends that a sample of 10-20% of target population is acceptable for any descriptive research.

**Table 4.4 Distribution showing questionnaire return rate**

Category of pre-schools	Schools	Pre-school Teachers	Pre-school parents
Public	8	32	32
Private	2	8	8
<b>Total</b>	<b>10</b>	<b>40</b>	<b>40</b>

Investigation on gender and age was very important in deterring whether these characteristics determined participation of CLWHAS in preschool activities. Gender was particularly important in identifying whether both gender participated in ECE and development.

#### **4.5 Participation of children living with HIV/AIDS**

The questionnaire administered to the teachers (Appendix 1) sought information and behavior of CLWHAs in the classroom learning process, the perception of other children as they interact with them, the possible causes of chronic absenteeism and they assumed contributing factors to vulnerability to HIV/AIDS. This was presented as in the table 4.4.



**Table 4.4 Home factors hindering participation and performance of CLWHA**

<b>Factors hindering CLWHAs participation</b>	<b>Frequency</b>	<b>Percent</b>
Seeking for medical care and attention	21	56
Assumption of adult roles as child headed families	19	39
Performing income generating activities to generate and sustain their families	17	43
Taking care of ailing parents	29	63
Discrimination and stigmatization by other members of the family	31	67

**N = 40**

### **Source survey data 2010**

Analysis of data from the study found out that a majority 21 children (56%) who were infected frequently absented themselves from preschools either to find medical attention and care while others 19 (49%) assumed adult roles as the head of the households. The respondents indicated that another 17 (43%) of the children dropped out of school when their parents die in order to look for income generating resources for survival for their families and siblings.

From the sentiments of the teachers, the study revealed that the performance of CLWHAs was low due to factors like discrimination which left them sad and isolated. Concerning vulnerability, 20 (50%) teachers indicated that vulnerable children took care of ailing parents and went to look for employment in order to sustain the life of their siblings.

### **4.6 Factors contributing to poor performance**

From the interview schedule with the parents, the data indicated that a majority 29 (57%) of parents were not able to provide learning resources eventually this led to poor performance. Others were sick and so they spend most of their family resources attending to medical care hence children lacking school fees. Data further indicated that most children are absented from

school in order to care for their sick parents or are left with their siblings as their parents sought for their medical care.

Still it was established that some of the teachers discriminate CLWHAs and label them names like (Kamdudu) hence children are not motivated in attending schools.

**Table 4.5: School factors hindering participation and engagement of children in classroom activities**

<b>Factors</b>	<b>Frequency</b>	<b>Percent</b>
Lack of school fees	7	18
Lack of learning resources	2	5
Stigmatization	2	5
Fear and trauma	1	3
Self pity	1	3
Ignored by teachers	4	10
Lack of proper diet	2	5
Pressure in academics	3	6
Lack of adequate sanitation facilities	7	18

**N = 20**

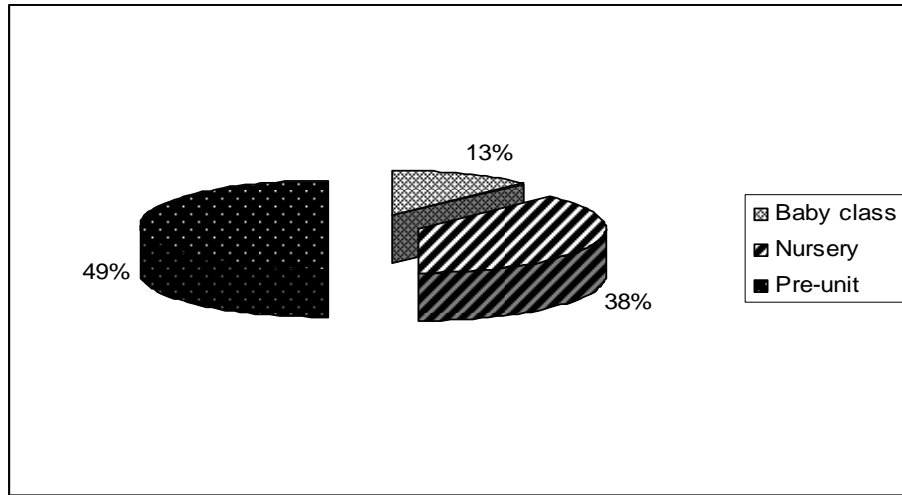
**Source survey data 2010**

**Table 4.5** indicated the most common school factors that led to low participation of CLWHAs in classroom as indicated; lack of school fees, 7 (18%), Stigmatization, lack of learning resources, lack of proper diet as indicated by 2 teachers (5%). Lack of adequate sanitation facilities was also indicated by 7 (18%). Discrimination by teachers, pressure and academic demands were mentioned by 4 (10%) and 3 (6%) teachers respectively. However, self pity and fear was minimal 1 (3%), maybe because pre-school children were too young to understand what was happening.

**4.7 Vulnerability of children to HIV/AIDS**

The data solicited from the observation schedule indicated that most CLWHAs were found within pre-unit classroom. This was illustrated as in table 4.6

**Figure 4.6 Distribution of CLWHAs by class**



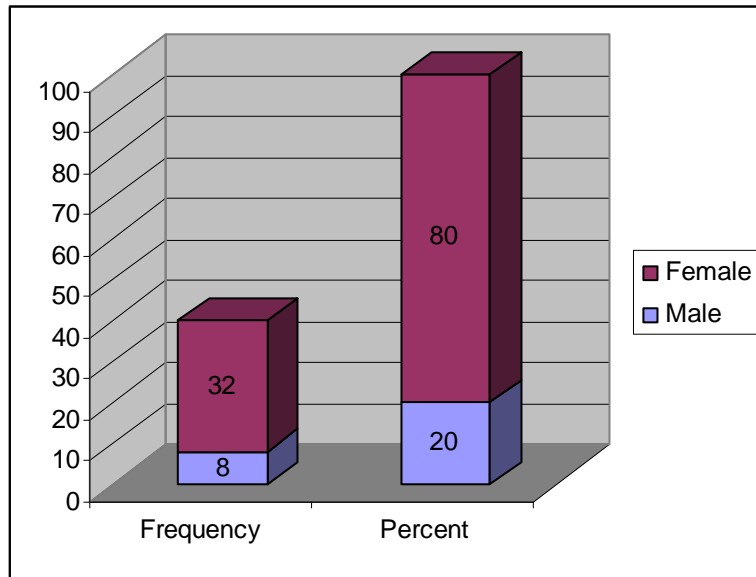
**Source: Survey data 2010.**

Figure 4.6 indicates the distribution of CLWHAs by class. Out of 40, 5 (13%) were found in baby class, 15 (38%) were found in nursery, while the highest prevalence was in pre-unit with 20 accounting (50%). This bulk of children observed in pre-unit was an indication that, most of the CLWHAs are found in pre-unit class which meant that the older the children, the more vulnerable they were to HIV/AIDS. These children were able to care for their ailing parents and they were also susceptible to sexual harassment, sexual abuse and defilement.

#### **4.8 Composition CLWHAs in pre-school classrooms**

Distribution to determine the gender of children in pre-school who are affected and infected by HIV/AIDS was done and data was presented in the figure 4.7.

**Figure 4.7. Distribution of total number of CLWHAs by gender**



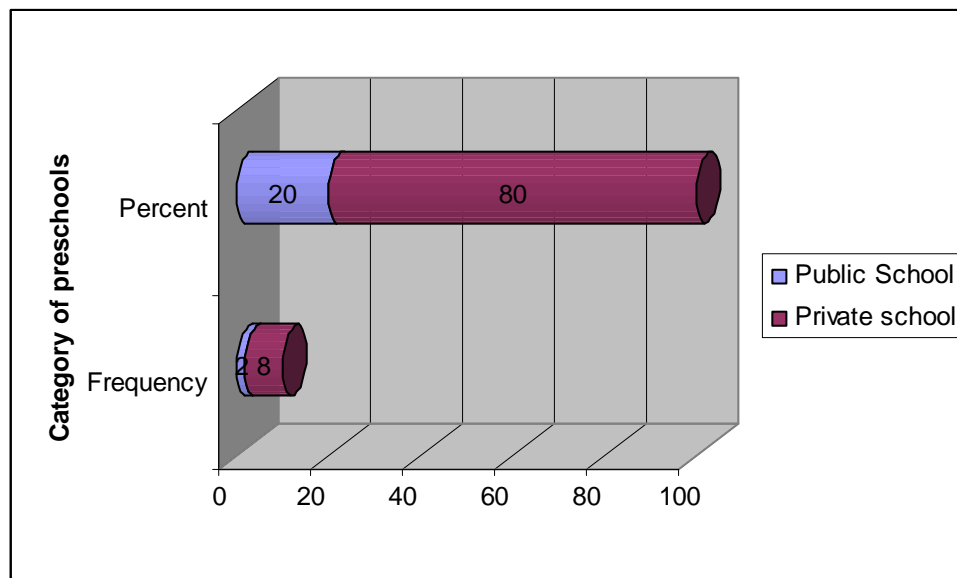
**Source: survey 2010**

Figure 4.7 showed great disparities of CLWHAs by gender. Female children were indicated as the majority of CLWHAs, as indicated by 20 (80%) while a relatively small number of male children were indicated by teachers 8 (32%). This great disparity showed that the girl child was a lot more vulnerable to HIV/AIDS than men. This could have been attributed to various inhuman acts and atrocities like rape, incest and sexual harassment within and outside the school because they were the ones who undertake household chores than their male counterparts.

#### 4.9 Pre-schools by category

The pre-schools were distributed by type and this determined whether children living with HIV/AIDS were accessing education and learning in both private and public schools as presented in figure 4.9.

**Figure 4.9. Distribution of preschools by category**



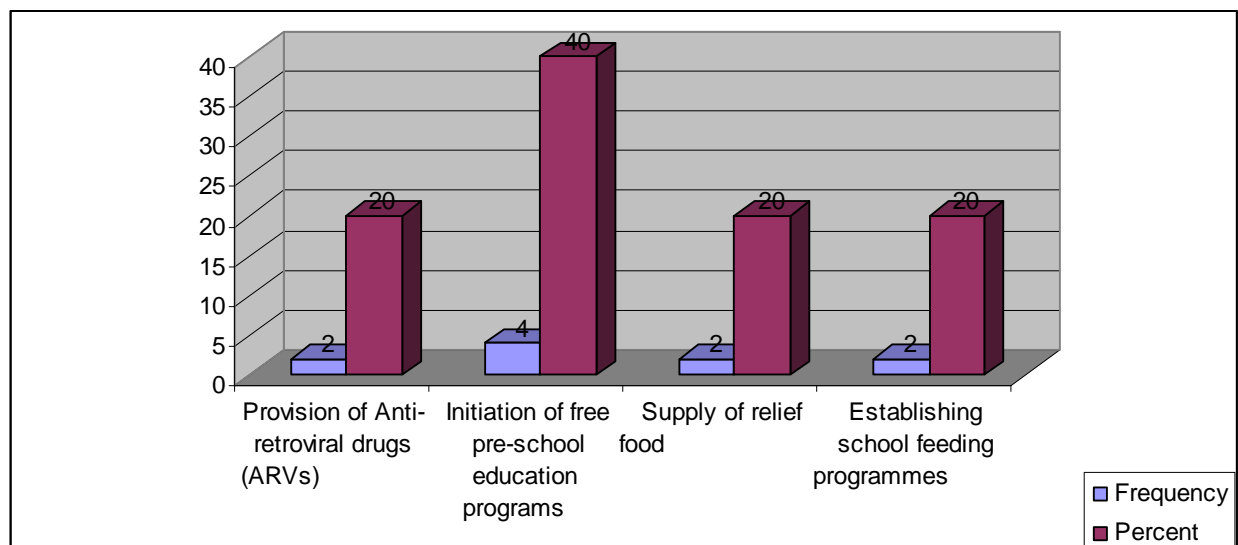
**Source: survey data 2010.**

Analysis of figure 4.9 indicated that the CLWHAs were found in great numbers in public schools 8 (80%) than in private schools 2 (20%). This was evident by the unfilled questionnaire which was returned from private schools. It also shows that vulnerability of HIV/AIDS was rampant in poor families and these were children who mostly accessed public institutions as the latter did not charge high fees and were considered affordable.

#### 4.10 Interventions to improve CLWHAs classroom participations

To reduce the intensity of problems of HIV/AIDS on the CLWHAs several interventions have been initiated by the government through its line Ministries, NGOs, through partnership strength. Such strategies have enabled children to access preschools and promoted their participation

**Figure 4.10 Selected interventional strategies to improve participation of CLWHAs**



**Source: survey data 2010.**

Data presented on figure 4.10 indicated that, free preschool education was the most popular intervention 4 (40%). This could have been attributed to the problems encountered by both teachers and children irrespective of their status. His implies that if the government could make preschool education free most of the challenges could be eradicated. Provision of ARVs 2 (20%), supply of relief food 2 (20%), and school feeding programmes 2 (20%) were viewed equally important in order for the children to have maximum participation in their learning process.

At the time of the interview with parents, the researcher found them in a meeting with members who had children living with HIV/AIDS. The group was called Maua integrated group. They were free to answer the questions freely as long as they gave the right responses. The parents gave different reasons why they joined the group. A half of the parents 5 (50%) said that they were encouraged by their infected friends; others 3 (30%) were advised by the doctor after undergoing voluntary counseling and testing while others 2 (20%) indicated that they were encouraged by some of the group member.

The study findings established that majority of the members were either infected or affected by HIV/AIDS. Only few 2 (20%) joined because they were either widows or cared for orphans. The study further indicated that children of these parents were undergoing preschool education. They highlighted some of the challenges the preschoolers faced both at home and school as they proceed on their learning process. Some of these challenges were analyzed as in the table 4.11.

**Table 4.11 Challenges encountered by CLWHAs as they undergo their learning process**

CLWHAs encounter various challenges. These challenges injure their physical or mental health or social well beings. These challenges inhibit participation of these children in classroom processes. Some of them are indicated as in table 4.11.

**Table 4.11 Challenges encountered by CLWHAs as they undergo their learning process**

<b>Challenges</b>	<b>Frequency</b>	<b>Percent</b>
Chronic absenteeism from school	5	13
Sickness of relatives	6	15
Child headed families/ increased child labour	4	10
Lack of learning resources	7	18
Lack of school fees / basic needs	5	13
Stigmatization / neglect	4	10
Fear of mixing with others / withdrawal	4	10
<b>Total</b>	<b>40</b>	<b>100</b>

**Source: survey data 2010.**

The finding indicated the lack of learning resources scored the highest. This could have been attributed to lack of money to buy this resource for the family uses money attending to health care. The respondent also cited chronic absenteeism (12%) to be rampant because of being send away for look various process. also it could be the children absent themselves to look for health care. A parent confirmed that the teachers encourage absenteeism by telling children to say at home until they are recovered.

The data indicated that child headed families out of 40, 6(15%) meant that these children are leaving as orphans and they were the ones who supported others. This was evident by the fact that during the interview schedule some of the group member were as young and so takes the responsibility of other family members.

The indicated that the highest factor was stigmatization 4(10%) confirmed that stigmatization still takes place on children living with HIV/AIDS. Infact some of the parent said that the teachers use name calling to these children. Others refused them to share their items with others and this makes children have self pity and so attributing poor performance.

Parents highlighted some of the benefits they get from the group which helps their children to improve classroom performance. These included; anti-retroviral drugs (ARVs), relief food and cooking fat, Guidance and counseling, encouragement on living positive, treatment of optimistic diseases, money from merry go round which they can start small business, advice of caring for the family and concerning living positive.

The study findings also indicated that free preschool education 20 (50%) and thought that it could solve all the underlying problems that children face as they went through their learning



process. School feeding programmes also scored high 10 (25%) because if all preschools introduce children who come to school hungry could benefit and hence be able to participate in classroom learning process. Relief food 5 (13%) and ARVs 5(13%) score the least because ARVs are still given freely in the hospitals and as for relief food if there was no levis paid in school the parents could never strain even without relief food.

#### **4.12 Sharing experience encourage positive living**

The interviewed parents responded that; payment of feeds for their children especially in secondary schools, providing some of the learning resources to their school going children, importance of using condoms on the infected persons, ways of starting income generating projects. All the parents confirmed that these benefit have lead to the improvement of their children classroom participation. The researcher interviewed all the children and they gave different responses

**Table 4.8: Views of children on the challenges they face**

<b>Challenges encountered</b>	<b>Frequency</b>	<b>%</b>
Discrimination	10	25
Stigmatization	10	25
Being isolated by other children	5	13
Name calling	5	13
Traumatization	5	13
Being isolated	5	13
<b>Total</b>	<b>40</b>	<b>100</b>

**Source: survey data 2010.**

The study findings in table 4.8 indicate shows that most children suffer from discrimination 25(%) and stigmatization 25(%) respectively. This shows that children with HIV/AIDS are still discriminated and traumatized in schools by either their classmates or their teachers. However, name calling, trauma and isolation was found to be minimal. This could have been attributed to lack of awareness and poor attitude of teachers concerning the care of the children living with HIV/AIDS.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.0 Introduction**

This section presents the summary, conclusion and recommendations on the effect of HIV/AIDS on learner participation among preschool children.

#### **5.1 Summary of the findings**

The main objectives of this study were; to examine the participation of children living with HIV/AIDS in early childhood education classrooms in Mdoleli division, establish factors contributing towards poor performance among children living with HIV/AIDS in ECE classroom in Mdoleli division, investigate the effect of HIV/AIDS on children participation in ECE centres in Ndoleli division and finally to find out the challenges encountered by the children living with HIV/AIDS during classroom participation.

In the classroom participation of children living with HIV/AIDS, it was revealed that these children are found in both public and private schools. However their learning was experienced to be having a lot of problems which were cited both in school and at home. The study finding also indicated that these children are stigmatized in the community whereby their classmates were preventing them from interacting with other children freely and other parent were extending of removing their children from the classroom purported to be have these kind of children. Chronic absenteeism was also realized whereby the children absented themselves either to attend to medical care, attend to the align parents and even due lack of learning resources.

The finding also revealed that some teacher discriminate these children through name calling, isolating them or refusing them to share their food items with other children and this resulted to children withdrawal and self pity which seemed to be lowering their participation in class.

### **Factors contributing to classroom participation and eventually poor performance**

According to preschool teachers' questionnaire and parent interview, it was established the main factors hindering classroom participation were identified as home and school factors. Home factors included; Chronic absenteeism as a result of caring for the ailing parents, attending to health care lack of fees, lack of learning resources children head family for the total orphans. However as for the school factors these included name ailing, isolation of children which lead to children withdraw and pitting themselves. Some of the children also could reveal to the children their status and this causes them to be absent minded the occurrences of the sentiments.

The study also sought to seek how HIV/AIDS affects learning in ECE classroom. It was established that due to chronic absenteeism, fear and traumatization, stigmatization of these children caring for their orphaned siblings coupled with caring for their aiding parents impacted negatively on their ECE classroom participation. Challenges encountered by the children in their class participation. The questionnaire, interview schedule and observation schedule revealed that the children encountered several challenges as they undergo their learning process some of these challenges were lack of school fees because the parent thought that there was no need of feeding fees for the dying children, others lacked funds because most of the money was used to cater for health services. Lack of learning resources like pencils, books, learning aids, school uniform was major cause of performance.

Stigmatization and discrimination has also noted among teacher, classmates and the community at large which made children to pity themselves be withdrawn and absent minded which the teachers were teaching resulting to poor participation. Most children also played the part of child headed family. They were to provide for their little siblings and so they could skip school for crucial labour and even leave school completely to look for employment as house help. Caring for their ailing relatives was seen to be the major challenge. This was because it exposed children to the vulnerability and also absent themselves to take care of them.

### **5.3 Conclusion**

The study revealed that the children living with HIV/AIDS do not participate well in their learning processing due to the identified problems which they undergo daily in their lifetime. It further revealed that if the causes of poor performance are not addressed properly these children will continue suffering and other performance will continue lowering.

Although the study involved only ten parents, ten preschool teachers and forty children living with HIV/AIDS this could have been used by the scholar to visualize the situation of these children in other parts of the country. There is existence remarkable evidence of poor participation of children living with HIV/AIDS in most preschools in the division in addition the study noted that if the preschool teacher continue stigmatizing and discriminating these children (infringement of their right) they would still continue performing badly which is against ministry of education (MoE 2010), that all school should provide child friendly environment.

The findings also noted with a lot of concern that the name calling (Kamundu) and isolating children with HIV/AIDS contribute health to their poor performance which should be discouraged by making many teachers attend HIV/AIDS seminar in order to be enlighten on how to treat these people. The research findings also indicated that the most vulnerable children were those that are caring for their ailing parent, expressed to exploration, child abuse and child headed families and child labour. It was established that many children contract HIV/AIDS as they care for their ailing parents for they do not know the precautions to take others are those that are exposed to defilement and intimidation as they were employed and others are mostly the orphans who were not aware of what killed their parents. The finding also indicated that if several measures are put in place the children living with HIV/AIDS can also benefit and improve the classroom participation as they undergo their learning process. These interventions are;

### **Giving relief food**

In case the government gives relief food to the people living with HIV/AIDS then the children could not have suffered from hungry and so pay attention to what the teacher has teaching. Also it could minimize chronic absenteeism of children who kept away from school due to hunger.

### **School feeding programmes**

This has been noted to be introduced in school so that children can be nutritionally cared for proper learning to take place.

### **Provision of ARVs**

If all the children were put into ARVs optimistic diseases would minimize hence children can participate well without thinking of their pain they undergo during the learning process.

### **Taking care of people living with HIV/AIDS**

If palliative care is provided well then the children will not have to absent themselves to care for their ailing relatives hence could concentrate in classroom learning process.

### **Introduction of free pre school**

This was noted to be the major solution because if the education was free children would no longer be sent for school fees, learning resources and also the preschool teachers would be motivated to teach well and so ECE classroom participation would improve especially for the children living with HIV/AIDS. Part A of the questionnaire for teacher sought information for the preschool teachers while part B sought information on the behavior of children. Challenges encountered and the interventions which could be put in place to enhance active classroom participation of these children. The interview schedule was conducted on the parents of the children living with HIV/AIDS (CLWHAS). It sought information on the challenges they undergo classroom learning process.

The observation of the study was scheduled for the CLWHASs. It sought information on the behavior exhibited by these children during classroom participation learning process. The recommendations of the study were as follows; government to provide free preschool education, eradication of child headed families, provision of learning resources, provision of relief food to people living with HIV/AIDS, provision of palliative care, provision of ARVs, provision of child

friendly environment, involvement of parents intensifying in-service of preschool teachers on management of CLWHAs.

## **5.9 Recommendations**

### **1. Intensify in-service of preschool teachers on management of children with HIV/AIDS**

There is need to regularly organize workshops, seminars, educational tours and in-service courses to equip the practicing preschool teachers with necessary knowledge, skills and attitudes on how to manage the children living with HIV/AIDS. This allows them to acquire maximum participation in the class learning process. Stigmatization and discrimination lowers learner participation and create disinterest in learning. Training sessions should be organized in zonal divisions and district levels. Such fora would offer preschool teachers the opportunity to share experiences and change their attitude on the way they handle these children as they link with effective delivery and good classroom participation of the children. This would improve children performance, increase their self efficacy

### **2. Government to provide free preschool education**

According to session paper I of 2005 the government promises to integrate preschool education in primary school. This meant that just like primary school education, preschool will be free. They will have access to learning resources enumerate teachers and scrapple any form of levis. This will increase access maintain retention and sustainability of all the children in school CLWHAs inclusive. Therefore there is need for the government to implement the policy so that the problems can be minimized in preschool education. Infact if there was no payment of fees



and buying of learning resources chronic absenteeism would be a thing of past and performance especial for the children living with HIV/AIDS would greatly improve.

### **3. Eradication of child headed families**

There is need to identify the orphans and the government through constitution development funds can cater for the total orphan or the government looks for ways of helping these children instead of them dropping out of school to care for their orphaned siblings. The church can also find ways and means of helping these children and this will result to good classroom participation because the children would no long of the issue.

### **4. Anti-retroviral drugs ARVs**

There is need to educate the community on Voluntary Counseling and Testing (VCT), so that the cases identified can be put into ARVs to avoid more death and suffering from optimistic infections which attributes to children chronic absenteeism in order to attend to medical care. ARVs will also minimize deaths leaving children as orphans who are in turn vulnerable to exploitation, defilement, child labour and consequently child abuse. On addition they will sustain the life expectancy of the parents hence reducing child headed families which are contributory factors to classroom poor performance.

### **5. Provision of learning resources**

Citing the group interview, it was clear that attempts should be made to form these groups of people living with HIV/AIDS. Through these grouping the parent can be provided with learning resources like uniforms, books, shoes, pens and books. This could be realized using the government non governmental organization or any other charitable organizations. Having these

learning resources absenteeism would be minimized hence raising good classroom perform among children living with HIV/AIDS.

## **6. Provision of relief foods**

Most of the people living with HIV/AIDS need proper nutrition yet these people lack financial opportunities. So there is need for government in partnership with other charitable organizations to provide relief food so that these children participate well in the classroom learning process.

## **7. Provision of palliative care**

The government should identify people living with HIV/AIDS and for those who are bed laden should be provided with palliative care financed by the government so that the children will not absent themselves from school in order to care for the ailing parent. This will also minimize vulnerability of children to infections on HIV/AIDS.

## **8. School bursaries**

Initially the school bursaries are only given to a few orphans in school. the same should be given to preschool children who are orphaned or are living with HIV/AIDS. This will curve high rate of dropout and minimize absenteeism leading to improvement of preschool classroom learning process.

## **9. Providing child friendly environment**

The current trend of providing child friendly environment (MoE 2010) should be effected through conducting seminars to all education stakeholders. This will minimize stigmatization, trauma and fear in children which has impeding caused of self pity withdraw and a feeling of

loneliness further contributing to poor classroom participation in the learning process of these children. These seminars and in-services would change the attitude of leaders towards the children living with HIV/AIDS and so creating a feeling of being wanted leading to good performance.

### **10. Involvement of parents**

Parents should be encouraged to attend open day's forums where the performance of the learners are discussed. The children could also be given opportunities to state the problems they encounter both at home and school and the parents and teachers discuss on how to solve these problems. This would strengthen the work between parents children and teachers in resolving issues related factors hindering effective classroom participation. Teamwork would improve learner interest, involvement and achievement.

### **5.4 Recommendation for the further research**

- i. Investigate the link between child friendly environment and good classroom participation in preschool centres.
- ii. Conduct a research on the effect of the integration of preschool education on preschool classroom participation.
- iii. Investigate why there are more children living with HIV/AIDS in public preschool than private preschools.

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## APPENDICES

### APPENDIX I QUESTIONNAIRE FOR PRESCHOOL TEACHERS

Dear Respondent,

The study seeks to investigate the effect of HIV/AIDS on learner among preschool children.

In order to enhance the learner participation and eradicate poor performance in ECE centers, I consider you to be an important part of the study. In this regard, I would be very grateful if you could spare your time to provide information relating to the questions that follow.

Your responses will be treated in confidence.

Thank you in advance.

1. Gender Male [        ]        Female [        ] Age [        ]  
Indicate your marital status
2. Tick your academic and professional qualification  
KCPE[        ] KCSE [        ] Cert[        ]        Dip[        ]        B.ed[        ]
3. Number of children living with HIV/AIDS Boys \_\_\_\_\_ Girls \_\_\_\_\_
4. How long have you been teaching in your current class \_\_\_\_\_
5. (a) Have you ever attended seminars on HIV/AIDS?  
(b) If Yes, state the number of times \_\_\_\_\_  
If no, state the reasons \_\_\_\_\_
6. (a) Do you keep health records for your children? Yes [        ]        No [        ]  
(b) If yes, how many children have you identified having HIV/AIDS \_\_\_\_\_
7. How have you established these CHWHs? (Tick the appropriate ones)
  - a. Told by parents
  - b. Taken to Voluntary Counseling (VCT)
  - c. Doctor's records
  - d. Observing signs and symptoms of HIV/AIDS
8. How do these children behave in classroom learning process?  
(Tick Yes or No (in the following behavioural schedule).

Behavior	Yes	No
Isolate themselves		
Withdrawn		
Self pity		
Lonely		
Fearful		
Absent minded		
Sickling		
Emotional		
Playful		
High rate of school drop out		
Chronic absentees		
Lack of learning resources		

8. Do they participate in both in and out door activities? Yes

No

9. Do they report daily in school? Yes  No

10. Looking at the register, can you say they have chronic absenteeism? Yes

No

If Yes, state the reasons

(1). \_\_\_\_\_

(2). \_\_\_\_\_

(3). \_\_\_\_\_

(4). \_\_\_\_\_

11. Do you agree or disagree that the following factors could have led to this scenario?

Factors	Agree	Disagree	Not decided
Sick parent			
Their sickness			
Lack of school fees			
Lack of learning resources			
Stigmatization by teachers and classmates			
Fear and traumatization			
Self pity			
Child headed families			

12. Are the above factors contributed to the children poor performance in class?

13. Yes [    ]                      No [    ]

14. What about the following. May it have contributed to vulnerability to HIV/AIDS?

Factors	Yes	No
Caring for their sick and ailing relatives		
Child head families		
Exposed to exploitation		
Defilement and sexual exploitation		
Child abuse		

15. Using the factor that have hindered learning in preschool centres, indicate the approximate number of cases you think have contributed to poor performance in preschool centres.

**The following are the factors that have contributed to poor performance in preschool centres.**

Interventions	No. of cases	Percentages
Put in Anti-retroviral drugs		
Help and take care of their ailing parents		
Government in partnership with NGOs to provide learning resources to CLWHASs		
Government giving them bursaries		
Policies to make pre school education free		
Government in collaboration with NGOs identifying the children and taking them to boarding schools		
In-services preschools teachers on HIV/AIDS through seminars		
Reviving guidance and counseling in schools and integrating preschool children		
Providing the infected and affected parents with relief foods		
Introducing feeding programmes to all preschool children		
Teachers encouraging other children to play and teaching them more about the HIV/AIDS		



## APPENDIX II OBSERVATION SCHEDULE ON CHILDREN LIVING WITH HIV/AIDS

### Background information

Province \_\_\_\_\_ District \_\_\_\_\_  
 Division \_\_\_\_\_ School \_\_\_\_\_  
 Type of school \_\_\_\_\_ Class \_\_\_\_\_  
 Level of children \_\_\_\_\_ Age \_\_\_\_\_  
 Subject \_\_\_\_\_ Topic \_\_\_\_\_  
 Time \_\_\_\_\_ Date \_\_\_\_\_  
 Gender of the teachers \_\_\_\_\_ Male/Female \_\_\_\_\_  
 No. of children affected by HIV/AIDS Boys \_\_\_ Girls \_\_\_ Total \_\_\_\_\_

Behavior of children in class	Yes	No
Interacting with others		
Interacting with the teachers		
Playing in outdoor activities		
Withdrawn		
Self pity		
Poor classroom performance		
Absent minded in class		
Looking sickly		
Participating in games		
Asking/answering questions frequently		
Participation in psychomotor activities		
Having several friends		
Well dressed		
Payment of all school fees		
Doing homework		
Having deficiency diseases like kwashiorkor and marasmus		
Always isolating himself from others		
Taking snacks with others		
Observing punctuality in class		
Having unhealthy appearance		
Active in role play		

Indicate by scoring 1 (Yes) or 0 (No) on the following behavioral observation schedule used by the observer during classroom learning process.

### **APPENDIX III**

#### **INTERVIEW SCHEDULE FOR PARENTS OF CHILDREN LIVING WITH HIV/AIDS**

**Child 'name**

**Child' age**

**Child' school**

**Interview schedule**

**Looking at your child it clear that the** \_\_\_\_\_

Child's name \_\_\_\_\_

Child's age \_\_\_\_\_

Name of the school \_\_\_\_\_

**Interview schedule**

1. Look at your child, its clear that he/she look sick

Has your child undergone health care services?

2. Has he/she tested HIV/AIDS?

3. Has he/she been put under Ant retroviral drugs (ARVs)?

4. Have you discussed the status with the teacher?

5. Since the status of the child was revealed, is there any change in classroom participation?

If Yes, Have you tried to find out why?

6. Has the child complained to you on the attitude of the teachers and the classmates in school? If Yes, what steps have you taken to save the situation?

7. Do you provide the learning materials like uniforms, pens, books, coloring materials, pictures etc to the child?

8. Highlight any problem you encounter in paying the schools fees and providing learning resources.
9. From the register we have noticed that your child has chronic absenteeism, state briefly the reasons for this?
10. What challenges do you face in educating your child?
11. Highlight other challenges your child face in school which has hindered learning process in ECE classroom.
12. What interventions do you think can be put in place to help these children (CLWHAs) participate well like others in the classroom running process.

**APPENDIX VI DEVELOPMENT PLAN**

The study was carried out as shown in the bar below:

Activity	May 09	Aug 09	Oct 09	Dec 09	Jan 10	Feb 10	Apr 10	May 10	July 10
	Aug 10	Oct 09	Nov 09	Jan 10	Feb 10	Apr 10	May 10	July 10	July 30
Literature search and Review									
Proposal Writing and preparation									
Defence <ul style="list-style-type: none"> <li>• Department</li> <li>• Faculty</li> </ul>									
Pilot testing study									
Revision and design of data collection instruments									
Data collection									
Analysis and interpretation of data									
Compiling report, binding and handing over to supervisor									
Defence of report in graduate school									

The bar chart above shows the time scheduled for research activities that were carried out by the researcher who then submitted completed research report to the Department of Education Communication and Technology, Faculty of education – University of Nairobi on July 30<sup>th</sup>, 2010.

**APPENDIX V  
BUDGET**

No	Category	Amount
1.	Proposal writing – Travelling within Nairobi and subsistence between August 2009 to August 2010	18,000
2.	Secretary services <ul style="list-style-type: none"> <li>• Typing of proposal (1<sup>st</sup> Copy)</li> <li>• Expected corrections made on proposal</li> <li>• Typing of final proposal</li> <li>• Photocopying questionnaires</li> </ul>	1,500.00 14,000.00 3,500.00 3,500.00
3.	Stationery <ul style="list-style-type: none"> <li>• Duplicating papers</li> <li>• Pen, pencils, erasers</li> <li>• Writing materials</li> </ul>	1,000.00 500.00 2,000.00
4.	Travelling Expenses <ul style="list-style-type: none"> <li>• Pre-testing questionnaire</li> <li>• Administering questionnaire @ 600 x 10 days</li> <li>• Subsistence during administration of questionnaires @ 1,000 X 10 days</li> <li>• supervisor traveling and consultation of supervisors expenses @ 2,000 X 30 days</li> <li>• Traveling to interviews respondents and making observation @ 600 per day 20 days using public transport.</li> </ul>	10,000 6,000 10,000 60,000 12,000
5.	Research clearance	1,000.00
6.	Binding <ul style="list-style-type: none"> <li>• Bindinh thesisdrafts for reading by supervisors</li> <li>• Binding final report 8 copies</li> </ul>	1,000.00 3,000.00
7.	Computer expenses <ul style="list-style-type: none"> <li>• Analysis of pre-test data</li> <li>• Analysis of final thesis data</li> </ul>	
8.	Miscellaneous	25,000
	<b>TOTAL</b>	<b>200,000</b>

