

**IMPACT OF STIGMA AND DISCRIMINATION ON THE RIGHTS OF SCHOOL
CHILDREN AGED 4-8 YEARS LIVING WITH HIV/AIDS IN KIKUYU
DIVISION, KENYA.**

BY

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DECLARATION

This thesis is my original work and has not been presented for examination in any other university.

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DEDICATION

This research thesis is dedicated to my late father Mr. Simon Nginya and my beloved mother Mrs. Elizabeth Nginya. To my three children Symon, Irene and Rick-Steve whom I am encouraging to work hard and go beyond this level in search for knowledge.

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ABSTRACT

HIV/AIDS stigma and discrimination has remained for many decades an impediment to the realization and enjoyment of child's rights across the world. According to United Nations convention on the Rights of the child (1991) non discrimination is where children enjoy all rights. The background of the study present stigma and discrimination related to HIV/AIDS and its influence on the rights to education, health care, play and freedom of association and protection from economic exploitation of children living with HIV/AIDS. The study sought to investigate whether stigma and discrimination infringed on these rights. The research objectives included, evaluate stigma and discrimination and infringement on right to education and investigate the extent to which stigma and discrimination infringes on right to health care among others. Research questions included, in which ways had stigma and discrimination infringed on child's right to education and to what extent had stigma and discrimination infringed on right to health care. The literature review depicted isolation, rejection ,name-calling and physical abuse and how these vices infringed on the rights of children living with HIV/AIDS. The research design used was survey which is an attempt to collect data from members of a population in order to determine the current status of that population with respect to one or more variables. To ensure equal representation, simple random sampling was done. Tools used to solicit information included questionnaires for administrators and teachers, interview schedule for caregivers, storytelling and observation schedule for children. Validity of the instruments was appraised by the supervisors and through pretesting while the reliability was tested through pilot study. The study established that children living with HIV/AIDS suffer isolation, rejection, name calling and physical abuse. Right to education was infringed through isolation and name-calling, play and association was infringed through isolation, rejection name-calling and physical abuse. Healthcare was infringed through creation of special areas and lack of funds. Children living with HIV/AIDS need protection to realize and enjoy rights like any other children. The government should lay clear policy and laws to enhance the realization and enjoyment of the child's rights. Adults living with children living with HIV/AIDS should help children enjoy their rights. Organisations taking care of children living with HIV/AIDS should be aggressive to ensure enjoyment of rights by all children.

ABBREVIATIONS AND ACRONYMS

ECE	-	Early Childhood Education
CRC	-	Convention on the Rights of the Child
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immune-Deficiency Syndrome
S & D	-	Stigma and Discrimination
PLHA	-	People Living With HIV/AIDS
MoEST	-	Ministry of Education Science & Technology
NCCS	-	National Council for Children Services
PMTCT	-	Prevention of Mother to Child Transmission
MTC	-	Mother to Child Transmission
OVCs	-	Orphans and Vulnerable Children
CSOs	-	Civil Society Organizations
FBO	-	Faith Based Organizations
CBO	-	Community Based Organization
CLHA	-	Children Living with HIV/AIDS
UN, CRC	-	United Nations, Convention of the Rights of Children
ARVs	-	Antiretroviral
KCSE	-	Kenya Certificate of Secondary Education

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CHAPTER ONE

INTRODUCTION

This section begins with the background of the problem, objectives and research questions of the study. This is followed by the significance of the study, limitations of the study, delimitation of the study basic assumption of the study and concludes with organization of the study.

1.1 Background of the study

HIV/AIDS stigma and discrimination has remained for many decades an impediment to the realization and enjoyment of child's rights across the world. According to United Nations convention on the Rights of the child (1991) non discrimination is where children enjoy all rights. According to Gilmore and Somerville, (1994), Aggleton and Parker, (2002), Siyamkela project, (2003a) stigma is a negatively perceived defining characteristic used to set individuals or groups apart from the normalized social order. Stigma discredits or devalues individuals and is interpreted as socially constructed process based on the identification of personal characteristics or attributes as "different" and highly undesirable. Goffman (1963) and Marshall (1998) add that stigma is discrediting attribute and stigmatized individuals possess an "undesirable difference". Such people are isolated thus denied right to association and participation.

Studies by UNAIDS (2007) found out that people living with HIV/AIDS (PLHA) have been judged and found guilty, by means of their disease and seen as having promiscuous behaviour. Kengeles, Coates, Christopher and Lazarus (1989) further

stipulated that Stigma is applied in varying degrees depending on moral judgment on the basis of mode of acquisition. In addition Busza (2001) stated that children born of parents infected by HIV/AIDS become ultimate defense victims, same to family members of PLHA of stigma and discrimination (S&D). United Nations, Convention on the Rights of Children (UN,CRC) (1991) provides that every child has a right to enjoy all the rights without discrimination, regardless of health status. Pre-schoolers are rejected and isolated at school by teachers, classmates, and those who take care of them according to Bhatiasevi (1999) and Assavanonda (1999).

Busza (2001) highlighted two forms of discrimination: Legislative form that reflects stigma enacted in law or policy, and community level forms where the marginalized experience discrimination in less formal contexts, related to family and structures of the civil society The article 54, Bill of Rights has its guiding principle of best interest of the child UN,CRC (1991). In contrary, as observed by Bhatiasevi (1999) and Assavanonda (1999) AIDS orphans are forced out of their villages in South East Asia. In addition CLHA were denied entry to schools because of the parents state of health and for being associated with HIV/AIDS. UN CRC, (1991) states that every child has a right to education. Denying a child entry to school is infringement of the child's right to education. Studies by Mira, (1990) and Phuah, (1999), established that children were denied treatment in hospital because of their HIV status.

The study found out that children living with HIV/AIDS (CLHA) when they died were denied traditional burials. This amounts to infringement of the rights of CLHA. UN, CRC (1991) states that health care is a right to every child. CLHA suffer S&D which makes the children be considered minority. Article 30 of UN, CRC (1991) provides that every child has a right to enjoy his or her culture to profess and practice

own religion which include decent burial after death. Denial of decent burial is an infringement of the right to enjoy one's own culture.

Community level S&D can manifest as ostracism, rejection, verbal and physical abuse. In addition, S&D can result in murder in extreme cases. According to Avert (2010),murder cases have been reported in Brazil, South Africa and India among other countries. In South Africa, studies done by Avert (2010) indicate that in 1998 Gugu Dhlamini was stoned and beaten to death after speaking openly on World AIDS Day. In India, studies by Avert (2010) indicated that PLHA/CLHA face violent attacks and killed on the basis of their HIV status. In addition CLHA face rejection by family members and the community. The study further showed that CLHA were denied access to medical treatment on the basis of HIV positive condition.

Busza (2001) from studies carried out in Indonesia, families have been found to separate house hold items, clothing and personal belongings of PLHA who include children. Sarjana and Wiyadnyana (1999) asserted that in extreme cases the family experiences rejection by the wider community. Children rejected and thrown out the community miss attending school which means right to education is infringed. Tan & Brown (1994) found that HIV positive women were pressured to undergo surgical contraception or if already pregnant to have abortion. A child has right to life (UN,CRC 1991) abortion is killing and subsequently denial of life and missing schooling.

From Ukraine, CRIN (2010) reported that preschools and primary schools refused to admit CLHA. CLHA have been turned away and excluded from primary schools which is against the country's anti-discrimination laws. According to UK ,National

AIDS Trust in CRIN (2010), a child who discovered her status from the teacher was bullied by other children until she was forced by the stigma to drop out of the school. The right to education of the child was infringed.

Studies done by Tanzania Stigma Field Test Group (2005) found out that in Africa there have been reports on physical and social isolation or exclusion toward PLHA and their children. Verbal stigma in form of gossip, insult and loss of role including denial of religious rights, loss of respect and loss of resources have been reported. PLHA lose jobs, customers, housing, are given poor quality or no health care. Such acts accelerate and deteriorate their health condition and they die premature deaths leaving orphaned children who suffer S&D that infringe on their rights. In addition Aggleton and Parker (2002) Siyamkela Project (2005) asserts that, in Africa PLHA not only have to deal with disease symptoms but also associated stigma. PLHA are labeled and set apart from larger community as indicated by Holzemer and Uys (2004).

Holzemer and Uys (2004) and Siyamkela Project (2005) described various phrases used to refer to PLHA which have negative implication. In Tanzania, Nyblade, Pande, Mathur, MacQuarrie (2003) PLHA are called “Maiti inayotembea” (walking corpse) and “Marehemu mtarajiwa” (expected to die). In Africa, PLHA suffer name calling and being referred to as Satan’s people by church members. Stigmatizing phrases in school make children drop out of school thus denying the child access to education and association.

In South Africa, Shisan and Simbayi (2002) indicated from research carried out that, stigmatizing attitudes include not sharing a meal or sleeping in the same room with an

infected person. In Cape Town, Kalichman, and Simbayi (2003) asserted that individuals who were not tested for HIV agreed that people infected with HIV/AIDS were dirty and should be ashamed and guilty and should not work with children. Human Rights Watchman (2003) confirmed that children are not left out; the parents are not willing to let their children interact, play, share a meal or even same classroom with an infected child or affected. This infringes on the right of the child to freedom of association and access to education.

In Kenya, studies carried in Kangemi, Lea Toto program (2005), that provides medical and social support to families caring for HIV positive children, ascertained that these families face S&D attached to the children and family. Scrambler and Hopkins (1986), in a study found out that families have to cope with either 'felt 'or (perceived) and 'enacted 'or (actual experience of discrimination) stigma. Such children are denied right to education and participation in collective activities. The UN, CRC (1991) recognizes that the enjoyment of one's right cannot be separated from others. For instance you cannot separate health and Education.

According to Gilborn (2001) children with HIV/AIDS or associated with HIV through infected family members have been stigmatized and discriminated against in educational settings all over the world. Stigma has led to teasing by the peers or classmates, of HIV school children or children associated with HIV/AIDS. Gilborn continued to say that discrimination against HIV positive children in the U.S.A and Brazil, plus exclusion from collective activities or expulsion from school. This has led to non-discrimination legislation in the affected countries. Studies by Galvao (2000) and Public India Centre (1995) in Child Rights Information Network (2010), (CRIN) in Brazil and India indicated infringement on the right to education of CLHA.

Child Right Information Network (CRIN) (2010) confirmed that in the health sector, there have been reports of HIV testing without consent, breaches of confidentiality and denial of treatment and care. UN, CRC (1991) stipulates the right of the child to enjoyment of the highest attainable standards of health and treatment facilities. Testing without consent and revealing ones status shuns parents and guardians from seeking health care services when needed by CLHA. This infringes on the right to health care and treatment of CLHA.

Studies by CRIN (2010) found out that children born of parents living with HIV/AIDS are often victims of S&D as they too are assumed to be infected. As a result CRIN (2010) asserts that CLHA are denied access to information, health, or social care services or from community life .At its extreme, S&D against CLHA has resulted in their abandonment by the family, community and or /society.

Report from studies carried by CRIN (2010) indicated that doctors refused to offer treatment to CLHA or tried to discourage them from coming by repeatedly rescheduling appointments, asking them to come back after all other patients have left. It was established during the study that doctors and nurses referred PLHA/CLHA as *AIDS people* in front of other patients. Name calling is a manifestation of S&D which infringes on the rights of CLHA and such names prevent people with AIDS from seeking health services. Rescheduling of appointments and refusing to treat CLHA is an infringement of the right to health care and treatment as stated in UN, CRC (1991)

According to UN, CRC, (1991) article 2 , it is stated that state parties shall respect and ensure the rights set forth by the convention to each child within the jurisdiction

without discrimination of any kind, irrespective of the child or his parents ,legal guardians, language, religion or race. Non-discrimination and non-stigmatizing approaches should be used to stop infringement of the rights of CLHA.

In the absence of caring adults to protect CLHA and as the children struggle to survive, the children who experience poverty, abandonment, rejection and discrimination are at risk of exploitation. In addition added burden of responsibility for themselves makes CLHA at risk of abuse and exploitation. Rights of CLHA are infringed as family property is taken, siblings separated, the children suffer physical and sexual abuse. The children become homeless which sends CLHA into living and working in streets where they experience sexual exploitation.

1.2 Statement of the problem

Children are among the vulnerable groups in the society that need protection UN,(CRC 1991). The HIV/AIDS epidemic has left children orphaned, either infected or affected. CLHA are at the centre of stigma as they can be stigmatized as a result of both their parents and family members. They often carry the burden of stigma long after the death of their parents which is traumatizing. Subsequently the loss of income as a result of the death of a parent and breadwinner creates a secondary stigma as children are treated differently due to poverty.

Children living with HIV/AIDS face S&D through rejection, isolation from community ,neglecting, name calling, physical beating, harassment, extreme punishment and denial of providing traditional burial. Family members separate house hold items clothing and personal belongings of CLHA. In addition CLHA face

economic exploitation, denied access to schooling, health care and left to fend for themselves. It is for this reason that the study seeks to investigate whether stigma and discrimination (S&D) directed towards CLHA infringe on their rights in Kikuyu division.

1.3 The Purpose of the Study

The purpose of the study was to investigate the impact of S & D on the rights of children living with HIV/AIDS in Kikuyu Division, Kikuyu District in Central Province.

1.4 Objectives of the Study

The study sought to address the following objectives;

1. Evaluate S&D and infringement of child's right to education among children living with HIV/AIDS.
2. Investigate the extent to which S&D infringes on the right to health care of children living with HIV/AIDS.
3. Establish how S&D has infringed on the right to play of children living with HIV/AIDS.
4. Examine how S&D has infringed on the right to freedom of association among children living with HIV/AIDS.

5. Analyze the extent to which S&D has infringed on the right of the child to protection from economic exploitation and performing any work that is hazardous to the child's development.

1.5 Research Questions

The study sought to answer the following research questions;

1. In what way has S&D infringed on the right to education of children living with HIV/AIDS?
2. To what extent has S&D infringed on the rights of a child to health care among children living with HIV/AIDS?
3. Which are the ways through which S&D has infringed on the right to play among children living with HIV/AIDS?
4. How has S&D infringed on the right to freedom of association among children living with HIV/AIDS?
5. What are the various ways through which S&D has infringed on the right to protection against economic exploitation and performing work that is hazardous to the development of children living with HIV/AIDS?

1.6 Significance of the study

The findings of the study will be useful in ensuring that the rights of CLHA are protected and that the children enjoy the rights to the full like any other child. Those who will contribute towards the realization of the rights by CLHA, include the pre-schools and pre-school teachers who interact with children facing HIV/AIDS –related S&D. The knowledge about the negative effects of HIV/AIDS –related S&D on the growth and learning of the child, will help teachers change the attitude towards CLHA. Organizations that deal with children affected and infected by HIV/AIDS will use the information to safeguard the interests of the children. Health workers who offer health care to children affected and infected by HIV/AIDS will change the attitude and embrace reduction of S&D towards PLHA/CLHA. Churches, MOEST and other government organs that deal with children affairs will benefit in effort to eradicate S&D towards CLHA.

1.7 Limitations of the study

The study targeted children affected and infected by HIV/AIDS who had faced S&D at one point in life. Some of the children were not aware that they were infected or affected by the scourge. It is also important to note that some children's status was kept as a secret by their guardians or parents because of fear of S&D. The fear of confidentiality about their status barred acquisition of information required. During the study, the researcher was aware that rights of the child could be infringed by other factors such as poverty but was concerned with HIV/AIDS-related S&D.

1.8 Delimitations of the study

The study was in Kikuyu division with the people who had openly declared their status and were ready to share their experiences as PLHA. Age of children included was 4-8 years old. Teachers involved were only those dealing with CLHA within this age bracket and were aware of the status of the children. Teachers who were not aware of the children's status were not involved.

1.9 Basic Assumptions

There were assumptions that children affected and infected by HIV/AIDS were stigmatized and discriminated at home by those left to take care of the children, at school by peers, teachers and support staff, and by the community who warned their children from playing with affected and infected children. It was assumed that children affected and infected by HIV/AIDS and had experienced S&D were willing to share their ordeals. Assumption made here was that the children were aware of their status, had experienced S&D and were ready to share their experiences.

1.10 Definition of key terms

Stigma	A negative attribute towards a child living with HIV/AIDS that makes the child feel not loved or cared for.
Discrimination	Treating a child in a way that makes the child feel unwanted. For example isolating, neglecting or rejecting a child.

Pre- schoolers	Young children aged between 4 and 8 years who attend either pre- school or lower primary.
Perceived stigma	The way one feels about him/herself because of how people treat him/her due to his/her HIV positive status.
Peers	Children of the same age and grade, who attend same school and class. They also play and participate in social activities together.
Community	People living in the neighbourhood of the child who is affected and infected by HIV/AIDS.
Child	This is a person under ages 8 years. This person attends school from pre- school to lower primary.
Enacted stigma	This is the actual experience of discrimination. It is normally associated with isolation and rejection..
Name calling	Verbal abuse using stigmatizing words

1.11 Organization of the Study

The study was organized in five chapters. Chapter one was composed of background of the study, statement of the problem, objectives of the study, research questions, limitations of the study, delimitations of the study, definition of the key terms, basic assumptions of the study and the organization of the study. Chapter two constituted the literature review. It was sub divided into sub themes which were based on

HIV/AIDS epidemic, and the extent of stigma and discrimination of those affected and infected by HIV/AIDS.

Chapter three addressed the research methodology the study adopted, the target population, sample size and sampling procedure, instruments that were used, data collection procedure and finally the data analysis technique that was used. Chapter four presented data analysis, interpretation of data and discussion of the findings.

Finally chapter five provided summary, conclusions, recommendations, contribution to the body of knowledge and suggestions for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section brings out a detailed literature on stigma and discrimination (S&D) among people living with HIV/AIDS (PLHA), especially children living with HIV/AIDS (CLHA) globally, in Africa and Kenya. Emphasis is given on how S&D has infringed on the rights of the child living with HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immune-Deficiency Syndrome)

2.2 Situation of CLHA, S&D and its implication in learning.

According to Avert, (2010) more than 15 million children have been orphaned by AIDS. About 11.6 million are found in Sub-Saharan Africa. In Kenya by 2005, we had 46% of the orphans being HIV/AIDS orphans. Rise in parent's death caused by AIDS has increased the number of AIDS orphans who grow without parental care and love.

This is confirmed by UNAIDS, (2009). Children across the world are infected every year and without treatment they die of AIDS Millions of children not infected by HIV/AIDS are affected indirectly by the epidemic, as a result of death and suffering brought about by AIDS in their families and their communities. This suffering is part of the HIV/AIDS related S&D. S&D means that children will continue to suffer the consequences of the epidemic.

In addition, Avert, (2010) stated that AIDS orphans suffer emotional problems. Often AIDS orphans experience negative changes in their lives like neglect and emotional distress long before the death of their parent(s). They suffer the death of their parent(s) and the emotional trauma that follows. AIDS orphans have to adjust to a new situation with little or no support and they suffer from exploitation and abuse. Research by Avert, (2010) indicates that the plight of AIDS orphans which include psychological distress, anxiety, depression and anger are evident among AIDS orphans. It is worse when the child is separated from other siblings.

Avert (2010) confirmed child-headed households among AIDS orphans. To access basic needs, AIDS orphans are forced to engage in child labour which is an infringement of a child's right to protection against economic exploitation as stated by UN CRC (1991). Consequently, AIDS orphans miss out enrolment in school or are interrupted or perform poorly as a result of their situation. They are unable to meet school expenses such as books, uniforms, shoes and pens. In addition, they fail to attend school because they are caring for their ailing family members or siblings infringing on their right to education.

Avert (2010) ascertained that AIDS orphans face stigma from the society through association with AIDS. The distress and social isolation experienced by CLHA, both before and after the death of their parent(s) is strongly exacerbated by shame, fear and rejection that often surround PLHA. Because of this Avert (2010) asserts that CLHA are denied access to schooling and health care. In addition CLHA are denied their inheritance and property leaving AIDS orphans poor.

In a study done by UNAIDS (2007) it was established that CLHA suffer social rejection, financial insecurity, shame /guilt, low self esteem, depression and other psychological problems. Children who feel rejected, insecure financially, have low esteem and depressed are likely not to participate adequately in the learning process. To this extent the rights of the child are infringed. .

Studies done in Malawi by Kadzamira and Swainson (2000), indicated that orphaned children who remained in school were identified because they looked thin, did not have books pencils and wore incomplete uniform. The study in addition established that orphans had higher rates of absenteeism because they were susceptible to opportunistic diseases. Investigation by Kadzamira and Swainson (2000) established that CLHA fail to attend school because of home demand for their labour or care for ailing parents or young children. The rights of CLHA to education, freedom of association and protection from economic exploitation were infringed by the poverty level and children's engagement in child labour.

2.3 Right to education, S&D and participation of CLHA in learning.

UN, CRC (1991) in article 28 stipulates that a child has an inalienable right to education and the state should make basic education free and compulsory. In Kenya and other developing countries education is not universally available; neither compulsory nor free. The most likely to be excluded from the benefit of this right are the marginalized children in the society who include orphans who stand a high risk of continuing with education. This has made CLHA not to access basic education. For instance, studies carried in Haiti

by Castro and Farmer (2005) found out that Samuel's children dropped out of school to work on the farm to support their parents. As indicated in UNICEF, (1999), enrolment as well as attendance of orphans to school is low compared to other children. This is because few orphans commence school and higher proportion who are orphaned while in school drop.

HIV/AIDS has numerous barriers to school attendance in Africa according to Avert (2010). Children may be removed from school to care for ailing parents or family members or the children may be living with HIV/AIDS. Many children in addition are unable to afford school fees and other school expenses such as books, uniforms and shoes. These especially affect children whose parents succumbed to AIDS and struggle to generate income to be able to meet the basic needs.

Avert (2010) asserted that the devastating effect that AIDS has on school enrolment is of big concern. AIDS stigma has continuously infringed on the right to education of CLHA. From a study in Romania, Human rights Watch (2003), CLHA are faced with multiple S&D related to AIDS. The Romania law bars children who are more than two years older than their grade level from attending mainstream classes. This makes CLHA too old because they have fallen behind due to long periods of hospitalization or substandard educational programs in government institutions. During the study, it was found that CLHA were inappropriately relegated to special schools with inferior resources. This infringed on the right of the child to education.

It is evident from research carried out by SADC-EU Corporation in UNICEF (1999), that HIV/AIDS induces anxiety through trauma, discrimination and stigma, which affect children's concentration in class during the learning exercise. Aggleton and Warwick (1999) echoes these sentiments of orphans being isolated by stigma and sickness, reflected in schools leading to in access to education. Children affected by AIDS face risks to their education, health and well being as stipulated by UNICEF (2006a). Children are forced to forgo schooling, there may be less food or clothing, suffer from anxiety and abuse. Alarmingly UNICEF (2006a) asserts that orphans and vulnerable children have higher risk of exposure than non affected children.

Study done by UNESCO, (2005) indicated that teachers expressed their concern or worries about the risks of HIV being transmitted to other children during interactions in the learning process In addition other parents complaint about the presence of CLHA in the pre-school. This amounts to S&D towards CLHA and in turn on the right to education. Other studies done by Strode and Grant (2001) showed that CLHA are denied access to pre-schools on the basis of their HIV status. CLHA attend school irregularly because in case of minor ailments the teacher asks the child to stay at home to avoid infecting other children. When at school the teacher handles the child with a lot of care, the teachers distance themselves from the child and gossip about the child's HIV status. Such acts make CLHA uncomfortable at school and prefer to stay at home, infringing on the right to education.

UNICEF (1999) indicated that HIV makes it likely that a substantial number of children are not able to enroll in Pre School. According to UNICEF (1999) HIV/AIDS orphans

stand high risks of being denied access to education. From the study, HIV/AIDS orphans enrolment is low as compared to un-orphaned children. UNICEF (1999) found out that CLHA attendance in school was low and irregular. Poor participation of pre- school children is associated with anxiety caused by trauma, stigma and discrimination that CLHA go through. Rejection, isolation and abandonment of CLHA are an impediment to child's participation in school as stipulated by Cao and Sullivan (2006). According to Mayer (1996) and Hetherington (1999) children need love and care to be able to develop well and hence participate in learning activities.

2.4 S&D, Health care and participation of CLHA in learning.

UN, CRC (1991) states the right of children to health care in article 24. The child has a right to the enjoyment of highest attainable standard of health and facilities for the treatment and rehabilitation of health. This includes the combating of disease and malnutrition within the framework of primary healthcare. Children born of infected parents and cannot work or people have refused to buy from their business, lack access to health care and good nutrition. Health care and good diet are key to a child's participation in the learning process. Lack of health care and balanced diet affect active participation of CLHA in the learning process.

According to Family Health International in UNAIDS (2007) CLHA and their caregivers may fail to seek health care because of fear of negative attitudes among care givers towards CLHA. In addition, health workers lacked skills to deal effectively with CLHA or gave them lower standards of treatment. Fear of lack of confidentiality about their HIV

status led to CLHA not seeking health care and infringed on the right to health care. Fear made children to withdraw and as a result participated poorly.

Lack of money was highlighted by Family Healthcare International in UNAIDS (2007) because most orphans and vulnerable children are denied of their inheritance and in some cases the family resources were used during their parent's illness. Denial and losses of family resources among CLHA are manifestation of S&D.

Other studies by Strode and Grant (2001) established that CHLA are frequently denied access to health care services, or denied basic medical treatment that is available to other patients. The refusal meant that CLHA were not bathed, fed or changed when wet. Strode and Grant (2001) stated that CLHA are denied treatment by doctors and nurses on the grounds that they will soon die. Lack of health care makes children ill and may die, denying them an opportunity to enroll in pre- school or being retained. A sickly child cannot participate in collective activities as well as in the learning process. Health care as a right and when infringed affects the right to education, association and participation of a child.

2.5 S&D, play, freedom of association participation of CLHA in learning.

UN, CRC (1991) article 15 stipulates that children have right to freedom of association while article 31 recognizes the right of the child to rest, leisure and to engage in play and recreational activities appropriate to the age of the child. Avert (2010), stated that community based HIV/AIDS S&D, denies a child right to association. A child and the family at times are forced out of the village, change daily activities or schooling as a

result of S&D related to HIV. For instance Michael from Britain was forced out of the village because of his HIV- status. In Avert (2010) it is clear that Michael was denied freedom of association and play and right to education.

Studies by UNAIDS (2007) show that children attending Sunday school refuse to play and mingle with children known to be infected by HIV or their parents are infected. In addition, in Zambia, Clay (2007) reported of a girl who at home was never liked by friends because they claimed she had tuberculosis which they associated with HIV. Whenever the girl went to join a group, they ran and left her alone. A boy reported how at school children refused to play with him because he was infected with tuberculosis, claiming that they feared being infected with HIV. Refusing to play with CLHA infringed on the right to education because children learn through play.

Fear of S&D manifested as ostracism, rejection and physical abuse creates S&D related to HIV. Play is important for holistic development as evident in Hetherington (1999). Play is responsible for good health in terms of physical, mental and social well being. When children are asked not play with CLHA, then it is true to say CLHA will not develop holistically and in turn will not achieve in school. Infringement of right to association and play interferes with a child's holistic development and consequently the learning process.

Studies undertaken by Strode and Grant (2001) showed that extended family ostracizes and rejects HIV/AIDS orphans. The extended family refuses their children to play or associate with CLHA. In extreme cases the study established that CLHA are told not to

visit their relatives' homes. CLHA find it difficult to find foster or adoptive parents even within the extended family UNESCO (2005) highlighted a study undertaken by Janjaroen and Khamman, on how children born of infected and affected families were ostracized by playmates. This infringes on the rights to play and association. CLHA in extreme cases were forced out of school as indicated in UNESCO (2005) infringing on their right to association with their peers

2.6 S&D, economic exploitation and participation of CLHA in learning.

Article 32 of UN CRC (1991) states that a child has a right to protection from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

HIV/AIDS causes trauma and hardship to CLHA. The epidemic not only causes children to lose their parents or guardians, but lose their childhood as well. Studies by Avert (2010) showed that as parents and family members become ill, children take more responsibility to earn income, produce food and care for the family .As a result children have entered labour market early in age leading to economic exploitation and engagement in hard work. UN, CRC (1991) safeguards children against economic exploitation. Children working to earn income to meet the basic needs, is an infringement of the rights of the child as stipulated by the UN, CRC (1991) article 32.

Studies by Lyons (1998) established that children between ages 5-14 years work in conditions that are hazardous to healthy growth and development. In addition the study

showed that poverty level as a result of parents exhausting family resources due to ailment had landed CLHA into labour market. Poverty pushes families, unaware of the risks, to send children into work force or to hand to recruiters promising jobs in distant place where unprotected, might be forced into childhood harsh labour. As a result, the pressures and pain of poverty increases. Consequently the right to protection from economic exploitation and hazardous work harmful to health and development of CLHA is infringed.

The illness or death of parents or guardians caused by AIDS robs the child of the emotional and physical support that defines and sustains childhood. It leaves a void where parents and guardians once provided love, protection, care and support. The resulting effect is children entering labour force at an early age to earn income to meet basic needs.

Lyons (1998) further established that in the absence of parents and guardians the children take up the responsibilities of the parents for survival of the family and home. The child's contribution towards the family survival is necessary and highly needed. In addition to working the children have assumed decision making and responsibilities that transform roles within the family and households. Further analysis of the findings indicated that CLHA assume adult roles as heads of the household because there are no alternatives. They work long hours doing household tasks, supervising younger children and engaging in income generating work in order to support the family. Many quit school and jeopardize their own health and developmental needs to take on the roles as parents or guardians, nurse and provider. This is against article 32 of UN, CRC, (1991)

The AIDS epidemic has denied CLHA special care and assistance during childhood as is expected. CLHA spent their childhood providing care and assistance to the ailing parents or guardians and the young siblings. CLHA engage in decision making and heading the household but are not able to meet all the basic needs of the siblings for proper growth and development. As a result in the process of seeking for family survival, children are economically exploited and fail to attend school, thus infringing on the rights of CLHA. Infringement of article 32 on economic exploitation and hard work, leads to infringement of other rights such as education, health protection from sexual exploitation, play and leisure among others.

Strode and Grant (2001) asserted that CLHA who are accepted in the extended family networks often receive substandard care, face child labour and given less priority in terms of access to family resources. The studies also found out that CLHA are not allowed to inherit their parents' wealth by the extended family members. This in turn leaves CLHA poor and suffering from economic exploitation. Due to mistreatment Clay (2007) reported that HIV orphans run from home to go to the streets where girls suffer from sexual harassment.

Studies by Meintjes (2010) indicated an increase in child-headed house hold among PLHA. Child-headed households indicate a range of challenges including greater economic vulnerability and inadequate service access. This in turn will be reflected in pre- school because challenge in economic issues means lack of money to cater for academic needs. Economic exploitation has infringed on the right to education of CLHA

as children drop out of school to work, become heads of the households, raise young siblings and care for parents.

According to Clay (2007), orphans are given more work such as domestic chores than other children by those entrusted to care for them. They get harsher punishment when they commit an offence. Clay (2007) also highlighted other negative actions towards HIV orphans such as being given less food, and not allowed to eat with other members of the family. Orphans are found not to access education because of economic reasons. The study found out that this was due to parents exhausting resources during illness and left the children poor.

Strode and Grant (2001) reported on abandoning by parents especially where the mother's status is known, the husband abandons the wife and the children. The study shows that children are separated from the parents and placed into alternative care. Bowlby in Hetherington (1999) states the importance of mothers love on child development and growth. Separation leads to emotional problems among CLHA .Furthermore, S&D significantly reduces key protective factors providing resilience in the lives.

2.7 Social theory derived from Anthropology

HIV/AIDS provides theoretical understanding of health related stigma because it gives evidence of complex relationship between stigma and existing forms of prejudice and disadvantage, discrimination and the variety of different responses to S&D of PLHA.

Deacons (2006) depicts Herek as the proponent of the social theory for S&D. Herek (2002) defined stigma as an individual's attitude towards a social group, which matches the negative evaluation of society towards the attributes held by that group. To Herek, stigma is a social construct. Herek defines discrimination as behaviour or actions that are differentiated according to membership of a specific group which only becomes a manifestation of stigma when the society defends or encourages it.

Joffe (1999) defined stigma as a social process drawing on pre-existing forms of social representation that are rooted in social power relations, emerging from an individual psychological blaming and "othering" response, a cognitive justification for an emotional reaction of fear. Joffe (1999) continued to state that stigmatizing discourse allows people to distance themselves and their self defined groups from the risk of infection by blaming contraction of illness on characteristic normally associated with out-groups. For instance people have been blamed for contracting the disease and defined as promiscuous people, gay men, sex workers and cursed people

According to Joffe (1999), we can therefore define stigma in terms of social process which: illness is constructed as preventable and controllable, immoral behaviours causing illness are identified, these behaviours are associated with carriers drawing on existing social construction of others, certain people are thus blamed for their own infection and lastly status loss is projected onto the other which may or may not result in disadvantage to them.

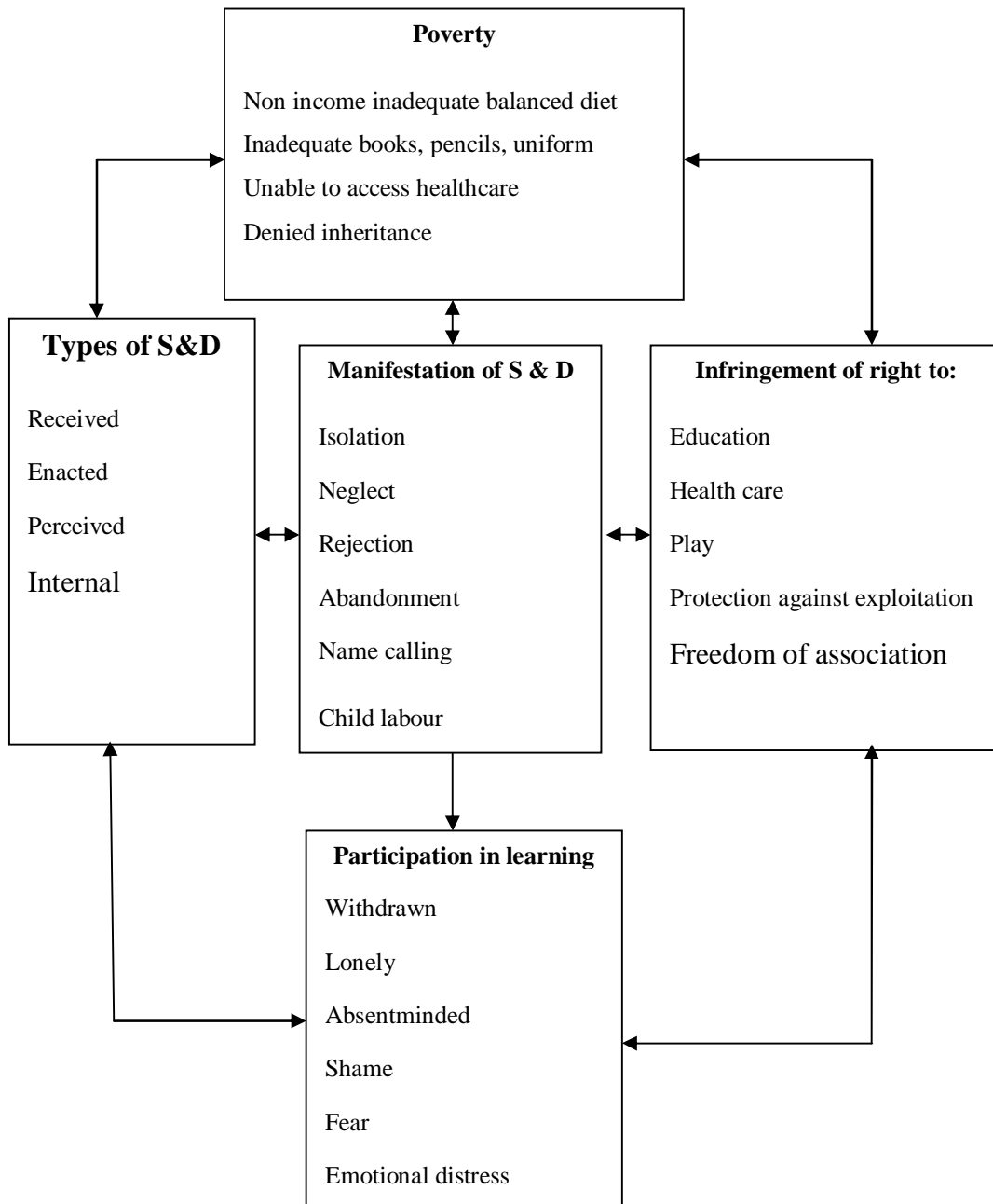
Joffe (1999) further stated that stigma has highlighted the differences which individuals experience and describes them in two kinds: the felt or perceived stigma and the enacted stigma. Felt stigma relates to the perceptions that individuals have about their conditions and the responses it may evoke from others. On the other hand enacted stigma refers to actual experience of discrimination. Whichever stigma level fear and anxiety remains high.

2.8 Conceptual framework

Figure 2.1 demonstrate how HIV-related S&D infringes on the rights of children living with HIV/AIDS (CLHA) Poverty is a factor that can infringe on the rights of CLHA. Poverty bar children in accessing education health care and make children suffer economic exploitation as they struggle to meet the basic needs. The survey was interested in HIV/AIDS-related S&D. Received stigma from family members, community and peers through rejection, isolation and, verbal and physical abuse infringe on the rights CLHA. In addition healthcare institutions and school community subject CLHA to S&D. CLHA are denied access to education participation in collective activities access to healthcare

services and right to parental responsibility and protection. S&D towards CLHA denies children right to protection from abuse and legal issues.

Figure 2.1: Conceptual Framework



CLHA suffer internal stigma caused by rejection and isolation by family members, community and peer. CLHA experience internal stigma brought about by experiences in school and healthcare sector. Children develop self-pity which in turn affects their growth and development. Children born of parents infected by HIV bear the consequences of S&D-related to their parents' sero-status. Rejection and isolation infringe on the right to play, association and non-discrimination of CLHA. Associated S&D infringe on the rights of CLHA in that CLHA are not protected from economic exploitation and from any work that might be hazardous or may interfere with the child's education or health.

2.9 Summary of the Literature Reviewed

HIV/AIDS-related S&D has infringed on the rights of CLHA. The right to education, right to health care and right to play. In addition, right to freedom of association and right to protection against economic exploitation has been infringed by HIV/AIDS related S&D. It is evident from literature read that infringement on right to healthcare, play, association and protection from economic exploitation infringe on right to education. Infringement on these rights leads to poor participation of CLHA in indoor and outdoor activities in the learning process.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses research methodology areas such as research design, target population, sample and sampling techniques. In addition it will discuss research instruments and the validity and reliability of the instruments, data collection procedures and data analysis.

3.2 Research Design

The study adopted survey design. According to Mugenda and Mugenda (2003), survey is an attempt to collect data from members of a population to determine the current status of that population with respect to one or more variables. Survey research seeks to identify what large numbers of people think or feel about certain issues. Survey research design is used to describe some aspects or characteristics of the population such as opinions, attitudes, beliefs or even knowledge of certain phenomenon. .

HIV/AIDS S&D and the rights of children, made survey design become most appropriate in that people's attitudes, feelings and conditions were involved. The attitudes towards CLHA lead to S&D as indicated in UNAIDS (2007) which in turn infringes on the rights of children. S&D manifest as isolation, rejection, name calling and neglect towards CLHA.

3.3 Target Population

The study was conducted in Kikuyu Division. The target population consisted of 680 orphan and vulnerable children (OVCs) aged 4-8 years, under 34 civil society organizations (CSOs). Two were purely faith based organizations (FBOs) while 32 were community based organizations (CBOs) The pre-schools where the OVCs learnt helped in sourcing information on infringement of the rights of CLHA, 120 pre-schools were targeted. The administrators were 34, caregivers were 240 and pre-school teachers were 120.

Target population

Population	No of OVCs	CSOs	School	Administrators	Caregivers	Teachers
Targeted sample	680	34	120	34	240	120

The CBOs offer home based care for the OVCs and support the guardians who care for them. They offer counselling services, medication, food, clothes and other support that the OVCs and their families need. Once a month they hold group discussions and counselling session to take care of their psychosocial problems. FBOs have their children staying in the institution and have their own schools.

3.4 Sample size and sampling procedure

The study adapted probability sample design. Nachmias and Nachmias (1996), states that probability sample design permits the researcher to specify the probability of each sampling units being included in the sample in a single draw from the population. Mugenda and Mugenda (2003), states that the goal of probability sampling is to select a reasonable number of subject, objects or cases that represent the target population. Probability sampling makes it possible to acquire accurate information about groups that are too large to study on their own.

Gay in Mugenda and Mugenda (2003) suggested that 10% of the population can be used in descriptive studies. This study was a descriptive study and therefore adopted 10% of the target population. From the 680 OVCs, 68 children randomly selected participated in the study. All the 680 CLHA were assigned numbers. The researcher placed the papers in a container and randomly picked 68 papers. The names of CLHA that matched the picked numbers were used in the study. The 34 CSOs were given numbers and placed in a container, 4 were picked randomly. 4 CSOs that corresponded to the numbers picked were involved in the study.

Each CSOs provided 17 children randomly selected to participate during the study. For the schools, teachers and the caregivers, all participants were assigned numbers put in a container and randomly selected. Corresponding subjects to the numbers were involved

in the study. 12 schools, 12 teachers, and finally 24 caregivers participated in the interview schedule, each CSOs giving 6 caregivers randomly selected.

Mugenda and Mugenda (2003) states that random sampling allows generalization to a large population with a margin error that is statistically determinable. Specifically simple random sampling was used. According to Nachmias and Nachmias (1996) simple random sampling is the basic probability sampling design, simple random sampling is a procedure that gives each of the total sampling units of the population (N) an equal and known non- zero probability of being selected.

Mugenda and Mugenda (2003) further says that simple random sampling involves giving a number to every subject or member of the accessible population; placing the numbers in a basket and then picking any number at random. The subjects corresponding to the numbers picked are included in the sample. For the purpose of the study, the targeted population was assigned numbers and the subject that corresponded with the picked number was used in the study.

3.5 Research Instruments

The data was generated using questionnaires for pre-school teachers who handle the orphan and vulnerable children (OVCs). The organization leaders who take care of OVCs had a questionnaire to complete to help establish the effects of S&D on the rights of children. Interview schedule with the caregivers aimed at soliciting information on S&D infringing on the rights of CLHA. Children observation schedule and storytelling schedule were a source of information on S&D and the rights of CLHA.

The questionnaire for administrators was formulated to solicit information from the administrators of the CSOs on their experiences on stigma and discrimination directed to the children under their institutions. The questionnaire consisted of sections A, B and C. Section A sought the administrator's background information. Section B consisted of questions that addressed the administrator's knowledge on rights of children and manifestation of HIV/AIDS-related S&D. Finally, section C addressed manifestation of S&D on the various rights of children under investigation. The questionnaire aimed at acquiring information on the knowledge of administrators on how stigma and discrimination is manifested among children affected and infected by HIV/AIDS. In addition, the administrator's knowledge on infringement on the rights of CLHA was required.

The questionnaire for the preschool teacher was designed to generate information with regard to stigma and discrimination directed to children affected and infected by HIV/AIDS in the school settings. The questionnaire had three sections, A, B and C. Section A sought for preschool's teacher background information. Section B consists of questions that addressed the knowledge of the teacher on manifestation of HIV/AIDS-related S&D. Lastly section C addressed manifestation of HIV/AIDS-related S&D infringing on the various rights that were investigated. The questionnaire sought information on the implication of S&D on the participation of CLHA in the learning process.

The interview schedule for the caregivers was developed to source information on stigma and discrimination toward OVCs in the homes, schools and the neighbourhood. The interview schedule was guided by questions that aimed at answering the research questions. The question addressed rights of children and manifestation of HIV/AIDS-related S&D infringing on the rights of CLHA. The interview schedule aimed at soliciting information on the knowledge of the caregivers on the implication of S&D on the rights of CLHA.

The story telling session aimed at getting information from CLHA on S&D. The researcher had the story written and question generated to prompt the children tell their experiences as CLHA. The children were required to say if it was good to treat others negatively. Observation schedule was held to find out the behaviour projected by CLHA because of S&D discrimination related to HIV/AIDS.

3.6 Validity of the Research Instruments

According to Mugenda and Mugenda (2003), validity is the degree to which results obtained from the analysis of the data actually represents the phenomenon under study. Validity is the accuracy and meaningfulness of inferences, which are based on the research results. Content validity was used in the study. The two supervisors appraised the instruments. This was in agreement with Borg and Gall (1989) who suggest that the research supervisor can be consulted for validation of the content of the research instrument. The supervisors gave their suggestions on the tools and the parts that did not measure were discarded while some were improved.

In addition, pretesting was done to improve on the instruments. The researcher distributed the questionnaire to the administrators for completion and picked them to assess whether the responses answered the research questions researcher also distributed the questionnaire to preschool teachers and picked them for analysis. Interview schedules were held with the caregivers and storytelling session with the CLHA.

The researcher assessed the responses to help see whether the responses answered research questions. Observation schedule was held to observe children during indoor and outdoor activities. All the pre testing activities were done with a population with similar characteristics as the population to be used in the study. After analyzing the results of the pretesting, parts that did not measure adequately to help source information were discarded and as a result the tools were improved. This agrees with Borg & Gall (1989) who suggested that questions that fail to measure the variables should be modified while some could be discarded

3.6.1 Reliability of the Research Instruments

Mugenda and Mugenda (2003), states that reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. Therefore a reliable instrument is one that consistently produces the expected results when used more than once to collect data from two samples randomly drawn from the same population.

The test-retest approach was used. According to Mugenda and Mugenda (2003), this approach involves administering the same instruments twice to the same group of the subjects at different times. Nachmias and Nachmias (1996) in addition states that the

instrument is administered at two different times and then computes the correlation between the two sets of scores.

The questionnaires used in the study were distributed in a population similar to the target population used in the study. The questionnaire for the administrators were issued and of the teachers. The instruments were completed and collected after three days. After two weeks, another set of questionnaires were distributed to the same population and collected after three days. A correlation coefficient for the administrators and the preschool teachers was calculated using the scores from responses. The results showed that correlation coefficient was at 0.9181 which was closer to 1, making the instruments reliable.

Interview schedules were held at an interval of two weeks and the results during the two interviews held gave same information indicating that the interview schedule was reliable in soliciting information to help solve the research problem, story telling schedule and observation schedule were held at an interval of two weeks. Results revealed that the instruments measured adequately to help collect data to find the impact of stigma and discrimination on the rights of CLHA who are of school going age.

3.7 Data collection procedures

The permit to conduct the proposed study from Ministry of Education Science and Technology (MOEST) was acquired. After acquiring the permit the researcher took to the District Commissioner and was issued with permission to carry out the study in the division. Introductory letters from District Education Officer DEO, to administrators of

the pre-schools and organizations under HIV/AIDS management where the study was conducted were acquired. Permission was sought from administration of the school to be out of duty.

The questionnaires were distributed to the respective respondents for completion. The researcher informed the concerned respondents of her mission. The questionnaires were to be collected in two days time after completion. For the observation and storytelling schedules; the researcher visited the homes for prior arrangements then after three days carried out the story telling and observation schedules.. The consent letter was signed by the administrators on behalf of the OVCs before embarking on sourcing information. The caregivers were informed of the intended interview and arrangement made.

3.8 Data Analysis Technique

Data was compiled from care givers interview schedule, completed questionnaires and information from held observation and storytelling sessions. The information was systematically analyzed and the data grouped into the following categories; situation of children living with HIV/AIDS, S&D and the right to education, S&D and the right to healthcare S&D and the right to play and freedom of association and finally S&D and the right to protection against economic exploitation and hard work. Descriptive statistics included percentages frequencies and tables. Data was compiled in relation to each research question and expanded in form of tables, frequencies and percentages.

Data from the administrator's questionnaire were analyzed using tables, frequencies and percentages. In addition qualitative analysis was done using the questionnaire from the

administrators. This was done to enable the researcher investigate the magnitude of the impact of S&D on the rights of CLHA.

The teachers' questionnaire were analyzed using tables, frequencies and percentages. Descriptive analysis was done to help establish the impact of S&D on the rights of CLHA. To find the relationship between S&D and the rights of children infringed , a correlation analysis was done using Pearson Moment correlation. Data from the administrator's and teacher's questionnaires were used to establishing the relationship between S&D and the rights of children.

During the story telling session, the researcher read the story and asked children questions about the story. Questions to prompt children to talk about their experiences were used. The researcher asked children to tell their own stories. The children gave their experiences at home, school and the neighbourhood. The caregivers were around to help take care of emotional lapses in case a child told the experiences that would lead to emotional distress.

Observation schedule were held to enable the researcher get information on the manifestation of S&D on children who had experienced S&D. Children were observed in class activities. Participation of the child during the learning process was key to the observation made. Children in class were engaged in learning activities and the observer took note of the participation of CLHA. In addition, observation was done during the outdoor activities and the researcher observed how the children participated. During play

time the researcher observed CLHA participation in outdoor activities. This was aimed at soliciting information on S&D and infringement of the rights of CLHA.

3.9 Ethical concerns

Due to the sensitivity of the study, the researcher sought participant consent through signing a consent form. There was no coercing of the participants. The participants were willing to share their experiences openly but asked for confidentiality. The researcher observed confidentiality to all information given by the participants. The researcher ensured that the participants were not to be psychologically humiliated by having informed consent fully guaranteed and asking questions that would not bring bad memories to the child to avoid emotional lapses.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter presents the results of the study under the following thematic areas: demographic characteristics of the respondents; HIV, S&D and the situation of children living with HIV/AIDS (CLHA) and HIV, S&D and the right to education of CLHA. Other areas of focus included HIV, S&D and the right to health care of CLHA; HIV, S&D and the right to play and freedom of association of CLHA and HIV, S&D and finally the right to protection from economic exploitation among CLHA.

4.2 Demographic Characteristics of the Respondents

The respondents were disaggregated by gender, qualification, experience in administrative duties and age. The total number of respondents in the study was 108 who comprised of 4 administrators, 24 caregivers, 68 CLHA and 12 teachers.

4.2.1 Respondents per Location

The respondents used in the study were drawn from four locations in Kikuyu Division. Table 4.1 shows the number of respondents in each location disaggregated by gender. The locations were Nyathuna, Kinoo, Kikuyu and Muguga.

Table 4.1: Respondents per location

Locations	Administrators		Caregivers		Teachers		CLHA	
	M	F	M	F	M	F	M	F
Nyathuna	1	0	1	5	1	2	9	8
Kinoo	1	0	2	4	1	2	9	8
Kikuyu	0	1	1	5	1	2	8	9
Muguga	0	1	2	4	1	2	9	8
Totals	2	2	6	18	4	8	35	33

Source: Survey data 2010

The study used 1 male administrator from Nyathuna location. The location had 1 male and 5 female caregivers who were used to solicit information on infringement of the rights of CLHA. In addition, 1 male teacher and 2 female teachers and 9 boys and 8 girls were involved in the study.

From Kinoo the study used 1 male administrator, 2 male and 4 female caregivers. The study in addition used 1 male and 2 female teachers, 9 boys and 8 girls from the location.

From Kikuyu location 1 female administrator male and 5 female caregivers, 1 male and 2 female teachers, 8 boys and 9 girls were involved in the study. From Muguga location 1 female administrator male and 4 female caregivers were involved in the survey. In addition 1 male and 2 female teachers, 9 boys and 8 girls were used to solicit information on S&D and the infringement of the rights of CLHA. The respondents were used to

inform the study on the rights of CLHA infringed by HIV/AIDS stigma and discrimination in Kikuyu Division.

4.2.2 Respondents Disaggregated by Gender

The respondents comprised both males and females that interacted with CLHA. Other respondents were children living with HIV/AIDS. Table 4.2 show respondents by gender in frequencies and percentages.

Table 4.2: Gender of the respondents

	Male		Female		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Administrators	2	50	2	50	4	100
Care Givers	6	25	18	75	24	100
Teachers	4	33.3	8	66.7	12	100
Children	35	51.5	33	48.5	68	100

Source: Survey data 2010

During the survey 4 administrators were used with a gender balance of 2 males and 2 females. 24 caregivers were used in the study, 6(25%) male and 18 (75%) females. Teachers involved in the study were 12 with 4(33.3 %) males and 8 (66.7%) females. Out of the 68 CLHA 33 (48.5%) were females while 35(51.5 %) were males.

4.2.3 Age of the Respondents by Category

The respondents used in the survey were classified in age. Table 4.3, gives the age categories of the administrators, caregivers, CLHA, and teachers involved in the survey.

Table 4.3: Age of the Respondents by Category

Age category in years	Administrators		Care Givers		Children		Teachers	
	F	%	F	%	F	%	F	%
1-5	0	0	0	0	34	50	0	0
6-10	0	0	0	0	34	50	0	0
11-15	0	0	0	0	0	0	0	0
16-20	0	0	0	0	0	0	0	0
21-25	0	0	0	0	0	0	0	0
26-30	0	0	0	0	0		3	25
31-35	0	0	0	0	0	0	4	33.3
36-40	2	50	10	41.7	0	0	5	41.7
41-45	2	50	10	41.7	0	0	0	0

Source: Survey data 2010

The study had 34 (50%) of the children aged between 1-5 years and another 34(50) aged 6-10 . Between 36- 40 the study used 2 (50%) administrators and age 41-45 the

study involved 2 (50%) administrators. The caregivers were 10 (41.7%) aged 35-40, 10 (41.7%) age 41-45 and 4 (16.7%) at age 46-50. The teachers involved in the study were 12. 3 (25%) teachers were aged between, 26 – 30 4 (33.3%) aged between 31-35 and 5(41.7%) aged between 41- 45. .

4.2.4 Academic Qualification of the Administrators and the Teachers

The respondents were further asked to indicate their academic qualifications. The study used administrators and teachers who had varied academic qualifications. Table 4.4, shows the academic qualification of the teachers and administrators.

Table 4.4: Academic Qualification of the Administrators and Teachers

Qualification	Administrators		Teachers	
	F	%	F	%
KCSE	3	75	1	8.3
Certificate	1	25	8	66.7
Diploma	0	0	3	25
Degree	0	0	0	0

Source: Survey data 2010

Out of the 4 administrators 3 (75%) had KCSE qualifications while 1(25%) had a certificate in administration. Out of the 12 teachers, 1 had KCSE certificate, 8(66.7%) had certificate in Early Childhood Development (ECD). 3 (25%) had diploma in ECD

4.2.5 Working Experience of Administrators and Teachers

The respondents in the study had varied years of experience. Table 4.5 shows the respondents working experience.

Table 4.5: Working Experience of Administrators and Teachers

Experience Years	in Administrators		Teachers	
	F	%	F	%
1-5	0	0	0	0
6-10	4	100	1	8
11-15	0	0	1	8
16-20	0	0	8	66.7
21 and above	0	0	2	16.7

Source: Survey data 2010

All the administrators had a working experience of between 6-10 years. One teacher, 1(8%) had worked for between 6-10 years and 1(8%) had work experience of between 11-15 years. Eight (66.7%) had work experience of between 16-20 years while 2(16.7%) teachers had work experience of 21 years and above.

4.2.6 Questionnaire Return Rate

All the questionnaires issued to the administrators and teachers were returned .This was a 100% .Table 4.6, shows the return rate of the questionnaires per location.

Table 4.6 Questionnaire Return Rate per Location

Target location	Administrator		Teachers	
	F	%	F	%
Nyathuna	1	100	3	100
Kinoo	1	100	3	100
Kikuyu	1	100	3	100
Muguga	1	100	3	100

Source: Survey data 2010

All the respondents completed the questionnaires and returned them and the data given were analyzed. Information from the returned questionnaires formed the basis of the study.

4.3 S&D, Rights of CLHA and participation in learning.

In 1989 the international community extended its mantle of human rights protection to children who were one of the vulnerable group in the society- the children (UN, CRC

1991). CLHA are among the vulnerable children to abuse and are among the children whose rights were deliberated during the assembly.

To establish the level of infringement of the rights of CLHA, administrators and teachers were requested to indicate the rights of CLHA violated by S&D. All the administrators, 4 (100%) indicated that rights to education, health care and play were infringed by HIV related S&D. In addition the administrators said that other rights infringed by S&D included right to protection from economic exploitation, freedom of association, protection against sexual harassment and protect the child from torture or other inhuman or degrading treatment or punishment.

Out of the 68 CLHA, 60 (88.2%) reported experiencing lack of support from family members and neighbours. Support included emotional, food, clothes among others. This finding agreed with studies done by Strode and Grant (2001) who found out that AIDS orphans got substandard care from the extended family members. Children talked of not being loved and being overworked by guardians. During the story telling session, one child said:

After the death of my mother we stayed with my sister all alone until aunt (caregiver) came and called cucu from mummy side (grandmother). We left our home and went to stay with cucu. Life has been hard because cucu is not working. We don't get enough food and some nights we go without supper. Uncle and aunt have never come to see us. All our friends don't come to visit us at cucu home. We miss our friends back at home. We miss mummy's friends.

Further analysis from the caregivers 24 (100%) indicated that rights of CLHA infringed by HIV related S&D included right to education, health care and play. Other rights

infringed by HIV/AIDS- related S&D and were highlighted by the caregivers included right to freedom of association, protection from economic exploitation, protection from sexual harassment and protect the child from torture or other inhuman or degrading treatment or punishment.

4.4 S&D, Situation of CLHA and participation in learning

As a result of death and pain caused by AIDS, thousands of children not infected by HIV/AIDS are affected by the epidemic (UNAIDS 2008). Worse still, children infected by HIV/AIDS suffer S&D from the community members living in their environment. CLHA are used as domestic workers, neglected, isolated and rejected.

Analysis on stigma and discrimination experienced by CLHA informed the study that CLHA experienced isolation, name calling and rejection. Mayer, (2003) highlighted the need for love and security for children to develop and participate in the learning process. This was not the case for CLHA who were experiencing S&D. This was manifested through non infected children refusing to play with children living with AIDS and parents telling their children not to play with CLHA. All the respondents agreed that CLHA suffered isolation, name calling and rejection. Out of the 68 children involved in the study, 64 (94.1 %) admitted to have experienced isolation, rejection and name-calling from adults around them. In addition the investigation established from the caregivers and the administrators that CLHA were denied access to school and health care.

The children informed the study during story telling sessions that teachers were not friendly and unable to appreciate predicament they found themselves in. This was

indicated by 64 (94.1%) out of the 68 children involved in the study. The teachers did not allow CLHA to share food carried from home with other children in class. The children complained that this attitude left them unwanted and withdrawing from school activities including attendance. One child said that:

When the bell rings for lunch I become unsettled and wish it had not rung. I don't know why our teacher tells me not to share my food with my friends. Why she always tell me that the food is just enough for me even when my lunch box is full and won't finish. I don't know why she doesn't want me to eat with others.

A child who leaves in fear is unable to participate in learning. Another child complained of being given medicine everyday:

Mummy always gives me medicine even when I am not sick. When I ask why, she tells me they will make me strong. But when I take I feel bad and weak. When I go to school I feel drowsy. The teacher tells asks me if we slept out. The other children laugh at me. I hate it very much.

Shame and fear experienced by CLHA makes them not to participate in class, infringing on right to education.

4.4.1 S&D, Situation of CLHA at School and its implication in learning

The study through story telling session with CLHA established that children experienced S&D at school and within community and family. From the story telling session, the children sympathized with Mr. Chanda's family. Mr. Chanda's wife had died and Mr. Chanda was very sick. The children had lost the mother, their business was not doing

well and the children were isolated at school. The children faced stigma in form of name calling, isolation and rejection by the teachers, peers and the neighbours. Out of the 68 CLHA, 60(88.2%) agreed that they had experienced verbal abuse, words like *kahurura*, (slimmer or spreader) *munugu*, (from baboons) *mukware* (dry skin), *mugui* (having no control over sex associated with dog's way of doing it.) were used to describe CLHA. This was in agreement with studies done by Nyblade (2003) and established that PLHA experienced S&D in form of name-calling. Name calling created shame in CLHA which affected their participation in learning because they became withdrawn and absentminded. During the story telling session with CLHA one child told of her ordeal:

One day as I walked home I overheard two neighbours saying in low tones, Wakahurura is going home (referring to the child) I did not understand why they called me by that name. I asked aunt (caregiver), she told me not to listen to the neighbours. I like being called by my name.

All the caregivers and administrators confirmed that CLHA had their right to education infringed through sitting arrangement, separation of items used by CLHA and not being allowed to share meals, bathrooms and toilets with other children. More still during play and social activities in school, CLHA were isolated as confirmed by 24 (100%) out of the 24 caregivers and 4(100%) administrators involved in the study. Further findings indicated that CLHA that CLHA they missed school due to absenteeism attributed to CLHA staying at home to take care of the ailing parents and attending to the siblings. Teachers and caregivers noted that CLHA were withdrawn, lonely and absentminded. To this extent CLHA participated poorly in both indoor and outdoor activities. One male child said:

Most of the time I stay at home cooking washing utensils and clothes because my mother is usually sick. I look after my young sister who is 2 years old. The day mummy is well I go to school. Am not happy because am unable to answer questions. The teacher tells me I cannot do well because I do house help work. And sure Am always last, and I don't like going to school.

Absenteeism made CLHA to not to participate in learning due to lack of consistence in concepts learned.

The study established that the enrolment of CLHA in school was low as well as attendance and retention. The study through interview with the caregivers revealed that HIV/AIDS related S&D had made CLHA not to attend school regularly. Some CLHA had dropped out, while others never enrolled in school due to poverty and health issues associated with HIV/AIDS. This was in agreement with studies done by Avert, (2010) who found out that hospitalization made CLHA “too old” to be in the same class with age mates and as a result dropped out of school.

The survey established that participation of CLHA was poor because children moved from one school to another. The study further revealed that CLHA remained at home because family members felt that there was no need to educate a child who was going to die soon. Out of the 24 caregivers ,19 (79.2%) pointed out that CLHA were of school going age but remained at home while other children of the same age went to school .This infringed on the right to education of CLHA.

4.4.2 S&D, Situation of Health Care of CLHA and its implication in learning

The study revealed that the right to health care of CLHA was violated. Out of the 24 caregivers 12 (50%) disagreed that nurses and doctors refused to treat CLHA while 12

(50%) disagreed, and stated that the healthcare providers had improved and treated CLHA well. The administrators cited incidences where nurses and doctors refused to treat CLHA. Two (50%) out of the 4 administrators said that doctors and nurses refused to treat CLHA. Out of the 4 administrators, 2 (50%) concurred with the caregivers that the health care providers had improved a lot and treated CLHA well. This disagrees with studies done by Strode and Grant (2001) that established that doctors and nurses refused to treat CLHA in fear of being infected.

The investigation established that poverty made it difficult for CLHA to access health care services. Out of the 4 administrators 2(50%) said that CLHA lived in poverty which made it difficult to seek medical services when they needed. The caregivers said that CLHA were suffering from economic problems that barred them from accessing health care services. Of the 24 caregivers 12 (50%) ascertained the information. This is confirmed by studies done by Avert, (2010) where poverty was common among CLHA.

Further analysis of the data collected indicated that poverty was caused by denying CLHA from inheriting property from the parents and parents using all the family resources during the ailment. Poverty also led to CLHA not getting adequate diet and clean water as shown by the 100 % response from the administrators, caregivers and the teachers. Poverty and health care providers not attending to CLHA infringed on the health care of CLHA. The survey results concur with studies done by Family Healthcare International in UNAIDS, (2007) that lack of health care was due to poverty caused by denial of inheritance by family members among CLHA.

4.4.3 S&D, Situation of CLHA at Home and participation in learning

During story telling session, the children said they were left out during birthday parties regardless of the fact that from their psychosocial lessons, they had learnt that children and people living with HIV/AIDS needed love, care and support. Children further said they did not understand why people treated CLHA in a cruel manner and yet all they needed was love and compassion. In addition, out of the 24 caregivers, 20(83.3 %) said that the community members neglected CLHA.

The caregivers said that even when the children went hungry or lacked clothes the people in the neighbourhood did not show any concern. The 4 administrators involved in the study confirmed the sentiments of the caregivers. Participation of CLHA was affected because hungry children could concentrate in learning activities. When children went to school with torn clothes, they shied off and could not participate in learning.

Worse still the study revealed that CLHA were thrown out of the village by community members. Of the 4 administrators 3 (75%) confirmed that CLHA and the guardians and parents were forced out the village and consequently out of the school due to the IHV/AIDS situation they lived in. The results agree with studies done by Avert, (2010) where Michael was forced out of the village due to the HIV status.¹ (25%) out the 4 administrators said had not witnessed this. In addition out of the 24 caregivers and out of the 12 teachers, 20 (83.3 %) caregivers and 10(83.3%) teachers agreed that CLHA were forced out of the village due S&D associated with HIV/AIDS. During interview session, one female caregiver said:

My child was doing well in school before the teacher started isolating him class. My child was asked to sit alone, ate food alone and had no one to play with. One day at home, a neighbour's child from my child's school, called my child kanyuria. When I told the mother ,she said it was the teacher who told her son. The woman added that was the truth, if I denied I should tell my child why I take ARVs. I felt hurt and left the village. My child performance has gone down in class since then.

Isolation in sitting arrangement, sharing items and name calling affects children participation .Isolated children feel unwanted, withdraw and fail to participate in learning.

The caregivers and the administrators cited underfeeding of CLHA All the 24 (100%) caregivers and the administrators (100%) reported that CLHA were not well fed.. According to Mayer, (2003) for a child to learn and be an active participant in the learning process basic needs must be met. Maslow hierarchy of needs in Mayer, (2003) gives emphasis on the importance of meeting basic needs to help children achieve in the learning process. The teachers involved in the investigation concurred with the caregivers and the administrators that CLHA were underfed and therefore were not able to participate actively in class. CLHA also confirmed the vices of being underfed by the guardians who stayed with them. Food is a basic need and under feeding CLHA meant that the participation in school was poor.

Children through storytelling session told of problems they undergo at home and school. Out of the 68 (97.1%) CLHA said that they were not given enough food at home and on rare occasions the children went without food. More still the children said that in case of a mistake the CLHA were given a harsher punishment than other children. Article 37 of the UN, CRC (1991) states that no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. The harsh punishment imposed on

CLHA is an infringement of article 37. Torture, cruelty and degrading treatment make children to suffer emotionally, as a result CLHA participate poorly in learning.

The issue of harsh punishment imposed on CLHA was confirmed by the administrators, caregivers and teachers. CLHA further noted that the work given was too hard and in most cases they worked for long hours. This infringed on the right to protection against economic exploitation and hard work. The study findings agreed with studies carried out by Lyons (1998). The result revealed that CLHA work long hours, supervising siblings and engaging in income earning tasks. Clay (2007) in a study found out that CLHA were overworked by guardians unlike other children in the family.

The results revealed that CLHA suffered emotional distress. During observation schedule, out of the 68 CLHA, 38 (55.9%) looked lonely and absentminded even when the other children were busy playing or carrying out social activities. This confirmed study by Avert, (2010) on S&D. Avert, (2010) established that AIDS orphans had to adjust to new situation with little or no support and suffered from economic exploitation and abuse. This confirms studies done by Lyons, (1998) indicated that S&D robs CLHA emotional and physical support that defines and sustains childhood.

Further analysis indicated that CLHA were neglected by the family members in addition to coping with the parents' ailments and death. The study results established through the caregivers that CLHA suffered psychological distress emanating from being neglected and abused by family members. Out of the 24 caregivers, 23(95.8%) confirmed the

information during an interview schedule. Neglected children are withdrawn, absentminded and therefore unable to participate in class.

Study analysis revealed that CLHA suffered lack of clothing as indicated by 20 (83.3%) out of the 24 caregivers and 3(75%) out of the 4 administrators involved in the study. Due to economic problems generated by lack of income, CLHA live under poor conditions. The respondents said that CLHA are left in the hands of the grandparent who are unproductive and are not able to meet the basic needs of the children. This concurs with studies done by UNICEF, (2006a) that showed that CLHA lacked clothing because of poverty associated with S&D related to HIV. Basic needs are important for children participation in learning. Lack of basic needs make children unable to participate in learning.

The study further revealed that CLHA were denied inheritance. Worse still, family members took the children's clothes after the death of the parents. The clothes were given to their own children adding to the psychological distress of the child. Out of the 68 CLHA involved in the survey 2 (2.9%) said their clothes were taken away and given to the cousins by aunties after the parents death. The caregivers confirmed the information as indicated by 19(79.2%) out of the 24. Psychological distress made CLHA not to participate in learning because the children were withdrawn. During story telling session one child had this to say:

After the death of my mother I went to stay with my uncle. Aunt took my shoes and gave to my cousin. I stayed without shoes and uncle did not buy for me. Other children laughed at me because I did not have shoes. This made me not to go out to play with the

children. Since I joined this group aunt (caregiver) buys for me shoes and I play with my friends in the group.

The study findings established that once the parents died, CLHA suffered S&D associated with HIV/AIDS such as isolation, rejection and name calling. The study revealed that CLHA were isolated and neglected by the family members. Of the 24 caregivers, 20 (83.3%) said that after the death of the parents CLHA were rejected by relatives. These vices made CLHA miss basic needs that promote participation in learning like love, care and support.

Study findings further indicated that CLHA suffer rejection from both family and community members after the death of the parents. The findings concur with studies done by Strode and Grant, (2001), that CLHA accepted by extended family members received substandard care and love. Out of the 68 CLHA used in the study ,60 (88.2%),said after the death of the parents they stayed in their home with grandparents who were very old and could not get the basic needs like food, clothes ,education and healthcare. The children said that it was until auntie (caregivers) came that she started bringing the gifts and took them to school. One child told of her experience after the death of both parents

After my father died, two years later my mother died. After the burial, a few days later all people left. I was the one who cooked for my younger brother who did not know what was happening. My uncles and aunties stopped coming, even church members and friends who promised to take care of us, did not come. We did not have enough food until aunt (caregiver) came and started visiting us and bringing us gifts

4.5 S&D, right to education of CLHA and its implication in learning

The study sought to evaluate infringement on the right to education of CLHA. Table 4.7, S&D manifestation infringing on the right to education of CLHA, analyses the manifestation of S&D that infringe on the right to education of CLHA as indicated by the respondents of the study.

Table 4.7: S&D Manifestation Infringing on the Right to Education CLHA

Manifestation	Administrator		Care giver		Children		Teachers	
	F	%	F	%	F	%	F	%
Sitting arrangement	4	100	24	100	0-	-0	0	0
Separation of items	4	100	22	91.7	60	88.2	0	0
CLHA would die soon	4	100	20	83.3	12	100	0	0
Child labour	3	75	22	91.7	0	0	0	0
Withdrawal	0-	-0	-0	0	39	57.3	0	0
Economic problems	3	75	22	91.7	0	0	12	100
Name calling	4	100	24	100	68	100	0	0

Source: Survey data 2010

The study focused on right to education, healthcare, play and freedom of association and protection from economic exploitation. The rights have impact on the child's participation in both outdoor and indoor activities confirming studies by UNICEF (1999). Analysis of the data established that S&D infringed on these rights as indicated by 108 respondents (100%) out of the 108 respondents involved in the survey. Caregivers, administrators and teachers cited other rights infringed by HIV/AIDS related S&D as shelter, clothing, good housing and beddings.

The findings in Table 4.7 show ways through which S&D infringed on the right to education of CLHA. Comprehensive analysis of the study established that children were denied right to education through teachers calling names such as *kanyuria* (watery diarrhea), *kahurura* (slimmer) *mugui* (having no control over sex associated with dogs) Name calling made children change from one school to another while some became withdrawn and did not participate in the learning activities because of stigma.

Isolating CLHA in the sitting arrangement in the classroom was highlighted by the respondents. Out of the 24 caregivers, 24 (100%), said CLHA were isolated in the sitting arrangement in class by the teacher. Out of the 4 administrators 4 (100%) agreed that CLHA were isolated in the sitting arrangement in class by the teachers. The caregivers further informed the study that isolation in the sitting arrangement made CLHA drop out of school or move from one school to another. Dropping out school was an infringement on the right to education of CLHA. The implication of moving from one school to another is that child's participation is negatively affected in a number of ways: One there is no proper follow up of concept learned, children need friends to socialize so as to learn

and making new friends all the time and losing old ones affects child's participation in the learning process. CLHA confirmed the same while teachers disagreed with having isolated CLHA in the sitting arrangement. During the story telling session one child said:

Every day in the morning when I wake up to go to school, I cry. Not that I don't like learning, but when I think I will sit alone, I feel hated. In my class I sit alone but the teacher tells me I am her friend and does not want other children to disturb me. I don't like it but teacher insists on that. Can you come and tell her to let me sit with others?

As such feelings of CLHA were affected and in turn affected children participation in learning.

Separation of items used by CLHA from those of others was revealed by the study. Out of 24 Caregivers, 22 (91.7%) 4 (100%) administrators and 60 (88.2%) out of the 68 CLHA confirmed that both at home and school, items used by CLHA were stored in separate containers. Worse still, CLHA were asked to clean their own items and store in special containers different from others. Caregivers and children agreed that this amounted to S&D directed towards CLHA. As a result of these acts CLHA became withdrawn and in turn affected participation in the class and out of class or worse still drop out of school or move to another school.

During the story telling with the children and interview with the caregivers the investigation established that CLHA suffered discrimination during play from other children who refused to play with them and from teachers that isolated children during social activities. This agreed with studies done by Watchman, (2003). Children learn through play as emphasized by Hetherington (1999), when children denied CLHA play they infringed on their right to participation in the learning process.

One child told of his story:

When the bell rings for break I become anxious because I have no friends to play with. During break and at home if I join other children when playing some stop playing., They sit down and pretend to be tired. When modeling children in my class don't like sharing clay. I don't like modeling classes.

Observation revealed that CLHA who had experienced S&D participated poorly in the learning process. CLHA were not able to participate well in class activities as well as outdoor or co-curricular activities. This was attributed to the essence that CLHA looked withdrawn. Withdrawal made CLHA unwilling to learn, developed fear, unwilling to be associated with the groups; they were always on their own and in deep thoughts. Observation carried out during indoor and outdoor activities it was evident that CLHA are withdrawn, lonely, absent minded or disturbed. Of the 68 CLHA 60 (88.2%) who had suffered S&D liked keeping to themselves. This in turn affected their school attendance and participation.

All the 24 (100%) caregivers and the 4 (100%) administrators noted that CLHA in most cases fell sick and were absent from school. In such circumstances the teacher was not concerned with the child who missed class. The caregivers cited that the teacher hardly took the initiative to cover with the child that which was learned in the child's absence. This adversely affected the child's participation in the learning process. During interview session with the caregivers one narrated that:

When the child is sick and fails to attend school, the teacher does not ask where the child is or when the child comes back help the child to cover work learnt in the absence of the child. This makes the child to decline in performance even if the child was doing well. It is very sad to see a child who was always top ten dropping to last ten

Of the 40 respondents comprising of caregivers, administrators and teachers agreed that CLHA who were on ARVs medication felt weak and sometimes went to school late. Investigation revealed that teachers were not concerned with the lost time but instead punished the child for being late regardless of appreciating their status.. Once the child got punished, the child's parents opted to had the child at home until he/she was strong enough to attend school just like other children. In extreme cases the child refused to attend class in fear of being punished for late or looking tired. Absenteeism from school made the performance of the child to deteriorate and eventually withdrawing from school. During an interview schedule one caregiver said:

I was forced to transfer my child after realizing that the child was always punished for feeling sleepy in the morning. After taking ARVs the child vomited and looked weak. I did not want to tell the teacher the truth for fear of stigma. But I think the teacher was guessing the problem of my child. She did not like my child, she did not bother to call me we discuss the child, I was hurt.

Punishment lowers a child self esteem which affect child's participation in learning.

Internal stigma manifested as self pity and withdrawal lowers a child's participation

Guardians who lived with CLHA don't take education seriously because of the anticipation that CLHA would soon die. This was revealed by the responses from the caregivers 20 (83.3%) out of the 24 used in the study. In addition the study findings revealed from responses from 4 (100%) out of the 4 administrators used in the survey that guardians staying with CLHA assumed that the children were sick and would soon die. According to the administrators the guardians felt it was of no use to spent money on education of a dying child. Out of the 12 teachers 12 (100%) agreed with the caregivers

and administrators. Therefore whether they went to school or not, whether they performed well or not, was not a big deal because there was no future for CLHA.

Orphans have been misused in terms of child labour at the expense of education as revealed by the study findings. From the interview and storytelling schedules, caregivers and CLHA confirmed that CLHA are overworked and have no time to do the homework or private studies. Out of the 24 caregivers 22 (91.7%) said to have witnessed overworking of CLHA by guardians who lived with the children during their interaction with CLHA in the home. Of the 4 administrators, 3(75%) said CLHA were overworked or had been sent to work as domestic workers. CLHA suffer child labour in the hands of guardians while other children in the family enjoy their freedom. This in turn lowers the participation of CLHA in the learning activities. The study results concur with studies done by Clay (2007) that established CLHA were being overworked by the guardians lowering the involvement in class activities.

On participation in class and outdoor activities teachers agreed that CLHA participated poorly. The teachers pointed out that CLHA looked withdrawn, lonely and absentminded during play and learning in class. Due to this manifestation, participation in the learning activities of CLHA is quite poor. This was confirmed from the observation schedule, because CLHA looked withdrawn, lonely and absentminded. These aspects were not observed in all children but out of the 68 children, 39 (57.3%) of the children portrayed aspects of withdrawal, loneliness and absentmindedness. The children sat on their own and just watched others doing things.

Interview with the caregivers established that the participation of CLHA both in class and in outdoor activities was poor. Part of it was attributed to S&D while partly was due to regular absenteeism. Absenteeism was attributed to sickness, taking care of ailing parents, taking care of siblings or taking ARVs. Some children vomit a lot when they take ARVs while some feel drowsy. In such conditions children remain at home, come late or do not participate even when in school. Absenteeism brought about poor participation of CLHA in school and infringing on the right to education of CLHA.

Economic related problems were highlighted as an impediment to the realization of the right to education of CLHA. Out of the 4 administrators 3(75%) said economic problems affected children participation in class. The administrators said that CLHA were not able to meet the school needs like uniforms, good diet, boo, shoes, schoolbags, pencils and any other money needed at school. Out of the 24 caregivers 22 (91.7%) cited economic problems as an obstacle in the right to education of CLHA. Lack of money made CLHA lack a balanced diet, healthcare services when sick, books uniforms, shoes, and other necessities that are important in school. Teachers said that CLHA suffered economic problems and this affected their participation in school. Out of the 12 teachers used in the study 12(100%) ascertained that CLHA lacked basic needs important in facilitating smooth learning. This agreed with studies by Avert, (2010), that established children could not afford school fees and other school needs due to poverty level.

Further analysis found out that CLHA were considered marginalized children in the society due to HIV/AIDS. AIDS orphans are among the children at risk of enjoying the

right to education as stipulated in the UN CRC, (1991) article 28. An interview with the caregivers indicated that the right to education of CLHA was infringed by the teachers.

The caregivers said that the teachers notoriously stigmatized and discriminated CLHA at school, infringing on the on the right to education of CLHA. Of the 24 caregivers, 100% ascertained that teachers called children names, isolated children in the sitting arrangement, during play and collective activities. At the same time the results revealed that CLHA moved from one school to another because teachers stigmatized and discriminated them. Withdrawal and poor participation was attributed to teachers' attitudes towards CLHA in school. During story telling session with CLHA 65(95.6%) of the 68 CLHA suffered name calling and isolation in school by teachers and other pupils. Fifty eight (85.3%) out of the 68 CLHA said they were in their third school and yet they were in class three. During an interview, one caregiver said:

I changed my son from his school after the teacher told him she fears kahurura (slimmer or spreader) and the boy should stand at a distance when he brings his book. When my son asked me what was kahurura, I cried and was unable to explain because I had not told him my status .My son is not sick! The change of school has really affected his performance.

At the same time the study findings realized that teachers subjected CLHA to S&D as the teachers expressed concern over risks of transmitting HIV to other children during interactions in play and learning process. Out of the 24 caregivers 20(83.3%) and 3(75%) of the 4 administrators used in the study, said that teachers in the process of protecting children from infecting other children in class, stigmatized CLHA. This confirmed studies done by UNESCO,(2005) which established that teachers expressed their concern about CLHA infecting other children with HIV as children interacted during play and

social activities at school. As a result, CLHA became withdrawn and participated poorly in school. Isolation during free interactions amounted to infringement of the right to freedom of association and which in turn infringed on the right to education of CLHA.

Study results revealed that in case a child living with HIV/AIDS and was known by the teacher fell sick, the teacher asked the child to remain at home to avoid infecting other children in class even when it was a mild cough. Out of the 24 caregivers, 22(91.7%) said that in some cases the children were only looking weak because of the ARVs taken. This concurred with survey by Strode and Grant, (2001) which revealed that CLHA were denied attending school in the basis of protecting other children from contracting the disease. This infringed on the right to education of CLHA.

Study findings from interview with the caregivers and analysis of data from administrators established that teachers distanced themselves from CLHA in the class. Worse still the teacher gossiped about the status of CLHA which affected the children due to lack of confidentiality. Children need to feel loved and cared for by those around them and lack of love and security made children feel insecure, withdrawn, lonely and developed self pity as observed during the observation schedule with CLHA. Of the 68 CLHA 39(57.4%) looked withdrawn lonely and absentminded and could not participate in learning activities well.

The caregivers and administrators expressed their concern over how teachers handled CLHA with extreme caution and distancing themselves from the children. The two vices infringed on the right to education of CLHA. The teachers' behaviour towards CLHA

was responsible for children withdrawal, loneliness and development of self pity which lowered the participation of CLHA in class and co-curricular activities.

4. 6 S&D, Healthcare and Participation of CLHA in Learning

The study found out that CLHA experienced S&D that infringed right to health care. .

Table 4.8, shows the manifestations of S&D that infringe right to healthcare of CLHA.

The responses were analyzed to show whether S&D had infringed on right to healthcare of CLHA.

Table 4.8: S&D, Manifestation Infringing on the Right to Health Care of CLHA

Manifestation	Administrator		Care giver		Children		Teachers	
	F	%	F	%	F	%	F	%
Lack of confidentiality	4	100	24	100	0	0	12	100
CHLA would die	3	75	23	95.8	0	0	0	0
Creation of special areas	0	0	16	66.7	0	0	0	0
Wearing extra gloves	2	50	0	0	0	0	0	0
Economic problems	2	50	12	50	0	0	0	0
Stigma associated with HIV/AIDS	3	75	19	79.2	0	0	0	0
Lack of balanced diet	0	0	24	100	0	0	0	0
Abandoning by parents	0	0	12	50	0	0	0	0

Source: Survey data 2010

S&D infringed on right to health care of CLHA in various ways that were highlighted during the study. Out of the 4 administrators used in the study, 4(100%) indicated that

CLHA feared seeking health care services because of fear of lack of confidentiality from the health care providers. Further analysis indicated that out of the 24 caregivers, 24 (100%) agreed that guardians of CLHA feared the status being revealed by the health care providers. The teachers involved confirmed the information as indicated by 12 (100%). But interview with care givers and from administrators' questionnaire analysis, the survey revealed that nurses and doctors did not reveal the children status. Knowledge on mode of transmission had improved the attitude of the health care providers as shown by the change in their attitude towards CLHA.

The survey further established that the feeling by guardians of CLHA that infected children would die soon was a barrier to seeking treatment among CLHA. This was instigated by guardians living with CLHA. Out of the 4 administrators, 3 (75%) said that CLHA and the guardians feared seeking treatment because CLHA would die soon. The caregivers agreed with the administrators, out of the 24 caregivers, 23 (95.8%) had found out during their visits to homes of CLHA that guardians refused to take children to hospital because CLHA would die soon. Treatment is a basic need according to Mayer (2003), and must be met to enhance learning. Failure to seek treatment made children not to participate in class and in outdoor activities.

The care givers noted that creation of special areas where CLHA received treatment created fear associated with stigma. The caregivers said that when they visited CLHA, sick children remained at home and the reason given was that fear of stigma as a result of creation of special areas in the hospitals made the guardians fear seeking treatment. The care givers further said that seen by neighbours in the special areas, the neighbours

spread rumors that they had *mukingo or kahurura*. Fear of being seen in the special areas made children remain sick without treatment. This made participation of CLHA poor because they could not concentrate in class while unwell. As a result right to education was affected.

Worse still administrators and caregivers informed survey that doctors and nurses wore extra gloves while attending to CLHA. This was cited as an obstacle to the realization and enjoyment of the right to health care by CLHA. Of the 4 administrators used in the study, 2 (50%) cited incidences where doctors and nurses wore extra gloves when attending to CLHA. The other 2 (50%) said wearing extra gloves when treating CLHA used to happen sometimes back but now it is not in existence. Out of the 24 caregivers 23 (95.8%) said that wearing of gloves was no longer done by the doctors and nurses and said the healthcare providers treated PLHA/CLHA with compassion. During the storytelling session with the CLHA, out of the 68(100%) children said that they had not experienced doctors and nurses wearing extra gloves.

Further analysis informed the study that lack of money to seek medical care infringed on the right to health care of CLHA. Out of the 4 administrators 2(50%) said that CLHA lived in poor economic condition as a result of the parents using all the family resources during the illness. This meant that CLHA lacked basic needs like food, education, and healthcare among others. The administrators added that AIDS orphans were denied inheritance or owning property leaving the orphans languishing in poverty. This agrees with studies undertaken by UNAIDS (2008) and established that CLHA suffered economic related problems which affected access to health care services. The poverty

level made CLHA lack money to go to hospital and seek medical services even when needed. Children in good health participate actively in play and learning.

Out of the 4 administrators, 2 (50%) did not feel that lack of money was due to parents using all the family resources during illness or being denied inheritance but fear of stigma associated with HIV/AIDS. Of the 24 caregivers, 12 (50%) concurred with the administrators on parents using family resources during illness and leaving CLHA in poverty. Fear of S&D associated with HIV/AIDS made children withdraw and participated poorly in both indoor and outdoor learning activities.

Further analysis indicated that CLHA shied off from seeking health care services. 24 (50%) of the caregivers did not agree but cited that stigma associated with HIV/AIDS made CLHA not seek health care services. Study findings revealed that CLHA feared seeking treatment because of stigma associated with HIV/AIDS. Out of the 4 administrators 3(75%) confirmed that CLHA and the guardians or parents feared seeking medical help due to stigma associated with HIV/AIDS.1 (25%) out of the 4 administrators, did not agree with this but felt that the guardians had internal stigma but not emanating from the environment surrounding CLHA. Out of the 24 caregivers, 19 (79.2%) said that fear associated with stigma made CLHA no seek medical care when in need. To this extent right to health care of CLHA was infringed. Five (20.8%) caregivers indicated that fear of seeking health care was not due to associated stigma but rather internal stigma. Absenteeism caused by illness, affected children involvement in learning activities.

Additional analysis revealed that CLHA were underfed or lacked a balanced diet. During the interview with caregivers the study established that CLHA needed proper diet to boost their immunity and remain in school to learn. The caregivers raised their concern on the diet the CLHA were given by the guardians or parents. Out of the 24 caregivers involved in the survey 24(100%) said that due to poverty level of CLHA, parents and the guardians, it was not possible to afford a balanced diet for the family. Balanced diet is a contributing factor to good health and lack of it infringed on the right to health care. Children who are not fed well cannot be able to participate in indoor and outdoor activities effectively. Children need to be healthy to actively participate in the learning process.

Further analysis informed the study through interview with caregivers that when CLHA were abandoned by parents they lacked money to go to hospital. This infringed on the right to health care of CLHA. Of the 24 caregivers, 12 (50%) agreed that parents who abandoned the children left them without money. Lack of money denied CLHA access to health services when in need. In addition abandoned children suffer emotional distress and are not able to participate in learning activities.

The results indicated that CLHA lacked care and support that would have ensured that they stayed in clean and health conditions to prevent opportunistic diseases. Studies BY UNAIDS (2007) indicated that CLHA needed clean environment. The survey established through interview with caregivers that CLHA in some cases were not bathed, fed or changed when wet. This concurred with studies done by Strode and Grant (2001) where it was established that CLHA lacked basic health care services. Out of the 24 caregivers

involved in the study, 18(75%) confirmed that family members refused to provide basic health care to CLHA.

The study further revealed that guardians and CLHA feared seeking treatment or going to hospital to get ARVs because infected parents were being forced to have their children tested. The parents felt that the children were not mature to understand why they were being tested and how they contracted the virus. Out of the 24 caregivers 19(79.2%) said that on their line of duty they realized that LPHA/CLHA were not going for ARVs since they feared being forced to have their children tested for HIV. As a result of forced testing the right to health care of CLHA was infringed which affected children involvement in learning.

From the analysis of data collected on infringement of the right to health care of CLHA, it was established that right to education had been infringed. CLHA failed to participate in the learning activities because of absenteeism and sickness. In addition children on ARVs became weak and could not participate in class and outdoor activities. It was established during the study that CLHA lacked balanced diet and in some cases went without food. According to Mayer (2003) basic needs are important for learning to take place. Lack of balanced diet and enough food infringed on the right to education of CLHA.

4.7 S&D, Play and Freedom of Association and Participation of CLHA in Learning

The study aimed at investigating on S&D and infringement on the right to play and right to freedom of association. Article 31 in UN,CRC, (1991) states that children have a right to rest ,leisure, to engage in play and recreational activities appropriate and equal opportunities for cultural, artistic ,recreational and leisure activity. The study established that S&D infringes on the right to play of CHLHA.

The study investigated on the infringement of the right to freedom of association. Article 15 of the UN, CRC, (1991) stipulates that the child has right to freedom of association and to freedom of peaceful assembly. The study found out that CLHA were denied right to freedom of association due to their health status and the family where the children lived. Children learn from each other as they socialize. Children learn turn-taking and rule formation during social activities. Lack of socialization lowers children learning.

4.7.1 S&D, Right to Play and Participation of CLHA in Learning.

Article 31 of UN,CRC (1991)states the right to play ,leisure and rest of the child. Table 4.9 gives the forms of S&D that infringe on the right to play of CLHA. The respondents of the study indicated that CLHA suffered S&D that infringed on the right to play of CLHA.

Table 4.9: S&D Manifestation Infringing On the Right to Play of CLHA

Manifestation	Administrator		Care giver		Children		Teachers	
	F	%	F	%	F	%	F	%
Refusing play	4	100	23	95.8	60	88.2	0	0
Running away	0	0	1	4.2	0	0	0	0
Isolation by teachers in play	4	100	24	100	0	0	0	0
Teachers calling children	0	0	0	0	60	88.2	0	0
parents warning children from playing with CLHA	0	0	24	100	0	0	0	0

Source: Survey data 2010

The study sought to investigate on how S&D had infringed on the right to play and freedom of association of CLHA. Out of the 4 administrators, 4 (100%) ascertained that children at home and at school refused to play with CLHA. Studies by Clay, (2007) showed that CLHA were denied right to play as children refused to play with them. The caregivers involved in the study agreed with the administrators that CLHA suffered discrimination during play. Out of the 24 caregivers 23 (95.8%) said CLHA were isolated

and rejected by other children during play. 1 (4.2%) of the caregivers said during an interview session that in extreme cases, children ran away one by one when a child living with HIV/AIDS joined them in a game. The study results agree with studies done by Clay (2007). The report was informed of a girl whom children ran away whenever she joined a group. Children learn through play and play helps children to develop holistically and grow. Isolating CLHA during play denied the children a chance to learn, develop and grow. Play make children active and in turn active participants in the learning activities. Isolation during play infringes on the right education of CLHA.

During the storytelling session, out of the 68 CLHA 60 (88.2%) indicated that children refused to involve them in play and when CLHA went to join a group of children playing, the children walked away one by one leaving the child alone. CLHA said the behaviour made CLHA keep to themselves to avoid the shame and feelings of hate. Out of the 12 teachers involved in the study, 10 (83.3%) confirmed to have witnessed other children walking out of the CLHA when they joined in a game. When children are withdrawn, they are unable to actively participate in the learning process Play is important for children to learn, friends make play nice and enjoyable. Depriving a child play lowers participation in learning. One child said:

Before, when I joined a group to play they left one by one and I was left all alone. At first I used to follow them, but nowadays I don't. One child told me that the mother said I had a bad disease. It is like nobody wants to play with me. When I told my aunt she kept quiet.

Further analysis indicated that CLHA were discriminated during play in school by teachers. Out of the 4 administrators, 4 (100%) said that teachers did not allow CLHA to play with the classmates or schoolmates. The administrators indicated in the

questionnaire that teachers feared CLHA infecting the children. Out of the 24 caregivers used in the interview, 24 (100%) said that CLHA were isolated and discriminated during play activities at school by the teachers. The care givers expressed disappointment on the way teachers infringed on the right to play and freedom of association of CLHA within the school setup. Isolation in play by teacher made children to withdraw and participate poorly in school activities.

Additional findings established that during play teachers kept on calling and reminding CLHA to be careful not to hurt other children. Out of the 68 CLHA, 60(88.2%) confirmed that teachers kept calling them during play. CLHA said that when the teacher kept calling them, CLHA decided to stop playing. They did not understand why the teacher kept calling them and not the other children. The children said this made them not enjoy the game in addition to facing many questions from the other children who wanted to know what the teacher had said. As a result, the children said they stopped playing and watched others playing. The teacher's behaviour is an infringement of the child's right to play and freedom of association. The teacher's behaviour made children to stop playing affecting child's involvement in active learning.

The study further found out that parents warned their children from playing with CLHA within the village where CLHA lived. Out of the 24 caregivers 24 (100%) said they had witnessed parents refusing children playing with CLHA. Two of the interviewees said of how CLHA under their care had said that the uncles and aunties had told them to stay away from other children rest they spread the *kahurura*. This was in agreement with studies done by Tanzania Stigma Field Test Group, (2002).The study found out that

parents warned their children from playing with CLHA. According to Hetherington (1999), children learn through play and interaction. Through play children develop socially, physically, mentally and in language. Discriminating children during play is an infringement of the right to play and active participation in learning process.

4.7.2 S&D, Freedom of Association and participation of CLHA in learning

Article 15, UN, CRC (1991) states the right of the child to freedom of association. S&D has infringed on the right to freedom of association of CLHA. Table 4.10 shows the manifestation of S&D infringing on the right to freedom of association of CLHA. Not sharing meals at home and school and parents abandoning their children infringed on the right to association of CLHA. In addition separation of items used by CLHA and parents distancing themselves from children, infringed on the right to association of CLHA. Poverty, harsh punishment and exhausting of resources by parents sickness made CLHA suffer discrimination which infringed on the right to freedom of association.

Table 4.10: S&D Manifestations Infringing of the Right to Freedom of Association

Manifestation	Administrator		Care giver		Children		Teachers	
	F	%	F	%	F	%	F	%
Not sharing meals/ learning materials	3	75	22	91.7	0	0	0	0
Separation of items	4	100	24	100	50	73.5	0	0
Parents distancing	2	50	14	58.3	0	0	0	0
Exhausting resources	3	75	22	91.7	0	0	0	0
Harsh punishment	0	0	21	87.5	50	73.5	0	0
Blaming orphans	AIDS 3	75	20	88.3	0	0	0	0

Source: Survey data 2010

The study revealed that CLHA suffered S&D which infringed on the right to freedom of association. Findings informed the investigation that CLHA were not invited to birthday parties by children within the neighbourhood. One child had this to say:

During birthday party, children around my home call other children and leave me. When I hear the children singing I cry and feel bad. I like birth days and especially singing and eating the cake. I miss going, why do they leave me?

CLHA failed to understand why the other children refused to invite them. Of the 24 caregivers, 22 (91.7%) said that people within the surrounding of CLHA refused to invite CLHA during birth day parties. Out of the 4 administrators 3 (75%) agreed with the caregivers. During the story telling sessions CLHA admitted to have experienced isolation and discrimination during birth day parties. Children refusing to invite CLHA to birthday parties were cited by the Tanzania Stigma Field Test Group (2002) who established that CLHA were not invited during social activities. Socialization is part of learning and is important in the learning process of children.

Further analysis revealed that CLHA suffered separation during group activities and sitting arrangements. Out of the 24 caregivers, 24 (100%) said that in homes where they visited CLHA the caregivers were informed by the children that their items were washed and stored separately from those of other members of the family. The sentiments of the caregivers were echoed by the 4 (100%) administrators' response. Separation of items used by CLHA was sighted as infringement of the right to freedom of association. Children who suffer the act of isolation fail to participate actively in learning.

During an interview with the caregivers, the study realized that CLHA suffered S&D through separation of items. Out of the 4 (100%) administrators and 24 (100%) caregivers all of them agreed that CLHA experienced separation of items by members of the family where they stayed and at school. Separation of items infringed on the right to freedom of association and in turn affected children participation in school.

The study further established through story telling session that CLHA suffered separation of items. Out of the 68 CLHA, 50(73.5%) confessed to have suffered S&D through separation of items. Children affected and infected by HIV/AIDS said they washed the utensils in special buckets and stored in special containers by themselves. CLHA informed the study that their clothes and beddings were not mixed with the other family members. During the story telling schedule, the children said they could not understand why this treatment. This made children to be withdrawn and as a result participate poorly in indoor and outdoor activities.

The study found that right to play and freedom of association was infringed through parents distancing themselves from their children. This concurred with studies by Cao and Sullivan, (2001) which established that parents distanced themselves from their children denying CLHA association with the parents. Of the 4 administrators 2 (50%) said that during interaction with caregivers and CLHA they had come across parents who distanced themselves from the children. The children suffered lack of parental love and care. Love and security are basic needs and are important in the learning process of the child. Lack of love and care made CLHA poor participants in the learning process.

The administrators further informed the survey that parent's reason for distancing themselves was due to fear of infecting the children and shame associated to the mode of transmission of the disease. The caregivers confirmed what administrators cited. Out of the 24 caregivers 14 (58.3%) said they had seen parents distancing themselves from the children due to fear of infecting them and shame associated with HIV/AIDS. The impact of distancing by parents is infringement on the right to freedom of association. Parental

love according to Bowlby in Hetherington (1999) is important for proper child growth and development. CLHA suffered lack of parental love as parents distanced themselves.

The survey in addition revealed that parents use all resources during sickness leaving the children poor and not able to meet their needs. It was evident from the survey that families refused to live with affected and infected children because of the additional responsibility bearing in mind that CLHA had resources and were not productive at that age. The study results agree with Strode and Grant (2001) who found out that, extended family members did not want to take responsibility of taking care of CLHA. For those infected it was worse because they needed money for treatment and good diet. This was indicated by 3 (75%) out of the 4 administrators and 22 (91.7%) out of the 24 caregivers involved in the study.

Findings from storytelling session, established that CLHA suffered S&D through harsh punishment imposed to the children by the guardians. Any misconduct by CLHA was met with a harsh punishment than that directed towards other children. This concurs with studies by Clay (2007) which indicated that CLHA were punished harshly by guardians who lived with the children. Of the 68 CLHA involved in the study 50 (73.5%) accepted to have experienced harsh punishment like being denied food, beating or being asked not to go out and play. This makes CLHA to be withdrawn from other children in the family and neighbourhood infringing on the right to freedom of association of CLHA. Harsh punishment lowers a child's self esteem and therefore cannot participate actively in learning activities.

The caregivers agreed with CLHA on how family members refused to stay with CLHA and those who stayed with children used harsher punishment them. Of the 24 caregivers, 21 (87.5%) said they were aware of CLHA suffering from S&D through harsh punishment from the guardians. During story session, one child in class three said:

I don't like annoying aunt, one day I forgot to wash my uniform; aunt beat me up and said I wanted people to think she does not take care of me. I said I was sorry but she beat me up and told me to wash at night in the cold. If I make a mistake aunt beats me more canes than others, even when the mistake was the same.] I don't understand why she treats me different from other children.

The results further established that parents abandoned the children once they came to know their status. The caregivers informed the study that parents did this because of fear of infecting children or because of shame associated with HIV/AIDS. CLHA need parental care and love like all children and therefore abandoning CLHA in infringement on the right to freedom of association for CLHA. The study finding concurred with studies done by CRIN (2010), CLHA were abandoned by family members and the community.

In addition families blaming AIDS orphans for causing their parents death was found to infringe on right to play and freedom of association. Blaming AIDS orphan made the children feel unwanted and opted to keep to themselves. Out of the 24 caregivers, 20(83.3%) and 3(75%) out of the 4 administrators confirmed sentiments by CLHA. The

caregivers and administrators said family members blamed CLHA for the death of the parents.

Analysis of the data collected through interview schedule with the caregivers indicated that CLHA suffered S&D through being overworked by the guardians. Of the 24 caregivers 22 (91.7%) said that CLHA were overworked and never found time to play or go where other children were. Out of the 4 administrators 3 (75%) agreed with the caregivers. Giving CLHA a lot of work such that they have no time to play made them not to learn through play and socialization.

Further analysis of the study indicated that during Sunday school CLHA suffered stigma and discrimination while playing. Out of the 68 CLHA used in the study said that other children refused to play with them while outside. Out of the 24 caregivers, 20 (83.3%) confirmed the children sentiments. This concurs with studies done by UNAIDS, (2007) that children affected and infected with HIV/AIDS are isolated and stigmatized during Sunday school by other children. It was further realized that children refused to mingle with CLHA. This amounts to infringement of the right to play and freedom of association among CLHA.

4.8 S&D, Economic Exploitation and Participation of CLHA in Learning

Article 32, UN, CRC (1991) states the right of the child to be protected from economic exploitation and performing hard work. S&D has infringed on the right to protection from economic exploitation of CLHA. Table 4.11, S&D manifestation on the right to protection from economic exploitation, shows forms of S&D that infringed on the right to

protection from economic exploitation among CLHA. The study revealed that, CLHA suffered poverty which made the children to enter into labour market early in life and not going to school.

Table 4.11: S&D Manifestation Infringing on Right to Protection from Economic

Exploitation of CLHA									
Manifestation	Administrator		Care giver		Children		Teachers		
	F	%	F	%	F	%	F	%	
Abandoning by parent	3	75	15	62.5	0	0	8	66.7	
Poverty	0	0	15	62.5	0	0	0	0	
Harsh punishment	0	0	23	95.8	0	0	0	0	
Blaming CLHA	2	50	19	79.2	0	0	0	0	
Not ready to stay with CLHA	0	0	22	91.7	0	0	0	0	
Name calling	3	75	23	95.8	0	0	0	0	

Source: Survey data 2010

Parents abandoning the children made CLHA vulnerable to child abuse in form of child labour. Children found themselves in the labour market while in search of income to

meet the needs. Out of the 4 administrators 3 (75%) informed the study that CLHA who had been abandoned by the parents were forced by the situation to look for ways of earning a living. Children who had attained the age of between 9 and 10 years worked as domestic workers to earn a living or just get someone to feed them. At the age of 9-10 it was too early for CLHA to work. Article 32 section 2 (a) states that state parties shall provide a minimum age or minimum ages for admission to employment. The minimum age for admission to employment is 18 years according to international labour organization. Children who engaged in employment did not attend school. The children missed schooling infringing on the right to education of CLHA.

Worse still this work done was hazardous to the health or physical, moral or social development and education of the child. Out of the 24 caregivers 15 (62.5%) agreed with the administrators sentiments on CLHA being used as domestic workers due to parents abandoning the children. Teachers were represented by 8 (66.7%) out of the 12 said they had witnessed parents abandoning their children and the children entering into the labour market. Such acts infringed in the right to protection from economic exploitation and education of CLHA. CLHA did not attend school because they were working.

The survey further established that family members denied CLHA inheritance. This confirms studies by Strode and Grant, (2001) which established that CLHA were denied the right to own property or worse inherit the parent's property after the death. The study findings out of 24 caregivers, 15(62.5%) confirmed that CLHA lived in poverty as a result of being denied inheritance or owning property by the family members living with

the children. Poverty denied CLHA access to education as the children lacked things such as uniforms, books and pencils.

Out of the 24 caregivers 23 (95.8%) said CLHA were harshly punished when a fault was committed which the caregivers found to infringe on the rights of the child as stipulated in article 37 of the UN,CRC,(1991) which states that no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. The harsh punishment imposed on CLHA was infringement of article 37. Such punishment in addition to infringing on the right to protection from torture or cruel, inhuman treatment, subject's children to running from home to go and be employed as domestic workers.

Further investigation revealed that there existed child headed families which infringed on the right of CLHA to protection from economic exploitation. Of the 4 administrators 3 (75%) said that child headed family was as result of parents death living children to take care of the other siblings or parents illness and could not take care of the children. 19(79.2%) out of the 24 caregivers ascertained that the death of parents' or illness led to child headed families .The condition of being the head of the family made children to work to earn income to be able to care for the siblings or ailing parents. This was in agreement with studies by Meintejes (2010) that found out that AIDS orphans headed families as a result of the parents' death, or illness. Over burdened children with household chores cannot actively participate in learning.

caregivers 23 (95.8%) agreed that CLHA suffered name calling while 3 out of the 4 administrators said CLHA suffered S&D emanating from name calling. Name calling made CLHA to be withdrawn and could not participate in the learning process.

Study findings established that family members and community members neglected CLHA. During an interview schedule with the caregivers, Out of the 24 caregivers 22 (91.7%) said that family and community members were not ready to take up the responsibility of taking care of CLHA before and after the death of the parents. The caregivers said the family and community members neglected CLHA. The caregivers said the situation made CLHA vulnerable to child abuse in the form of child labour. CLHA were not able to participate actively in the learning activities because they suffered emotional distress because of being neglected.

The study analysis found out that CLHA were mistreated in form of beating, overworking and underfeeding by family members. This concurred with studies done by Clay,(2007) who established that CLHA were mistreated and as a result ran away from home and went out in the streets. In the streets CLHA suffered sexual harassment. During an interview with the caregivers,2(8.3%) out of the 24 caregivers said that a girl under their care aged 12 years was made pregnant in the streets after running away from home. The girl dropped out of school denying her participation in learning.

The caregivers said that the auntie underfed and overworked the girl in addition to harsh punishment imposed on the girl for a mistake committed. When the girl could not bear any more, the girl decided to run away from home. Mistreatment of CLHA infringed on

the right to protection against sexual harassment as stipulated in article 19 of the UN,CRC, (1991). The child could not attend school due to mistreatment, infringing on the right to education.

4.8.1 S&D, Protection from Hard Work and Participation of CLHA in Learning.

Article 32 states the right of the child on protection from hard work that is harmful to development and education. Table 4.12 shows manifestation of S&D that infringe on the right to protection from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

The study found out that CLHA suffered S&D that had infringed on the right to protection from hard work. Child labour in form of domestic worker in the family and going out to be employed infringed on the right to protection from hard work. Child labour denied CLHA opportunity to learn because the child was out of school working.

Table 4.12: S&D Manifestation Infringing on Right to Protection of CLHA from**Hard Work.**

Manifestation	Administrator		Care giver		Children		Teachers	
	F	%	F	%	F	%	F	%
Over working CLHA	0	0	0	0	60	88.2	0	0
Domestic work	0	0	19	79.2	0	0	0	0
Child headed family	3	75	19	79.2	0	0	0	0

Source: Survey data 2010

Article 32 of the UN, CRC, (1991) stipulates the importance of protecting children from economic exploitation and performing any hard work. The study established that CLHA suffered economic exploitation and performed hazardous work that could interfere with their education or be harmful to the child's health or physical, mental, spiritual, moral or social development. Parent's sickness exhausted all the family resources leaving CLHA vulnerable to economic exploitation and hard work due to poverty. Out of the 4 administrators 3 (75%) said CLHA suffered child labour imposed by the guardians who take care the children. CLHA worked long hours and did hard work that could be hazardous and harmful to the child's development and education. This concurs with studies done by Avert (2010) that found out that CLHA were overworked. Out of the 24 caregivers 18(75 %) ascertained that CLHA suffered child abuse in the form of child labour. As a result CLHA did not attend school because the children were working.

The caregivers further said CLHA not only suffered from child labour but also working for long hours. Article 32 of the UN, CRC, (1991) section 2 (b) states that state parties shall provide for appropriate regulation of the hours and condition of employment. The article in section 2 (c) says that the state parties shall provide for appropriate penalties or sanctions to ensure the effective enforcement of the article. In contrary CLHA suffer working for long hours. In extreme cases CLHA were used as house helps by guardians.. This was in agreement with study done by Strode and Grant, (2001) which established that CLHA suffered child labour. A child said during story telling session:

I wash utensils, wipe the table and when others are watching T.V am busy doing work given by aunt. Before I sleep I wash my uniform and clean my shoes the brush. I sleep when very tired. My mother did not give work to do.

It was further revealed that some CLHA were given out to work as domestic workers and the payment given to the guardians. Of the 24 caregivers used in the study 19 (79.2%) said that CLHA were engaged in child labour not out of their will but were given out by the guardians to earn income. This is in agreement with studies by Lyons (1998) which established that Children were given out to work as domestic workers.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter consists of summary, conclusion and the recommendation from the data collected on the impact of stigma and discrimination (S&D) on the rights of school going age children living with HIV/AIDS in Kikuyu Division.

5.2 Summary

From the findings of the study, it is worth to summarize that stigma and discrimination has infringed on the rights of children living with HIV/AIDS in Kikuyu division. Stigma and discrimination is manifested through isolation, name calling and rejection. Out of the 108 (100%) respondents 100% agreed that CLHA suffered isolation, name calling and rejection. Isolation, rejection and name calling amounts to infringement of the rights of the child to non-discrimination.

Love and security are important for a child development and learning as highlighted by Maslow Hierarchy of Needs in Mayer (2003). CLHA suffer isolation and rejection during play from other children and the teachers. All the 68(100%) CLHA reported that they had experienced isolation and discrimination during play at home and in school. This was an

indication of CLHA suffering from lack of love and security which affected the child's participation both in and out of class.

Further analysis revealed that CLHA suffered verbal abuse which was an infringement of article 32 of UN, CRC, (1991) where moral spiritual and social development of the child was to be provided for. Out of the 68 CLHA 60 (88.2%) said that they had experienced verbal abuse from adults and other children in the surrounding. CLHA have right to education just like any other children. The study established that CLHA right to education was infringed through isolation and discrimination in the sitting arrangement in class as indicated by 100% responses from the administrators and the caregivers used in the study.

It was evident that CLHA suffered separation of items, not allowed to share meals with other children, not allowed to share learning materials nor washrooms with other children. This was reported by 4 (100%) administrators and 22(91.7%) of the 24 caregivers. Isolation and discrimination led to CLHA dropping out of school or moving from one school to another which affected their participation in school. Poor participation led to poor performance of CLHA and this made their parents to move them from one school to another or the children simply dropping out of school. As a result the child's right to education was infringed.

Name calling was pointed out as to cause stigma and discrimination among CLHA. Stigmatizing words used to refer to CLHA /PLHA made children drop out of school.

Name calling infringed on the right of CLHA as stipulated by UN,CRC, (1991) Article 32 that children will be protected from work that could interfere with the spiritual, moral and social development.

Food is a basic need to all children. For children to learn well, Mayer (2003) suggests that basic needs must be met. CLHA were found to be underfed and where they fed the diet was not nutritious. Poor feeding made CLHA not to participate actively in class, leading to infringement of the right to education of CLHA.

Play is important to a child's growth and development as stipulated by Hetherington (1999). UN, CRC, (1991) states that a child has a right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts. CLHA are denied the right as stipulated by article 31 of the UN, CRC, (1991). Out of the 24 caregivers 23 (95.8%) indicated that CLHA were isolated during play. Sixty (88.2%) CLHA reported that they had experienced discrimination during play imposed on them by the teacher and children in class. Discrimination and segregation amounts to infringement on the right to play of CLHA. This meant that CLHA were denied play and engagement in recreational activities. The administrators (100%) concurred with the caregivers. This indicated how the rights of CLHA were infringed by those within the environment of the child. The study revealed that teachers isolated CLHA during play while parents warned their non infected children against playing with CLHA.

Participation in cultural life is a right of the child as highlighted by UN, CRC (1991) article 31. The survey realized through interview with the caregivers, that 22(91.7%) out of the 24 CLHA were left out during birthday parties. Isolation and discrimination of CLHA during social gathering such as birth day parties is an infringement of the right to cultural life and freedom of association of CLHA cited in Article 32 of UN,CRC, (1991).

Abandoning and distancing from children by parents made CLHA vulnerable to child abuse and infringement on their right of association. Children need the parents for security and love in addition to provision of basic needs. Abandoned children were found to enter into labour market very young in search for income to make a living. Article 32 of the UN, CRC, (1991) section 2 (a) and (b) provides for the minimum age in admission to employment and appropriate regulation of the hours and conditions for working for children. Child labour was found to be caused by poverty and by parents abandoning or distancing themselves from children. Economic problems related to poverty infringed on the right to protection from economic exploitation

Article 37 of the UN, CRC, (1991) section 2 states that a child shall not be subjected to torture or any other cruel, inhuman or degrading treatment or punishment. The study findings established that CLHA right to protection from torture or other cruel ,inhuman or degrading treatment or punishment was infringed as was indicated by 21(87.5%) out of the 24 caregivers, 50(73.5%) out of the 68 CLHA involved in the study. The caregivers and the CLHA reported that harsh punishment was given to CLHA whenever a mistake was done. CLHA suffered blame for the death of the parents which led to neglecting of

CLHA by family members. Blaming CLHA for the death of the parent was cruelty directed to CLHA. This was reported by 19 (79.2 %) of the 24 caregivers who participated in the study, and 2(50%) of the 4 (100%) administrators.

The results indicated that before and after the death of the parents of CLHA, family members were not ready to stay with the children. CLHA were neglected by the family members as shown by 22 (91.7%) out of the 24 caregivers. Article 24 of the UN, CRC (1991) gives provision to the right of the child to the enjoyment of the highest attainable standard of the health and to facilities for treatment of illness and rehabilitation of health. It further states that the state parties shall strive to ensure that no child is deprived of his /her right to access health care services. The study revealed that CLHA feared their status being revealed as indicated by 4 (100%) administrators 24 (100%) caregivers and 12 (100) were involved in the study.

Critical analysis of the responses from the caregivers and administrators on issue of doctors and nurses revealing the status of CLHA established that it was not true. Further the respondents informed the survey that this was due to internal stigma emanating from pre-existing prejudices associated with HIV/AIDS and stigma. Assumption by the guardians that CLHA would soon die was an obstacle to seeking health care services for CLHA as was indicated by 3(75%) of the administrators and 23 (95.8%) of the 24 caregivers. As a result, right to health care of CLHA was infringed and yet the UN, CRC, (1991) states that no child shall be deprived of the right to health care services.

The study further revealed through an interview with the caregivers that creation of special areas in hospital stigmatized CLHA/PLHA. The special areas were indirectly revealing the status and in turn infringing on the right to privacy of CLHA. On wearing extra gloves the study found that this used to happen long time ago but was not in existence at the time of the study.

Poor economic conditions of CLHA infringed on the right to health care of CLHA as was reported by 2(50%) administrators and 12 (50%) of the caregivers involved in the study. Lack of money made CLHA unable to seek medical care even when the children were sick. Poor economic conditions contributed towards poor diet given to CLHA. Adequate nutritious foods and clean drinking water are stipulated in Article 24 section 2 (c). Economic problems infringed on the right to proper diet and clean water for CLHA as was indicated by 24(100%) caregivers who participated in the study.

5.3 Conclusions

The survey sought to investigate the impact of stigma and discrimination on the right of school going age children living with HIV/AIDS in Kikuyu, Kenya. The study sought to examine the situation of CLHA first before looking at the rights infringed by S&D. The rights investigated in the study included right to education, right to health care and right to play and freedom of association. In addition, right to protection from economic exploitation and from performing any work that is likely to be hazardous or to interfere

with the child's education or to be harmful to the child's health or physical, mental, spiritual, or social development was investigated.

Based on the findings of the study, it is concluded that the rights of CLHA have been infringed by stigma and discrimination. The situation of CLHA was found to be poor because the right to education, health, and healthcare, right to play and freedom of association and protection from economic exploitation were found to be infringed through sitting arrangement, isolation and discrimination during play. In addition, economic problems infringed on the right to education of CLHA as well as absenteeism and dropping out of school due to stigma and discrimination. On the other hand CLHA dropouts of school to care for the ailing parents and look after the siblings.

The right to health care of CLHA was infringed through creation of special areas in hospitals for treating CLHA/PLHA and fear association with stigma related to HIV/AIDS. Economic problems were found to infringe on the right to access health care services. The findings showed that doctors and nurses had changed their attitude and were treating CLHA well. The right to play and freedom of association of CLHA was infringed through isolation and discrimination during play activities and social gathering. Parents warned their children from playing with CLHA while teachers isolated CLHA during play and social activities in school. Play is important in growth and development of the child in addition to learning.

Child labour was sighted as an infringement of the right to protection from economic exploitation weakening the participation in school of CLHA. The study revealed that CLHA work as house help and work for long hours so as to earn a living .Child headed family were found to exist among CLHA which made the children to work to care for the ailing parents and the young siblings. Family members overworked AIDS orphans who stay with the children. Other members of the family neglected CLHA fearing taking up the responsibility of caring for the AIDS orphans.

Poverty caused by parents exhausting family resources during illness, denying CLHA inheriting family property and owning property made CLHA live under very poor conditions of poverty. Poverty made CLHA enter labour market at an early age infringing on the right to protection from economic exploitation.

Infringement of the right to health care, right to play and freedom of association, and the right to protection from economic exploitation infringed on the right to education of CLHA. Poor health, lack of play and freedom of association and child labour made CLHA not to actively participate in class and not learn well or remain in school to access education Teachers were cited as the main source of stigma and discrimination towards CLHA which had infringed on the right to education of CLHA. Name calling, isolation and rejection were projected to CLHA by the teachers in school.

5.4 Recommendations

Based on the findings of the study, the following recommendations are made:

1. **Creating enabling environment to increase visibility of CLHA in the society.**

S&D has infringed on the rights of CLHA .Stigma and discrimination of CLHA can be reduced by giving children hope, love care and support. Confronting fear based messages and social attitudes can reduce S&D towards CLHA and enable them enjoy full rights.

2. **Policies should be put in place to ensure that CLHA access education regardless of the health status.**

Isolation in sitting arrangement and collective activities, name calling, separation of items and economic related problems have infringed on the right to education of CLHA. Awareness on the negative effects of S&D should be created among teachers.

3. **Targeting stigma and discrimination health facility providers.**

S&D has infringed on the right to healthcare of CLHA. CLHA do not access health care services due to fear associated with stigma. Such programs that would involve participatory methods like role play and group discussion as well as involvement of CLHA could lead to greater understanding of CLHA and negative effects of stigma

4. **Importance of play and association in a child's development should be advocated through creating awareness among parents and teachers .CLHA are**

denied the right to play and freedom of association through rejection and isolation. Safe activities should be designed to avoid stigmatising and discriminating CLHA.

5. Strengthen policies relating to protection of CLHA from economic exploitation.

CLHA suffer economic exploitation through employment as domestic workers or working for the family members they stay with. CLHA are overworked and enter into the job market very young due to poverty and child headed families. CLHA can be placed in homes where they are taken care of and educated to empower them to enter job market at the right age(18 years according to International labour organization).

5.5 Contribution to the Body of Knowledge

Analysis from the study showed that CLHA suffer the burden of the sickness from and death of their parents, apart from S&D, ARVs make CLHA participate poorly in school and special areas created in hospital stigmatize CLHA. Further analysis indicated that isolation and rejection and poverty infringed on the rights of CLHA. Table 4.12 gives a summary of contribution to the body of knowledge.

Table 4.13: Contribution to the Body of Knowledge

Objective	Contribution
Situation of S&D among children living with HIV/AIDS	CLHA suffer the burden of their parents as those who left with them overwork, underfeed and impose harsh punishment upon mistake committed.
Evaluate S&D and infringement of right to education of children living with HIV/AIDS.	Use of ARVs makes children weak immediately they take. This makes CLHA go to school late, not participate in class or even fail to attend school.
Investigate the extent to which S&D infringes on the right to health care of children living with HIV/AIDS.	Special areas created for CLHA/PLHA in hospitals contribute significantly towards HIV/AIDS related S&D which create fear when there is need to seek healthcare services.
Establish how S&D has infringed on the right to play and freedom of association of children living with HIV/AIDS.	Isolation and rejection make CLHA to withdraw become lonely and absentminded which affects their participation in both class and co-curricular activities of association
Analyze the extent to which S&D has infringed on the right of the child to protection from economic exploitation and performing any work that is hazardous to the child's development.	Poverty is a contributing factor that has led CLHA to enter into the labour market. This is attributed to denial of inheritance and owning property for CLHA by family members. This was attributed to parents using family resources during illness.

5.6 Suggestion for Further Investigation

The researcher after analyzing the data wish to suggest for further investigation on impact of stigma and discrimination on the developmental milestones of children living with HIV/AIDS in Kenya.

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3. Indicate your highest academic qualification

KCSE ()

Certificate in ECE ()

Diploma in ECE ()

BED in ECE ()

Others (specify) _____

4. Indicate your teaching experience

1—5 ()

6—10 ()

11—15 ()

16—20 ()

21 and above ()

Type of school

Boys and girls ()

Boys only ()

Girls only ()

5. Number of children in a class

Below 10 ()

11 –20 ()

21—30 ()

SECTION B

1. Are you aware of children in your class that are living with HIV/AIDS?

Yes () No ()

How did you know? _____

2. Are the children in class aware of the children living with HIV/AIDS in the class?

Yes () No ()

How did they know? _____

3. Do the parents know that there are children living with HIV/AIDS in the class?

Yes () No ()

How did they know _____

4. Should children living HIV/AIDS learn together with other children?

Yes () No ()

State briefly the reason to your answer.

5. In the school setup what forms of stigma and discrimination do children living with HIV/AIDS experience?

	Yes	No
Discrimination in sitting arrangement	()	()
Exclusion in collective activities	()	()
Separating things used by these children	()	()
Name calling	()	()
Physical abuse	()	()
Others ,list them _____		

6. How is stigma and discrimination directed toward children living with HIV/AIDS in pre-schools?

	Yes	No
Name calling	()	()
Refusing to play with children living with HIV	()	()
Discrimination in sitting arrangement	()	()
Others specify	()	()

7. How do children that have faced stigma and discrimination participate in Class and co- curricular activities in school?

	Yes	No
Look withdrawn	()	()
Are lonely	()	()
Absentmindedness	()	()

Others, state below _____

SECTION C

1. Through which ways is right to education of children living with HIV/AIDS infringed?

	Yes	No
Name calling	()	()
Refusing to play with them	()	()
Refusing to sit with them	()	()
Refusing to share materials with them	()	()
Refusing to share meals with them	()	()
Teachers revealing their status once they know	()	()
Parents protesting their children learning with them	()	()
Absenteeism as they care for their ailing parents	()	()
Dropping out of school due to economic problems	()	()
Dropping out of school due to sickness	()	()
Segregation in class sitting arrangement	()	()
Others (state below _____)		
Give your remarks _____		

2. From your experience, when children living with HIV/AIDS are sick what challenges do they face?

	Yes	No
Nurses and doctors refuse to treat them	()	()
Nurses and doctors wear extra gloves.	()	()
Nurses and doctors reveal the child's status	()	()
Feeling there is no need of seeking treatment for a dying child	()	()
Lack of health services because they were denied inheritance	()	()
Fear of seeking treatment associated with stigma	()	()
Fear that t healthcare providers will reveal their status	()	()
Any other ways state _____		

3. From your experience how is the right to play and freedom of association of a child living with HIV/AIDS infringed?

	Yes	No
Children refusing to play with children living with HIV/AIDS	()	()
Children reusing to invite them to birthday parties.	()	()
children not to play with children living with HIV/AIDS.	()	()
Isolation of their items school and home	()	()
Isolation in group activities and seating arrangement at school.	()	()
Not inviting them in social gathering	()	()
Giving them an item when they touch	()	()
Other ways (state) _____		
Give your remarks _____		

4. In what ways has HIV/AIDS-related stigma and discrimination infringed on the right to protection from economic exploitation children living with HIV/AIDS?

	Yes	No
Parents distancing themselves from their children	()	()
Parents abandoning their children	()	()
Child headed families	()	()
Parents sickness exhausting all the resources living them poor	()	()
Family denying them their inheritance	()	()
Family separating their items from other members	()	()
Overworking AIDS orphans	()	()
Harsh punishment towards these children	()	()
Others, specify_____		

3. Indicate years of experience as an administrator

5-10 ()

11-15 ()

16-20 ()

21 and above ()

4. Indicate your administrative area _____

5. What type organization do you lead?

Adults and children ()

Children only ()

Girls only ()

Boys only ()

Both boys and girls ()

6. What is the possible age of children in your organization?

0—3 ()

4—6 ()

7—9 ()

7. How many children are enrolled in the organization?

10-20 ()

21—30 ()

31 and above ()

SECTION B (Tick where appropriate)

1. What do you consider as stigma and discrimination towards children living with HIV/AIDS?

	Yes	No
Isolation in-	()	()
Sitting arrangement in class.	()	()
During play and social activities	()	()
During meals.	()	()
Items used by children infected/affected separated from others ()	()	()

Others specify _____

Rejection

Other children refusing to play with infected/affected children	()	()
Teachers refusing to touch/cuddle children living with HIV/AIDS	()	()
Healthcare providers not treating children living with HIV/AIDS	()	()
Community members neglecting children living with HIV/AIDS	()	()
Throwing children living with HIV/AIDS out of the village	()	()

Others state _____

Name calling	Yes	No
	()	()
Physical abuse like beating, stoning	Yes	No
	()	()

2.What forms of stigma and discrimination do children living with HIV/AIDS experience?

	Yes	No
Isolation	()	()
Name calling	()	()
Rejection	()	()
Denied access to school	()	()
Denied access to health care	()	()
Children refusing to play with children living with HIV/AIDS	()	()
Sitting arrangement that indicate discrimination	()	()
Separation of items used by children living with HIV/AIDS	()	()
Not allowed to share meals, bathrooms, toilets with other children	()	()
Being thrown out of the village by community members	()	()
Telling children not to play with children living with HIV/AIDS.	()	()
Other forms state_____		

3. Which are the rights infringed by stigma and discrimination among children living with HIV/AIDS?

	Yes	No
Right to education	()	()
Right to health care	()	()
Right to play	()	()
Right to protection	()	()
Freedom of association	()	()
Others specify _____		

SECTION C

1. Through which ways are children living with HIV/AIDS denied the right to education

	Yes	No
Teachers calling the names.	()	()
Teachers isolating them in the sitting arrangement	()	()
Teachers isolating them during collective activities	()	()
Teachers separating their items from those of others	()	()
Teachers revealing their HIV status once they know	()	()
(Children at school calling the names	()	()
Other children refusing to play with them	()	()
Economic-related problems.	()	()
Absenteeism due to falling sick often.	()	()
Absenteeism as they take care of their sick parents and siblings	()	()

Others state below _____

2. In what ways has stigma and discrimination infringed on the right to health care of children living with HIV/AIDS?

	Yes	No
Healthcare providers refusing to treat them	()	()
Nurses wearing extra gloves when treating them	()	()
Doctors refusing to treat them	()	()
Doctors wearing extra gloves when treating them	()	()
Feeling there is no need of seeking treatment for a dying child	()	()
Lack health services because they were denied inheritance	()	()
Fear of seeking treatment associated with stigma	()	()
Fear that healthcare providers will reveal their status	()	()

Others state below _____

3. How has stigma and discrimination infringed on the right to play and freedom of association of children living with HIV/AIDS?

	Yes	No
Children refusing to play with children living with HIV/AIDS.	()	()
Children refusing to invite them to birthday parties.	()	()
Warning children not to play with those living with HIV/AIDS	()	()
Separation of items used by children living with HIV/AIDS	()	()
Separation during group activities and seating arrangement.	()	()

Other ways (State) _____

4. Which are some of the ways through which children living with HIV/AIDS are denied right to protection from economic exploitation?

	Yes	No
Parents distancing themselves from their children	()	()
Parents abandoning their children	()	()
Parents using all resources during sickness leaving their children poor	()	()
Families refusing to live with AIDS orphans	()	()
Families blaming AIDS orphans for causing their parents death	()	()
Families refusing to feed AIDS orphans well	()	()
Denying AIDS orphans their inheritance	()	()
Families members separating items used by AIDS orphans from other	()	()
Over working AIDS orphans	()	()

Appendix III: Interview schedule for caregivers

In your daily activities of taking care of the children living with HIV/AIDS are there challenges you experience?

Do you meet stigma and discrimination associated with duty of taking care of children living with HIV/AIDS?

What is the situation of children living with HIV/AIDS in your area of duty in regards to stigma and discrimination?

Do you think HIV/AIDS related stigma infringe on the rights of children living with HIV/AIDS?

Which rights are infringed?

4. On the right to education, how has stigma and discrimination infringed this right?
5. What are some of the challenges that children living with HIV/AIDS face when it comes to seeking health services?
6. Children have a right to play and freedom of association. How has stigma and discrimination infringed on this right for children living with HIV/AIDS?
7. Children have a right to be protected from economic exploitation and performing any work that may be hazardous or interfere with child's education, health, physical, mental, spiritual, moral, or social development. In what ways has stigma and discrimination infringed on this right for children living HIV/AIDS?

Appendix IV: Chanda Family (90 minutes)

Mr. and Mrs. Chanda had a successful family business, growing vegetables for sale and had a shop near their home. They had four children aged 13, 11, 9 and 6, all of whom helped their parents on the garden and in the shop after school and over the weekends. Sadly their mother fell sick. She grew thin and she had sores in her body. At that time, her four children and their father watched her helpless on her dying bed. People in the neighbourhood talked a lot about Mrs. Chanda's sickness and even called her "maiti inayotembea", "amekonda kama uzi" and so on. They would not come to see her. Mrs. Chanda finally died.

Two months later Mr. Chanda started falling sick and was in and out of hospital. The children could not understand. Their business was not doing well because people in the neighbourhood had stopped buying their vegetables and from their shop. Soon the shop was closed down. Life was never the same again for the children and their father.

When the children went to school, other children sympathized with them on the first day. But the following day when they went to school, the other children shouted at them and told them not to enter the class because they were sick. The teacher also told them to sit under a tree on their own, away from other children. She wore gloves when she marked their work. During meal time, they sat away from others and their utensils were kept in a separate bucket that was well covered. The children washed their utensils as the cleaners refused to wash them in fear of infection.

One day the big boy was unwell. When he visited the dispensary, the nurse put on three gloves to "avoid being infected". Children in the neighbourhood would not invite them for birthday parties or play with them. One day people around Mr. Chanda's village came in the morning and hauled names at him and his children and told them to leave the village. They accused them of immorality and bringing shame to the village. They beat them up before sending them out of the village. Children stopped going to school and stayed with their dad at home. They had no one to play with.

QUESTIONS

Why do you think Mr. Chanda and his children grieved?

Why did the children behave that way towards Mr. Chanda's children?

Was it good to do so?

Was the teacher fair to the children in sending them out and marking books while wearing gloves?

Was the teacher denying them the right to education?

Was it right for the nurse to wear extra gloves while treating Chanda's child?

If you were the one, how would you feel?

Do you think Chanda's children were happy?

Why?

Why did the neighbours refer to Mrs Chanda as "Maiti inayotembea" and "mkonde kama uzi?"

How did Mr. Chanda and his children feel due to this treatment by the neighbours and especially when it came when the wife/mother was sickly?

Do you think these children considered themselves unwanted when they were not treated like others?

Could self pity and depression have caused Mrs. Chanda's death when she saw the behaviour of others towards her and her family?

Do you think it was easy for these children to ever recover from such mistreatment?

Is the community justified in treating the people infected and affected with HIV/AIDS as given in the above story?

Appendix V: Observation Schedule

The researcher will visit the targeted schools to observe CLHA in class and outside classroom. The researcher will be interested in CLHA participation in class and play activities. The researcher will want to know how the teacher and children in class relate with CLHA.

Observations	Yes	No
Participation in class. Examples answering questions, talking, group work and work done by the child. Isolation in sitting arrangement Sharing learning materials Interpersonal relationship. Example mingling with others, playing. Playing with other children outside classroom Allowed by others to participate in social activities like birthdays, singing. Teacher involvement with CLHA like guidance, marking, separating books and isolating the child. Fear- can the child stand and talk in front of others? Shame and self pity. Examples lonely, disturbed. Blame – withdrawn from other children. Emotional distress- lonely, disturbed and absentminded Absenteeism – register		