DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

OCHIENG' R. MANDELA

This thesis has been presented with our approval as University supervisors.

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DEDICATION

To my dad, Simeon Ochieng' and mum, Eunice Awinja whose tireless support and prayers have brought me this far. And my faithful friend Robert Keli, under whose love my future lies safe.
ACKNOWLEDGEMENT

I am greatly indebted to many people without whom, this work could not have been a success. Those mentioned here below by no means exhaust the list of those I feel indebted to.

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However, I am fully responsible for all ideas expressed in this thesis and I alone is to blame for any errors of omission or commission.

R.M.O.
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# LIST OF ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome.</td>
</tr>
<tr>
<td>CATS</td>
<td>Continuous Assessment Tests</td>
</tr>
<tr>
<td>EFA</td>
<td>Education for All</td>
</tr>
<tr>
<td>ESAR</td>
<td>East and Southern Africa Region.</td>
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<tr>
<td>FAWE</td>
<td>Forum for African Women Educationalists.</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation.</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus.</td>
</tr>
<tr>
<td>K.C.P.E.</td>
<td>Kenya Certificate of Primary School Examination</td>
</tr>
<tr>
<td>NARC</td>
<td>National Rainbow Coalition</td>
</tr>
<tr>
<td>P.E.M.</td>
<td>Protein Energy Malnutrition</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People Living with HIV and AIDS.</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV and AIDS.</td>
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ABSTRACT

This study discusses the impact of HIV/AIDS on education of primary school girls in South Kisa location of Butere-Mumias District in Western Kenya. Particular attention has been paid to girls who have lost either one parent or both parents to the HIV/AIDS pandemic, herein, referred to as affected girls. The education of affected girls has been studied in as far as four aspects are considered, that is: access, participation, performance and retention.

Girls were studied because they were seen to be more disadvantaged than boys in as far as HIV/AIDS was considered. This is because more women than men are dying of AIDS and girls have to take up household chores of their mothers alongside schooling. In addition, girls have to bear a disproportionate burden of caring for those infected by HIV/AIDS. Despite the potentially (now remarkably) serious impact of HIV/AIDS on education of girls in rural areas, remarkably little attention had been devoted to this fundamentally important problem. This made it necessary for the current study to be carried out.

The study is mainly qualitative and has utilised both the survey and documentary methods of data collection. It involved Focus Group Discussions with affected girls and class teachers. In addition, the study made use of questionnaires; interviews; and observation schedules. The survey method was appropriate for this study because it enabled the researcher to obtain views from a large number of people on the impact of HIV/AIDS on girls' education. This made...
it possible to not only describe, but also compare one implication to another and find out where certain implications existed.

Results from the study indicate that girls whose parents die out of AIDS or become too sick before their daughters join standard one, often fail to enrol in school. The lucky ones who manage to enrol in school do so at an older age as compared to their classmates. It was also found that the girls whose families are hit by HIV/AIDS when they are already in school experience frequent lateness and absenteeism, due to taking care of sick family members and working for a wage among other reasons. Generally, the affected girls under participate in classroom activities and some of them (described by teachers as sleep deprived) often doze during lessons. However, the girls' participation in out-door activities was found to be good although there were those who were isolated because their friends suspected them of being infected by HIV/AIDS.

The performances of affected girls in class tend to drop once HIV/AIDS hits their families. Only some emotionally strong girls retain their regular performance. It was also found that affected girls drop out of school prematurely due to such reasons as early marriages, child labour, pregnancies, increased household chores and lack of school necessities, among other reasons.

The study recommends that in order to improve the education of affected girls, the government and NGOS should assist them buy important school necessities such as books and uniform. The girls' food, clothing, shelter and medical expenses should also be taken care of. Guidance and counselling
programmes should be put in place at the school levels to help the affected girls come to terms with their situation. Religious institutions should supplement this effort. In addition, special arrangements should be made to provide for the high school education of affected girls.
CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

HIV/AIDS has become the world’s most devastating epidemic over the last decade. The statistics are disturbing: at least 22 million people have died of AIDS worldwide; 36 million are currently infected with HIV, the virus that causes AIDS and out of this; approximately 70% live in Sub-Saharan Africa. The pandemic is concentrated in the so called “Aids-Belt” stretching from East through central and Southern Africa, where infection rates are now over 15% of the sexually active population (Hyde et. al., 2002).

In Kenya, the Ministry of Health officially reported the first AIDS case in 1984. Since then, more than 1.5 million people have died and it is estimated that about 2.2 million Kenyans are currently infected with HIV/AIDS (Ministry of Health, 2001). In this regard, HIV/AIDS has been declared a national disaster and Kenya is now losing about 700 people per day due to HIV/AIDS related diseases. In addition, between 40-70% of patients in medical wards in major hospitals suffer from HIV/AIDS.

It has been established that more than half of those people who acquire HIV are aged between 15 to 25 years (most of them die before attain age 25).
females are disproportionately affected (UNAIDS, 1999). This age factor makes HIV/ AIDS uniquely threatening to children. This is because most of the people who are dying are parents in their prime ages with no substantial savings and therefore, they are leaving behind a generation of poor orphans. In this connection, Kenya has the third highest number of AIDS orphans in the world estimated at 890,000 after Nigeria, with a million orphans and Ethiopia with 990,000 orphans (UNAIDS, 2002). It is expected that the number of AIDS orphans will continue to grow for the next 10 –15 years. According to the Ministry of Education, approximately 1.5 million children will have lost one or both parents by the year 2005 in Kenya. These children may lack the proper care and supervision they need at this critical period of their lives.

It has been observed that the strain on social systems to cope with such a large number of orphans will be tremendous. Certainly, the burden and stress will increase on the extended family that will try to care for these orphans. This is because many old people (grand parents) who are also in need of care are being left to care for young children. In the near future, some families will be headed by children as young as 12 years. The burden will increase on society, both in the community and the nation to provide services to the AIDS orphans, including orphanages, food, healthcare and school fees.
One major challenge posed by the rapidly growing number of AIDS orphans in Kenya is ensuring that the orphans are properly educated. In this regard, it has already been observed that the age of first enrolment is likely to rise as children in HIV affected households are less able to pay school fees and meet other school expenses. This may negatively affect school enrolments, the age of first enrolments and/or educational attainments for children, especially girls. In this connection, there was need to pay particular attention to girls in a study geared towards finding out the impact of HIV/AIDS on education. This is because girls seem to be on the losing end in several ways.

Firstly, HIV/AIDS is claiming more women than men (Gachuhi, 1999). The reason for this is that women are more susceptible to infection, are poorer, have less access to health facilities and greater exposure to older partners who are more likely to be infected (Hyde et al., 2002). Women are also more likely not able to refuse unprotected sex. The death of more women than men through AIDS is a great disadvantage to schoolgirls since most of the dying women are their mothers. In most Kenyan homes, girls are regarded as assistants to their mothers and are therefore expected to take up household chores of the mothers when the mothers become absent in the homes. Unfortunately, the roles that the society assigns to mothers by virtue of their femininity are disproportionate. They range from household chores to care and nurturance of the young and the sick. In some
cases, mothers are also expected to go out of the home and work for a wage to contribute to the family's income.

The loss of a mother in a home through AIDS throws the lives of girls in that family out of gear. Unless another woman is married to replace the mother, girls have to take care of household chores, look after their younger siblings and in some cases work for a wage to contribute to the family's income. As a consequence, girls may grow up with such a burden that may eventually affect their progress in many activities including schooling. It was therefore imperative that a study be conducted to find out the implication that such burdens could have on the education of girls.

Secondly, it has been established that the problems girls face as a result of HIV/AIDS among parents start long before parents die (Gachuhi, 1999). As they live with sick parents in households stressed by the drain of their resources, girls have to bear a disproportionate burden of caring for those infected by HIV/AIDS. This owes to their traditional care giving and nurturing gender roles (Bunyi, 2000). The result of this is that the girls are left emotionally and physically vulnerable by the illness or death of one or both parents. This study was set to find out the implication that such a situation could have on the education of affected girls.
Thirdly, the fact that affected girls associate more closely with infected family members when caring for them suggests that such girls are bound to be stigmatised by some friends, teachers and other society members. This is because the society has a tendency of stigmatising people living with HIV/AIDS (PLWHAS) and those who associate closely with them. It is in this connection that it has been observed that:

...no disease has had so much social stigma attached to it like HIV/AIDS, at least not since the Biblical Leprosy (ECONEWS, Feb 2001:1)

The stigma and discrimination associated with HIV/AIDS violates human rights. Schoolgirls who may be stigmatised as a result of caring for AIDS patients (who may also be their parents) are likely to fear interacting freely with their peers and teachers in a school situation. As a result, the girls’ participation in school activities may be affected negatively. It was therefore necessary that the enrolment and participation of affected girls in school activities be investigated in the current study.

Lastly, girls more often than boys are usually targeted for early marriages when families encounter scarcity of resources as it is the case in most AIDS affected homes. The girls could be married off so that they get husbands to support them and their families or in some cases, to get dowry as school fees for their male siblings. This situation may result into girls dropping out of school prematurely.
Apart from focusing on girls due to the aforementioned reasons, this study was particularly interested in the girls living in rural areas where social and material circumstances are limiting. The argument here is that, girls in such areas are worse off than their counterparts in urban areas with material advantages. While girls in rural areas are overworked at household levels, it is also true for example; that such areas are more ravaged by the HIV/AIDS pandemic than materially and socially advantaged urban areas. One of the reasons for this situation could be that infected parents in rural areas may not be able to seek treatment or quality medical advice due to the limiting circumstances surrounding them. This leads to a situation whereby AIDS is easily claiming many materially disadvantaged parents in rural areas, leaving behind shattered families and crippled prospects for development. In addition, most urban based families fall back to rural areas in times of hardship, especially after the death of breadwinners as the case is in AIDS affected families. In this connection, it is in the rural areas that more AIDS orphans are likely to be found.

Another reason why the study focussed on affected girls in rural areas is that, the girls are likely to be targeted for child labour due to the poverty that surrounds them. It is also true that some of them may be targeted for sexual exploitation by hostile community members and in some cases, their own teachers due to lack of parental supervision. As a consequence, the girls' education may suffer negative effects.
Despite the potentially serious impact of the HIV/AIDS pandemic on education of primary school girls in rural areas in Kenya, remarkably little attention had been devoted to this fundamentally important problem. Yet, it is a well-known fact that education and training of girls and women are critical for long-term development (Gachuhi, 1999). In this regard, it was necessary that more information that relates to this problem be sought so that effective strategies could continue to be designed to solve the problem. In relation to AIDS and education, documented information had earlier indicated that,

"...the recent gains made in promoting female participation at all levels of the education system may be eroded and possibly wiped out all together"(Hyde et al, 2001:1).

It is within this background that the current study was designed to find out the impact of HIV/AIDS on the education of primary school girls in South Kisa location. Particularly, the study focussed attention on four key areas of girls' education: access, participation, performance and retention.

1.2 STATEMENT OF THE PROBLEM

As discussed earlier, the HIV/AIDS pandemic is uniquely threatening to children, especially girls. At the same time, the pandemic has been more devastating to rural communities whose social and material circumstances are limiting. In this regard and as confirmed above, girls' in rural areas formed a special/disadvantaged group as far as the impact of the pandemic on education
was considered. However, little attention had been devoted to the potentially serious impact of HIV/AIDS on education of girls in such areas.

This study seeks to establish and analyse how girls of primary schools in South Kisa Location cope in school once they have to combine caring for sick parents with schooling and/or when such parents die altogether. In particular, it is not clear whether the very girls ever enrol in school once the parents die and what levels of participation are there, retention and even performance.

1.3 OBJECTIVES OF THE STUDY

The study set out to address the following objectives:

a) To determine what happens to the enrolment of girls in primary schools during illness and eventual death of parents.

b) To assess the school attendance and participation of primary school affected girls, who have been affected by HIV/AIDS.

c) To investigate the school performance of girls who have been affected by HIV/AIDS.

d) To examine school completion of girls who have been affected by HIV/AIDS.

e) To identify recommendations on best practices to improve access, participation, performance and retention of girls who have been affected by HIV/AIDS in education.
1.4 STUDY QUESTIONS

Given the above objectives, the study attempted to answer the following questions:

a) How has the HIV/AIDS pandemic affected the enrolment of primary school girls in South Kisa location of Butere Mumias district?

b) What is the daily school attendance and participation of girls who have been affected by HIV/AIDS?

c) In what ways has the HIV/AIDS pandemic affected performance of primary school girls in the following areas:
   i. In class-activities e.g. Assignments, examinations and general discussions.
   ii. Out of class activities e.g. games and sports, socialization with fellow students, choir etc.

d) Do primary school girls who have been affected by HIV/AIDS complete their primary school education?

e) What are some of the ways through which the education of affected girls could be improved?

1.5 ASSUMPTIONS OF THE STUDY:

The study was based on the following assumptions:

a) That the selected head teachers, deputy head teachers, teachers, affected girls and parents/guardians could co-operate in providing the relevant information.
b) That the selected sample of girls for the study could provide the required evidence to sufficiently address the study problem.

1.6 SIGNIFICANCE OF THE STUDY

The study is significant in that, it provides understanding of the impact of HIV/AIDS on girls’ education. This reveals certain important issues that need to be addressed by policy makers, organisations and the wider society in their efforts to assist affected girls or to bridge the gender gaps in education. It is common knowledge that education, especially that of girls and women is an essential building block in the context of national development. It has been observed that, the positive effects of educating women are seen in the improved socio-economic status of their families, communities and, ultimately the nation (FAWE, 1997:6).

In this connection, the results of this study are important in revealing educational disadvantages of the girl child affected by HIV/AIDS.

The study further presents the suggestions given by affected girls, their brothers, teachers and parents on the best practices that could improve the education of girls who have been affected by HIV/AIDS. This information is important to anybody who could wish to assist the affected girls in any way in a sense that, the person will understand how the girls in question together with those who interact with them closely feel about the assistance that should be offered.
The study findings, conclusions and recommendations contribute a great deal to the existing body of knowledge about HIV/AIDS as it affects the education of girls. As such, it provides useful insights and groundwork for future researchers.

1.7 SCOPE AND LIMITATIONS OF THE STUDY

The study was conducted on primary school girls who have been affected by HIV/AIDS in the sense that, they have either lost one or both parents to the pandemic. It focussed on some selected schools within South Kisa location of Butere Mumias District, in Western Province. As such, some findings may not be generalised to all affected girls in Kenya because some practices that are dominant in South Kisa such as early marriages may not be necessarily dominant in all parts of Kenya. However, most of the findings are applicable to the situation of girls who have been affected by the HIV/AIDS pandemic elsewhere.

The study was limited to finding out the impact of HIV/AIDS on the education of girls. The impact on education that did not appear to be from causes related to HIV/AIDS was not considered.

It is also important to note that in a few cases, it was not easy to get documented reports on parents’ deaths. In such cases, information from family members and opinion leaders was depended on and thus, a limitation. However, the majority of the girls who were studied had been proved to have lost parents to HIV/AIDS.
through documented information and therefore, the results of this study could
easily be generalised to the situation of other affected girls elsewhere in Kenya.

1.8 CONCEPTUAL FRAMEWORK

The conceptualisation behind this study is that of social disorganization seen as
resulting from violation of children's rights, which is in turn caused by the
presence of HIV/AIDS among parents.

Social disorganization is a process opposed to social organization. It refers to the
development of relationships, which bring disappointment, thwarted wishes,
irritation and unhappiness in the society. Disease, such as HIV/AIDS has been
cited as one of the causes of social disorganization (Sachdeva, 1989:613). On the
other hand, children's rights in Kenya include: the right to life and survival, health
and health services, free and compulsory education, privacy, parental care,
leisure, recreation and certain protective rights. Proponents of the children's rights
include the United Nations Convention on the Rights of the Child (CRC) and the
African Charter on the Rights and Welfare of the Child. The rights are to be
exercised without any discrimination whatsoever and with consideration of the
best interests of the child (Republic of Kenya, 2001). This principle is important
to this study because girls and/or children affected by HIV/AIDS form a
discriminated lot in Kenya. The discrimination is due to various economic, social
and cultural factors.
The rights of children affected by HIV/AIDS, especially girls, have been violated. For instance, children become caregivers and breadwinners when parents become sick with or die out of AIDS. The situation is worse for African girls who are expected to take the role of care giving and nurturing of the sick and the young by virtue of their femininity (Bunyi, 2000). Such girls lack time for leisure and recreation. They may also resort to child labour and early marriages due to lack of parental care and supervision. The result of it all is that, the education of the girls in question is negatively affected. Some of them fail to enrol in school, those in school experience absenteeism, repetition, underachievement and dropout. This could be due to lack of resources and discrimination by teachers and/or peers among other problems that come as a result of HIV/AIDS among parents.

When these girls who do not have the necessary education to function properly go into the society, social disorganisation along with various social problems ensue. In this connection, the HIV/AIDS pandemic may be thought of as having a disorganizing effect on the family, school and the entire society when it affects the education and lives of children, especially girls. Of course, the education of women is essential for the development of any society (FAWE, 1997). The suffering and/or death of parents from HIV/AIDS creates a crisis and throws the family out of gear, affecting the rights of children and their education consequently (this in itself is social disorganization). As a result, children, especially girls, experience role conflict. The situation forces them to take up
parental role as well as their role as children in a family and as pupils in a school. When this situation affects the education of children negatively, their relationships with society members are shaken, and social problems such as child labour, early marriages, crime and others result, which are all manifestations of social disorganization.

This conceptualisation is meant to enlighten policy makers, NGO's, educators and the larger society about the extent to which HIV/AIDS among parents affects rights of children, especially girls and their education consequently. In addition, it makes clear the effect of this situation to the society (social disorganization). In this connection, the parties mentioned are to design effective strategies to protect the rights and more importantly, the education of girls who are affected by HIV/AIDS. The reason for this is that all children whether orphaned or not, girls or boys, must enjoy children's rights, especially the right to education, and the state and other organisations have a responsibility to oversee this. The Figure 1.1 illustrates this conceptualisation.
FIG. 1:1 - Schematic representation of the impact of HIV/AIDS on girls' education

HIV/AIDS among parents
- Parents suffering
- Parents dying

Economic impacts:
- Family expenditure on medicine.
- None/lowered income.
- No income at death

Social stigma on:
- children
- parents & relatives

Added responsibility on children:
- girls more often than boys become caregivers to parents and/or younger siblings

Violation of children's rights with girls being mostly affected, e.g:
- Right to parental care
- Right to education
- Right to leisure and recreation
- Right to health and health services
- Protection and security

Girls' education affected:
- Poor enrolment
- Frequent absenteeism
- Underachievement
- High drop-out rates
- Poor participation in the learning/teaching situation

Social problems and social disorganisation result in the society:
- High illiteracy among women
- Early marriages for girls
- Child labour
- Crime
- Poverty
- Unemployment
1.9 OPERATIONAL DEFINITIONS OF TERMS:

Access to Education: Used to refer to the opportunity or right by pupils to get education.

Affected Girls: According to this study, affected girls are those who have lost one or both parents to HIV/AIDS.

Attendance: Refers to the action or time of the pupils being present at school.

Completion of Primary Education: Going through the primary school course up to the end (Standard eight) and sitting for the Kenya Certificate of Primary School Education (KCPE).

Enrolment of Girls: The act of making girls who have attained school-age to become new members/pupils of a particular school.

Gender: Refers to social roles that society and its culture attributes to each sex. It changes with time and is affected by social class, culture and race or ethnicity.

HIV/AIDS: The Human immune-deficiency Virus (HIV) is a deadly virus which individuals contract through exchange of or contact with infected body fluids. It eventually causes AIDS. Acquired Immune-Deficiency Syndrome (AIDS) is a deadly condition or syndrome caused by the HIV virus. This occurs when the virus destroys cells of the immune
This occurs when the virus destroys cells of the immune system leading to profound depression of the body’s natural immunity.

**Impact:**
Used in the study to indicate that one action or state of affairs is influenced by another action or state of affairs. The term has been used to refer to both major and minor effects of HIV/AIDS on girls’ education with reference to access, participation, performance and completion.

**Orphans:**
The study shall define children below the age of 18 years who have lost their mother or both parents as orphans.

**Primary School Education:** This refers to the education given to young children of about 6 to 15 years in standard one to eight in Kenya.

**Stigma:**
A mark on someone or a group of people. Stigmatised people are looked at negatively and are often discriminated against by others. People may also internalise stigma and believe that they deserve to be discriminated against or treated badly.

**AIDS-affected families:** Has been used in this study to refer to those families where one parent or both parents have died out of HIV/AIDS.
Performance; The process or manner of doing something or the efficiency of operation in an activity such as examination, games, etc.

Retention: Action of holding something or somebody in position. For instance, failure to pass out pupils from the school system before completing studies.

Participation: The action of taking part in or becoming involved in an activity such as classroom discussion, sports, etc.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 INTRODUCTION

The impact of HIV/AIDS on the formal education system has many dimensions, which analysis by the research community captures only a few. Education, like HIV/AIDS, affects and is affected by each person within the society in that, one is a policy maker, an educator, a learner, a parent, or at least has a relative in school. For this reason, the numbers of AIDS cases and HIV infection count as an impact: cumulatively, they state the effect on the education system and on particular schools. Each case has many dimensions (personal, social, professional and institutional) through the many relationships that are linked to the life of each infected person. Each set of interaction creates an impact on education and the diverse impacts have generated equally diverse responses by individuals, groups and communities.

This section reviews literature related to HIV/AIDS and the education system. This includes the impact of HIV/AIDS on the curriculum, teachers and learners. Also, the case for girls and women is described due to the gender dimension that is part of the current research.
2.1 HIV/AIDS AND THE CURRICULUM

Literature indicates that the education system is faced by the problem of teenage learners being susceptible to HIV infection. It is expected that this will raise the proportion of vulnerable children and increase the incidence of child labour. As a result, the sector faces a special challenge to educate this group to protect themselves (NACC 2000, Ministry of Health 2001). In this regard, there are inadequacies in the Kenyan educational curriculum, which are generally not designed to discuss the many sensitive issues surrounding HIV/AIDS. Consequently, the introduction of essential family skills are often inhibited or prohibited. It has been stated that,

...the pandemic will diminish the value of long term sector planning strategies, while curriculum reforms may not be implemented because in most cases, HIV/AIDS is not factored into sector plans (NACC, 2000).

In this connection, the current study sought to develop knowledge about the impact of HIV/AIDS on girls' education as orphans and/or caregivers. This information is important to educational planners and curriculum developers who may need to design effective strategies to halt the effects of the pandemic on education.

The effort of this study was based on the fact that, the education sector has the infrastructure and human resources that can be used as a vehicle to promote
preventive behaviour and create enabling environments (NACC, 2000). The sector has the potential to influence behaviour formation and change among the youth, and it is crucial in reaching out to almost 50 per cent of the population directly impacted on by HIV/AIDS and engaged in the sector. What is needed is good knowledge about the impact of the pandemic on education and how to tackle the problem.

Elsewhere, HIV/AIDS Education has had remarkable success in fighting the pandemic in Uganda (Hyde, K. et al., 2000). Although there is very little reference to HIV/AIDS in the formal curriculum in Uganda, Hyde reports that, senior men/women teachers and invited guests provide student AIDS education. This may be one of the reasons why HIV prevalence has been falling in Uganda since 1992 and is now approximately 8%.

2.2 HIV/AIDS IMPACT ON TEACHERS

Literature indicates that the education sector is conspicuously experiencing loss of teachers to the HIV/AIDS pandemic. It has been reported that:

... AIDS is now killing teachers faster in many parts of Africa than they can be trained (Daily Nation 13/5/02:1).
According to a World Bank report of May 2002, so many teachers are dying in Africa that there is a serious doubt as to whether the global goals of enabling all children to get into primary school by the year 2015 can be achieved. The report makes it clear that the Kenyan situation is worrying. This is because teachers’ death rates increased by more than 300 per cent in just four years from 450 in 1995 to 1,500 in 1999. It also makes clear that in Uganda and Malawi, more than 30 per cent of teachers in a number of districts are HIV positive.

However, the latest information from Uganda indicates that HIV/AIDS related deaths are now a relatively insignificant cause of teacher attrition in that country (Hyde, K. et al., 2002). Hyde explains that, Ugandan teachers feel that the school administration is generally supportive in cases of illness and provides assistance when the resources are available. In addition, there is very little discrimination against those who are HIV positive. These could be the reasons why many teachers are not dying of AIDS today in Uganda.

The HIV/AIDS pandemic has also contributed to creating a poor state of the economy in Africa (Mungai, 2000, ECONEWS, 2001). This in itself has an impact to the teaching force. In Kenya for instance, the government froze the employment of teachers in 1998 due to poor economy. This has led to an acute shortage of teachers in schools and an increased number of unemployed teachers. In this regard, so much has been said and written about the effect of AIDS on the
teaching profession. However, it is important to note that, most of the many teachers Kenya loses each day are parents as well. This study directed attentions to what happens to the children (girls) when their parents get infected by HIV and/or lose their lives to AIDS, whether or not, such parents are teachers.

2.3 HIV/AIDS IMPACT ON LEARNERS

The HIV/AIDS pandemic has been found to be uniquely threatening to learners at all levels of education. It has been explained for instance, that around half of all the people who acquire HIV become infected before they turn 24 and typically die before their 35th birthday (UNAIDS, 1999). This age factor reveals that most of those who are sick and/or dying are parents to school age children. The lives and education of children born to these parents is affected in several ways including the following:

First, infected mothers are likely to give birth to infected children. For instance, over 90% of the 570,000 children aged 14 or younger who became infected by HIV worldwide in 1999, were babies born to HIV positive mothers (UNAIDS, 1999). In this connection, the education sector suffers in a sense that, most children infected by HIV at birth do not live to enrol in school (Ministry of Health, 2001). This is because the impact of HIV/AIDS on child morbidity and mortality is devastating. It has been observed that,
... children progress to disease and death after HIV infection much faster than adults do (Bor and Elford ed., 1994).

In this connection, some children who are HIV positive may survive to enrol in school. However, they experience frequent absenteeism due to poor health and their performance in school is affected consequently (Hyde, K. et al., 2002).

Second, the number of AIDS orphans increases when parents lose the battle to AIDS and the education of such children is affected. It has been observed that orphans in Africa are emerging as another tragic manifestation of the pandemic. In fact, family resources and national resources are too stretched to support these children (ECONEWS, 2001, UNAIDS, 1999). Kenya for instance, has the third highest number of AIDS orphans in the world, estimated at 890,000 after Nigeria with a million orphans and Ethiopia with 990,000 (UNAIDS, 2002).

A UNAIDS report released in July 2002, expresses fears that most of the AIDS orphans are not being educated. The report indicates that a survey undertaken amongst both orphan and non-orphaned children found that the majority of orphans did not attend school. Out of the 1,239 children surveyed, 56 per cent of girls and 47 per cent of boys had dropped out of school within 12 months of a parent’s death. This compared to only 2 per cent of the non-orphaned children. This report was based on a continental perspective and made clear that the education of girls more than boys is affected. The current study intended to assess
the situation closer home and discover the case for the education of girls in a rural area (South Kisa) in Kenya. The study intended to generate geographically specific information that can be compared to the global and/or continental reports including the UNAIDS 2002 report, to discover the similarities and dissimilarities among them.

Another thing indicated by literature is that, even before parents die, large numbers of children, especially girls, are forced to drop out of school so that they can look after their sick parents and undertake household duties (Bunyi, 2000). It has also been stated that children are forced to leave school because they are discriminated against, are psychologically distraught or cannot pay school fees. In this connection, it has been observed that...

... vulnerability of children orphaned by AIDS and that of their family starts before parents die... The children's emotional anguish begins with their parents' distress and progressive illness (UNAIDS, 2002).

This situation is compounded as the disease causes drastic changes in family structure – taking a heavy economic toll, requiring children to become caretakers and breadwinners, and fuelling conflict as a result of stigma, blame and rejection. Eventually, the children suffer death of their parent(s) and the emotional trauma involved. They have to adjust to a new situation with little or no support or they may suffer exploitation and abuse (UNAIDS, 2002). However, this was a
continental perspective and could not be blindly generalised to the Kenyan situation. This is because in Kenya, there was no study that had been completed before the onset of the current study that was based on field data where children had been given an opportunity to explain the impact of HIV/AIDS on their own education. Reports that had been published including Kelly (1999) were based on several countries. Also, most of them were meta-analytic in their approach, extrapolating to the education sector from studies that have been done in the health and macro-economic sectors (Hyde, K. et al. 2002). These reports provided insightful and valuable groundwork for this study. However, the current study intended to base its report on actual field data where Kenyan primary school girls (in South Kisa) were to talk for themselves about how their education suffers when AIDS hits their families, and not what other people think could be the case.

The current study came after the first ever study that attempted to assess the impact of HIV/AIDS on the education sector using data collected directly from the field. This was a study by Hyde, K.A.L. et al., (2002), which was done in Uganda under the title “The Impact of HIV/AIDS on Formal Schooling in Uganda”. This was a much wider study than this study. It assessed the strategies used to educate students about HIV/AIDS, the impact of HIV/AIDS on students and on teachers, and provided an intensive national report that is country comparative. The findings of the study have been integrated in this chapter.
2.4 THE CASE FOR GIRLS AND WOMEN

Literature indicates that girls and women are more vulnerable than men to HIV infection: they are susceptible to the infection, are poorer, have less access to health facilities, and greater exposure to older partners who are more likely to be infected (Hyde, K. et al., 2002, Bunyi, 2000). In addition, African girls and women are the ones who carry the greatest burden of caring for the sick by virtue of their femininity. This reveals that the impact of HIV/AIDS is felt more by girls and/or women than their male counterparts. It is arguably explained that African women have for a long time been treated as being less equal members of the society than their male counterparts (Bennaars, 1995). They have been subjected to suppression by culture and tradition. Most of them have helplessly watched as their husbands engage in high-risk sexual behaviour and many are abused when they protest (Family Planning Private Sector, 1999). In addition, practises that expose girls/women to HIV/AIDS such as FGM in Kenya continue. In fact, such practices are being protected by certain socio-cultural elements that are not in keeping with the modern trends of social realities, despite of the risks involved (Centre for Gender Devt., Jan. 2002:3).

Another reason why women suffer more than men under HIV/AIDS is because they have been denied their reproductive rights. Most African women, for instance, have no say over the number of children they bear. This often leads to cases where a man can sire as many children as he wishes and is under no
obligation to provide maintenance. This condition of frequent pregnancies and childcare stress experienced by the woman is enough to make her experience a more severe impact of HIV/AIDS than the man. In this connection, it has been observed that unless the situation is corrected,

... the recent gains made in promoting female participation at all levels may be eroded and possibly wiped out altogether. (Hyde, K. et al., 2002).

It is in this regard that the current study sought to find out more about the impact of HIV/AIDS on girls education. This was so that effective strategies can be designed to bridge gender gaps in education based on the findings of this study.

2.5 OTHER RELATED STUDIES

Some studies have been done in Kenya on HIV/AIDS and the Education sector. The following is a summary of some of the studies:

Pettullo, et al., (1994), carried out a study under the title, 'Survey of knowledge, behaviour and attitudes relating to HIV infection and AIDS among Kenyan secondary school students'. The researchers found out that areas where students' knowledge was less complete included the inability of mosquitoes to transmit the virus, the protective effects of condoms, the lack of protection from medications,
the fatal and incurable nature of AIDS, and the fact that those infected with HIV may appear healthy.

Sindinga, and Lukhando, (1993), carried out a study under the title, ‘Kenyan University Students’ views on AIDS’. They found that 98 per cent were familiar with AIDS with leading sources of information being newspapers and radios.

Lema, and Hassan (1994), studied the ‘knowledge of sexually transmitted diseases, HIV infection and AIDS among sexually active adolescents in Nairobi, Kenya and its relationship to their sexual behaviour and contraception’. They found out that 22.6 per cent of female and 8.3 per cent of male adolescents aged 14-18 years had experienced sexual intercourse by age 14. Ninety three per cent of them had been sexually active during the preceding 12 months, with forty two per cent of these youth reporting having had sex with two or more partners during the period. Thirty seven per cent had had sexual intercourse with strangers, bar attendants, and prostitutes. Seventy six per cent had not used any form of contraception.

Little field research had been done on the impact of HIV/AIDS on the education sector and thus, the current study focused on this problem. This is because research on HIV/AIDS has been mainly focused on examining the wider demographic and health impacts of the epidemic and, to a much lesser extent, the
effects on economic growth and productivity (Hyde, K. et. al., 2002;1): HIV/AIDS research in Africa has tended to focus on epidemiology, prenatal transmission, and assessment of knowledge, attitudes and practices. In Kenya, this is one of the few studies (other are probably not completed) that are ground breaking as far as collection of field data on impacts of HIV/AIDS on educational development is concerned.

III. RESEARCH DESIGN

Since this study investigates the impacts of HIV/AIDS on the academic performance of female and male school going children, the following hypothesis were set:

1. The female and male pupils' academic performance is affected by HIV/AIDS

The data collection and analysis methods employed for the study are as follows:

1. Questionnaires
2. Focus group discussions
3. Personal interviews
4. Document analysis

A target sample of 600 pupils was selected from different schools in the county.
CHAPTER THREE
RESEARCH METHODS AND PROCEDURES

3.0 INTRODUCTION

This chapter focuses on research methods and procedures that were used in this study. In particular, the chapter gives information about the research design, study location, the study population, sampling procedures, research instruments, data collection and data analysis procedures.

3.1. RESEARCH DESIGN

Since this study investigated the impact of HIV/AIDS on the education of primary school girls, the main research methods used for data collection were:

a) The survey
b) Documentary analysis

The methods were used to examine the effects of the AIDS scourge in terms of four key areas: access, participation, performance and retention.

A survey is a research method that attempts to collect a considerable amount of data/information from several units, bearing upon a variety of factors. The aim of a survey is to obtain information from widely scattered respondents, which can be
analysed, patterns extracted from it, and comparisons made (Bell, 1993). Such information is usually obtained from a representative sample, selected from a population and from that sample; findings are presented as inferences to the population as a whole.

The method concerns itself with describing practices that prevail, beliefs, views, attitudes or perceptions that are held, then pointing to future needs. Frequently, survey research aims at generating ideas and explanations rather than testing them (Kidder, 1981:69).

The survey method was suitable for this study, because there was need to obtain views from a large number of people so as to understand the impact of HIV/AIDS on girls’ education. This enabled the researcher to not only describe, but also compare one implication to another and find out where certain implications existed. Also, the survey method made possible the application of various data collection instruments such as questionnaires, Focus Group Discussions guides and interview schedules, which were ideal for this study.

Documentary methods rely on documents as sources of data, either on their own or in addition to surveys, observation and / or informant interviews (Peil, 1995). Sources range from international documents such as NGOs’ reports, national documents such as Government reports, down to personal documents such as
report books and personal letters. In this study, documentary methods facilitated an inspection of records pertaining to enrolment, participation, performance and retention.

3.2 STUDY LOCATION

The study was carried out in South Kisa Location of Butere Mumias District, in Western Province. The location covers approximately 48 km² and has a population of approximately 9,000 people, with 11 per cent HIV prevalence rate (Ministry of Health, 2001). There existed only seven primary schools within the location during the period of this study, all of which were mixed public schools. Most pupils had to trek long distances (in some cases 8 km) on bare feet each day to and from school. In addition, the earth roads in the location were rendered impassable during the rainy seasons. The nearest tarmac road was 20 to 50 Kilometres away at Yala in Gem, or at Sigalagala in Ikolomani. Travellers in the area mostly used bicycle taxis, popularly known as *boda boda*. In this connection, a child with the burden of taking care of sick parents and/or younger siblings could not have had the time and energy for trekking such long distances as well as participating actively in school. This partly explains why South Kisa was studied and not the other locations of Butere-Mumias that had a greater concentration of schools.
The infrastructure in Khwisero division in which South Kisa is located, was in a deplorable state. Telecommunication services were under-developed and residents were forced to walk to the neighbouring divisions to make telephone calls. Also, piped water remained a pipe dream and women/girls had to walk long distances to fetch water from streams. In this regard, when mothers fell sick and/or died, young girls who were also primary school pupils spent a lot of time fetching water, firewood and shopping (which were all considered feminine duties). Such girls were more disadvantaged than their counterparts in other more developed areas of western province like Vihiga district who enjoyed piped water and electricity, and hence, the choice of South Kisa location.

Most people in South Kisa could be classified as being poor, since there existed no cash crop and very few people were employed. Tea was grown on a rather small scale and the leaf collection centres were situated far off in the neighbouring constituencies (Office of the Vice President, 1997-2000). Due to this, children suffered when their parents died because no wealth was left at their disposal.

South Kisa had few medical centres. The situation was made worse by the closure of Mwihila Mission Hospital, which was the nearest major hospital to the location. In this connection, residents only sought treatment after a disease
became serious, reducing their chances of recovery. Some did not even visit medical centres at all until they died, while others died on the way to hospital.

It is within this background that South Kisa location was picked as a study locale with the aim of finding out how HIV-AIDS had affected the education of primary school girls.

### 3.3. TARGET POPULATION

There were seven primary schools in South Kisa location, which were all mixed and public. The seven schools formed a population for this study. The table below shows the schools, their description and population.

<table>
<thead>
<tr>
<th>NAME OF THE SCHOOL</th>
<th>DESCRIPTION</th>
<th>POPULATION</th>
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<tbody>
<tr>
<td>1 Eshibinga Primary School</td>
<td>Mixed Day School</td>
<td>486 Pupils</td>
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<td>2 Emakuche Primary School</td>
<td>Mixed Day School</td>
<td>409 Pupils</td>
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<td>3 Eshiruli Primary School</td>
<td>Mixed Day School</td>
<td>399 Pupils</td>
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<td>4 Emalindi Primary School</td>
<td>Mixed Day &amp; Boys Boarding</td>
<td>716 Pupils</td>
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<td>5 Mushikongolo Primary School</td>
<td>Mixed Day School</td>
<td>329 pupils</td>
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<td>6 Mwisena Primary School</td>
<td>Mixed Day School</td>
<td>324 pupils</td>
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<td>7 Mundaha Primary School</td>
<td>Mixed Day School</td>
<td>400 pupils</td>
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</table>
Primary school girls in standard four to eight in South Kisa Location formed the main targets of this study. This population was the most appropriate for providing the sample due to various reasons. First, the society believes that by class four, the girls are old enough to take up household chores within the families. This means that in cases where parents die, the girls are likely to suffer more than those at lower levels of education. Second, the girls are likely to be targeted for early marriages and/ or child labour when their families are faced with scarcity of resources. Some of them could also get pregnant easily while still in school due to lack of parental supervision. This could have negative implications on their education.

Older male siblings of affected primary school girls were used as respondents for this study. This is because the targeted girls are their sisters, schoolmates, classmates and/or playmates. The boys were therefore in a position to give useful information because they understand the girls’ situation as well as their own situation as far as the impact of HIV/AIDS on education is concerned.

Primary school head teachers and their deputies were useful sources of information to this study. This is because they occupy leadership positions in the schools and are well versed with what goes on in the schools each day. Particularly, they understand the enrolment of affected girls, their participation, performance and retention.
Class teachers of standard four to eight were also targeted for this study. They were closer to individual girls in their classes than the head teachers and deputy head teachers. Therefore, class teachers understood the girls in terms of their daily school attendance, participation in school activities and performance. In this regard they were excellent sources of information.

Parents and/or guardians of primary school girls were also useful respondents for this study. They associate closely with the girls while at home and understand what happens to them that could affect their education.

It is worth noting that the researcher obtained a research permit from the Ministry of Education before proceeding to the field for the sampling exercise. She also obtained a letter from the District Education Officer allowing her to carry out research in South Kisa primary schools. Informed consent was then sought from the population that was to give the sample. This was important since the rights of the respondents were not to be contravened in the event of data collection.

3.4 SAMPLE SIZE AND SAMPLING PROCEDURES

Being a survey, this study sought to use a wide range of individuals as informants. This enabled the researcher to obtain as much relevant information as possible about the impact of HIV/AIDS on the education of primary school girls.
Information was sought from samples made up of head teachers, deputy head teachers, class teachers, primary school affected girls and their brothers.

The sample size and sampling procedures were as outlined below:

a) Primary Schools

Three primary schools were used out of a total of seven. This was because each of the schools in South Kisa drew its pupils from a wide catchment area and the three schools could provide a representative sample. In addition, the study was to be done within a limited time frame and sufficient time was to be allocated for the respondents given that a lot of fear and stigma surrounds matters of AIDS.

In this regard, random sampling was used to select the sample of schools. Random sampling is a method of selecting a number of units from a population such that characteristics within the population have an equal chance of being drawn to form the sample (Cochran, 1977). To carry out random sampling, names of each primary school were written on a piece of paper. The papers were then folded and placed in a lottery bowl. Three schools were then picked from the lottery bowl without reducing the chances of any school. This process is referred to as simple random sampling. Data in Tables 2, 3 and 4 show enrolments for Eshibinga, Emakuche and Emalindi primary schools respectively. These three schools were sampled in the process.
TABLE 2: ENROLMENTS FOR ESHIBINGA PRIMARY SCHOOL

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<th>Age (Years)</th>
<th>Std 1 M</th>
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<td>10</td>
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<td>62</td>
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<td>55</td>
<td>48</td>
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Table 3: ENROLMENT FOR EMAKUCHE PRIMARY SCHOOL

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<tr>
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<th>Std 2</th>
<th>Std 3</th>
<th>Std 4</th>
<th>Std 5</th>
<th>Std 6</th>
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<td>56</td>
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# TABLE 4: ENROLMENT FOR EMALINDI PRIMARY SCHOOL

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<th>Std 2</th>
<th>Std 3</th>
<th>Std 4</th>
<th>Std 5</th>
<th>Std 6</th>
<th>Std 7</th>
<th>Std 8</th>
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<td>54</td>
<td>33</td>
<td>56</td>
<td>50</td>
<td>387 716</td>
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</table>

**TOTAL M & F:** 150 99 87 106 87 81 63 43 387 329 716
b) Head teachers and deputy head teachers

Head teachers and deputy head teachers of the three selected schools were included in this study, giving a total of six school administrators. Since they were in leadership positions, the head teachers and their deputies understood the situation of pupils in their schools. In this regard, they provided information on access of affected girls to primary education, their participation and performance in school activities and their retention in school. In addition, they gave information on the kind of assistance the schools gave to affected girls and then recommended what could be done to facilitate the education of the girls in question.

(c) Affected girls.

Primary school girls who were included in the sample are those affected by HIV/AIDS through having lost a parent or both parents to the pandemic. Standard four to eight affected girls were selected purposively to suit the practical requirements of the study. Purposive sampling is a method whereby elements are chosen because they suit certain criteria (Peil, 1995). The elements are considered either typical or outstanding examples of the variables with which the research is concerned (Cooskey, et al., 1993).

The researcher recognised that there is a lot of fear and stigma surrounding the discussion of matters of sexuality. In this regard, she explained the nature,
purpose and significance of the research to teachers and pupils before the sampling was done.

The first step in sampling of the affected girls was to identify all the standard four to eight girls suspected to have lost a parent through AIDS. This was achieved through the assistance of head teachers and deputy head teachers. To start with, an indirect approach was utilised with every effort being made to obtain information on the "social" symptoms of HIV/AIDS rather than the medical symptoms. Therefore, the focus was on the indicators of orphans and parent morbidity and mortality. In this connection, the Head teachers' knowledge of HIV/AIDS was important in identifying girls suspected to be affected. In the three schools represented, fifty-four out of 426 standard four to eight girls were identified as suspected affected girls.

The second step was following the identified girls to their homes to seek information on the cause of their parents' death. The nature of the study was explained to family members so that they could open up and discuss matters of HIV/AIDS. The family members were asked for evidence on the cause of parents' death, which was to be in form of death certificates or medical reports.

There was diversity in the explanation given for the deaths. In some cases, witchcraft and sorcery were blamed. In other cases, pneumonia, tuberculosis,
typhoid and cancer among other AIDS related infections were sighted without mentioning AIDS. The study seemed to be headed for trouble at this point. However, in nine of the thirty families that were later represented, it was revealed that AIDS had caused the deaths after confidentiality had been assured. Documented evidence was provided and AIDS was politely referred to as the disease that came. This led to the inclusion of seventeen girls from the families in the sample. Seventeen was still a small number of girls as compared to the number that was suspected to be affected. This necessitated the introduction of a third step in sampling.

The third step involved revisiting families where evidence had not been found to seek permission for consulting medical experts who had attended to the deceased concerning the causes of the deaths. Families that were willing to assist the researcher but were unsure of the facts about the deaths granted this permission. As a result, a number of medical centres and hospitals were visited and the medical experts in question talked to. Twenty-one affected girls were selected in this manner and included in the sample. Getting more affected girls necessitated the introduction of a fourth step in sampling.

In the fourth step, the area chief and his three assistants became useful in the sampling procedure. They were asked to provide information for the deaths that had not yet been confirmed to have been caused by AIDS. Surprisingly, no single
death, including those confirmed from hospitals, was reported to have been caused by AIDS as per the administrators’ records. However, where the report cited AIDS related symptoms, wide consultation with the community opinion leaders was done about the case. As a result, a decision was made on whether or not the death was AIDS related. Seven affected girls were selected this way, giving a total of forty-five girls who made up the final sample.

All the forty-five affected girls who were included in the sample are those who had stayed for at least three years after the death of their parents. The three years condition was important in the sense that, it reduced the traumatising effect that the research may have caused to the girls. Three key informants were randomly selected from the sampled girls in each school. Plate 1 shows some of the affected girls who were selected as key informants.
Plate 1: Some of the girls who were selected as key informants
The reason for having the key informants was that, it could not have been easy to visit all the homes of affected girls contacting interviews. Homes of the key informants were visited and the girls’ parents and male siblings talked to. The key informants were also used for interview and observation purposes. The other affected girls, including key informants, were organised in Focus Group Discussions (FGDS).

Surprisingly, most people whose homes were visited did not appear to have negative feelings on being selected as AIDS-affected families. They provided the necessary information for the sampling procedure. This was as long as the researcher referred to "the disease that came" which is the community's politest way of referring to HIV/AIDS. Resistance was only met in a few homes, where a lot of time was spent convincing people to open up and discuss AIDS, as well as explaining to them the significance of the study. The people later accepted to provide the necessary information. Data in Table 6 shows the number of girls who were sampled from each school.

The sampled girls were given a chance to give information about their own situation. Particularly, they gave information about what happens to them at home that affect their education given their unique condition. In addition, they talked about the treatment they received from teachers and friends and how it affected their education given their unique condition. The girls told of their own feelings
about their situation and how the feelings affected their education. They also recommended what could be done to improve the education of girls in their situation.

d) Class teachers of the affected girls

Standard four to eight class teachers were included in this study as respondents as long as affected girls had been selected from their classes. This gave a total of twenty-six class teachers from the three selected schools, since the schools had two to three streams. The class teachers were given an opportunity to participate in this study because they were closer to individual girls than head teachers and deputy head teachers. They provided information about the daily school attendance of affected girls, their participation and performance in school activities and the girls' retention in school. The information in Table 5 shows the number of class teachers selected from each school.

<table>
<thead>
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<th>School</th>
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<tr>
<td>Emalindi</td>
<td>08</td>
</tr>
<tr>
<td>Emakuche</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>
e) Male siblings of affected girls

As explained earlier, male siblings of affected girls understand their sisters' situation well. For this reason, the male siblings of the key informants were included in the study as long as they were older than their sisters. This gave a total of fifteen boys. The boys understood certain important issues that even the girls themselves did not understand about their own education. They gave information about their sisters' situation and this was used to strengthen what the girls said about themselves. Plate 2 shows some of the boys who talked to the researcher.
Plate 2: Some of the boys who talked to the researcher
Data in Table 6 summarises the number of boys who were selected per school.

Table 6: Number of boys and Girls selected from each school and class

<table>
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<th>Emakuche</th>
<th>Emalindi</th>
<th>Total</th>
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<td>M</td>
<td>F</td>
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<td>04</td>
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<td>04</td>
<td>19</td>
</tr>
</tbody>
</table>

f) Parents and/or guardians of the affected girls

Not all the parents and/or guardians of sampled girls were selected as informants. This is because it could not have been easy to interview all of them effectively. In this regard, parents and/or guardians were included in the study only if affected girls in their families had been selected as key informants. In this regard, three parents/or guardians per school were selected to form a total of nine. The homes of the parents/or guardians were visited and interviews contacted with them. The parents and/or guardians understood the situation of their daughters. They provided information on what happens to their daughters while at home that affect
their education. They also commented on the girls’ daily school attendance, performance and access of other younger girls in the family to education.

3.5 DATA COLLECTION INSTRUMENTS

Data for this study was collected by the use of the following instruments:

a) Questionnaires

A questionnaire is a useful instrument for collecting a lot of information on a large sample. This instrument was used for all the head teachers and deputy head teachers included in the study. This is because head teachers and deputy head teachers could read and write well. In addition, it could not have been easy for the researcher to effectively interview all the school administrators due to their busy schedule and also because she was to work within a limited time frame. See Appendix 4 for details of this instrument.

b) The interview schedule

This instrument was used for the nine key informants, their fifteen male siblings and their parents and/or guardians.

The interview was the most preferred instrument for these groups because it provided intensive information that could not be found by use of the questionnaire. In addition, the interview enabled the researcher to verify the kind
of information that was needed from the informants. It was also easy to administer
the instrument to parents and/or guardians who did not know how to read and
write. For details of the specific interview questions, see Appendices 3, 7 and 8.

c) The observation schedules
Observation schedules were organised for the nine key informants. Their
activities while at home and school were observed. For details of the observation
guide, see Appendix 5.

d) Documentary sources
Documentary sources were used as an important tool in this study. There was an
inspection of attendance registers to find out how the attendance of the girls in
question had been affected. The attendance of other girls not in the sample and
boys in the sample was also examined. Other documents related to the study such
as the enrolment records, report books, guidance and counselling records,
disciplinary records and records of any payments done by pupils were also
inspected in the same manner. Various exercise books for the affected girls were
examined to find out whether the books were well kept, notes properly written
and assignments completed.
f) Focus group discussion guides

When members of a group reason together, they come up with ideas that none of them may have had before the group discussions (Haralambos and Holborn, 2000). As such, Focus Group Discussions (FGD) were found to be important in this study. In this regard, affected girls were organised in groups of five (minus or plus one in some cases, depending on the total of affected girls in a school) to discuss their own situation. This gave a total of nine groups across the three schools.

In addition, one FGD was organised per school for the class teachers. Another justification for the use of FGD in this study was that groups minimised any distress that might have been caused by singling out the informants. This is because HIV/AIDS is viewed with strong emotions by almost everyone in the society. See Appendices 2 and 6 for details of specific questions. Plate 3 shows one such group discussion.
A week before the actual data collection, appointments were booked with the head teachers of the three primary schools that were included in the study. During the actual exercise of data collection, the researcher with the help of two well-trained research assistants collected data. A day was spent in each of the three
schools. During the day, FGD were held with class teachers of affected girls. The FGD were organised and facilitated by the principal researcher, while the research assistants, for the sake of comparison, also recorded the discussions. The head teachers and deputy head teachers were given a whole day to fill out the questionnaire, after which the questionnaires were collected. Two more days in each school were organised for the research team to inspect documents related to daily school attendance of affected girls, their participation in school activities, performance, discipline, and other relevant information.

Affected girls were interviewed in places of their own choice. This was because they could only feel free to discuss certain issues under certain environments they perceived conducive. FGD for the various groups of girls in the sample were also conducted in places suitable for the informants. In one school, up to four FGD were conducted, in the second school three and in another two groups, each consisting of five affected girls. Not more than two FGD were conducted per day in a school. In this connection a total of five days were spent on conducting FGD with affected girls. The principal researcher organised and facilitated FGD for the girls whereas the research assistants also recorded the discussions for comparison purposes. The assistants were also responsible for taking photographs during data collection. The male siblings of the key informants were interviewed in places suitable for them. At least two boys were interviewed per day. Both the English
and Luhya languages were used depending on the language the informants were more comfortable with.

The data collection procedure was an interactive one. This is because HIV/AIDS is viewed with strong emotions by almost everyone and the process spurred extensive questioning of the researcher by informants. In this regard, the researcher responded to questions by pupils, teachers, parents and/or guardians and male siblings of affected girls. These responses consisted of providing information or merely being supportive as informants voiced their concerns about HIV/AIDS. However, the procedure was not devoid of some difficulties. In one school, efforts to solicit for some information from the school administrators were met with a lot of resistance. In this regard, the researcher had to spend more days in the school, explaining the significance of the study to the administrators and encouraging them to open up and offer the necessary assistance to the research team. This turned out to be costly in terms of time and money since it involved a lot of travelling.

Another difficulty experienced by the research team was that, it was not easy to get to the various homes of affected girls due to the inaccessibility of footpaths in South Kisa location that had been worsened by heavy rains. As a result, a lot of time and energy was wasted before getting to certain specific homes. In addition,
more finances were spent on acquiring the proper attire, which included special boots.

3.7 PILOTING OF RESEARCH INSTRUMENTS

Before the actual fieldwork, a pilot study was done among girls and members of staff in one primary school selected randomly from Mulwanda location. Parents/guardians and male siblings of the girls included in the pilot study were also used to pre-test instruments to be used in the actual research.

The main aim of piloting the research instruments was to determine both the validity and the reliability of the questions, their difficult index and the sincerity of the respondents while answering questions. The initial study provided new insights that made the researcher to modify some of the questions and also shaded some light on what was to be expected in the actual research. The study also provided an opportunity for training of research assistants.

Documents available at the pilot school were perused to ascertain the modality of getting information from pupils’ enrolment files, class registers and any other document relevant to the current study.
3.8 DATA ANALYSIS

Data collected was largely analysed qualitatively. The qualitative analysis began by developing a coding system where common themes covered by the said data were identified. This helped in sorting out the data where respective materials addressing particular themes were separated and classified under the said topics. The data was then interpreted in the light of the objectives of the problem under investigation. Out of this process, certain implications were established and the emerging trends and generalizations suggested by the data were determined.

The outcome of that analysis was presented descriptively as research findings of this study as seen in the next chapter. Based on the findings, conclusions and recommendations for further research were made as presented in chapter five.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATIONS

4.0 INTRODUCTION
This chapter focuses on the presentation, analysis and interpretation of data. The presentation as a whole is based on the research objectives as major themes as follows:

1. How the access of affected girls to primary school education has been affected.
2. What happens to the daily school attendance and participation of affected girls.
3. Ways in which HIV/AIDS has affected performance of girls.
4. What happens to the retention of affected girls in primary school.
5. Suggestions on the best practices to improve the education of affected girls.

4.1 ACCESS OF AFFECTED GIRLS TO PRIMARY SCHOOL EDUCATION
To obtain information on access of affected primary school girls' to education, information was sought from a wide range of individuals. Parents and/or guardians were asked to explain whether their affected girls got access to education. The affected girls who were already in school gave information about
the school enrolment of their younger sisters and the school administrators and class teachers also gave their views on the concern. In addition, an examination of the enrolment records was done.

**Information from respondents**

Responses given by the said groups revealed that there existed young affected girls of school going age who had never enrolled in school in South Kisa. In this connection, affected girls who were already in school revealed that most of them (about 80%) had younger sisters of school going age. However, the girls reported that some of their younger sisters had not enrolled in school despite the fact that they had attained the right age for joining standard one (six years and above). This information was not different from what the school administrators and class teachers reported with regard to the access of affected girls to education. The teachers particularly pointed out that they knew of specific affected girls who loitered the village while other children were in school. This was confirmed when certain AIDS-affected families were visited. Plate 4 shows the researcher with one such family.
Respondents who reported that some affected girls had failed to get access to primary school education also gave reasons as to why this was the situation. The following are some of the reasons.
Reasons why some affected girls failed to get access to primary school education

- **Lack of funds for school levies**

  It was explained that some AIDS-affected families lacked funds to meet the necessary school levies for enrolment of the young girls in school. The respondents argued that even with the introduction of free education by the NARC government in January the year 2003, the families still experienced difficulties purchasing essential school necessities such as uniform and books to enable the young affected girls enrol in school. It was therefore found that when affected families experience scarcity of resources, the young girls who have not yet enrolled in school are often sacrificed for the sake of the children who are already in school.

- **Lack of parental supervision**

  Lack of parental supervision or simply the absence of a responsible mature family member to push the young girls to go to school was also said to greatly contribute to failure of the girls to get access to education. Some girls were said to refuse being taken to school by people who are not their parents. When this happened, guardians left such girls alone. In this connection, it was found that the guardians of the orphaned children tend not to be strict on shaping the behaviour of the children especially through punishment. The children therefore do most things their own way.
- **Poor personal health**

Poor personal health was mentioned as contributing to the failure of young girls to enrol in school. This group of girls included those who had been infected by HIV/AIDS and the malnourished. At some point, the caregivers were required to explain the kind of diet they gave to their children. The explanations given by the parents and/or guardians of the girls and the observation made while in the field confirmed that some of the girls suffered from a condition referred to as protein energy malnutrition (PEM). The condition had weakened the girls' bodies so much that they were left with little energy to trek the great distances to school. In this regard, the only option was to let the girls stay at home. The girls who were thought of as having been infected by HIV/AIDS presented at least three of the following symptoms; wasted muscles, *herpes zooster*, oral thrush, persistent cough, recurrent abscesses, recurrent fever and diarrhoea among other AIDS related symptoms. They too were too weak to be enrolled in school.

- **Lack of encouragement by relatives**

Some young girls from AIDS-affected families failed to enrol in school because relatives who did not care taking them to school usually took them away. Such guardians who were interviewed only reported that they were still planning to take the affected girls to school.
Heavy burden on the extended family

In some families, guardians explained that their financial resources were too strained to support the education of affected children. The best such children could be given was food and shelter.

The male preference syndrome

Relatives who stepped in to assist affected children preferred taking boys to school rather than girls. In this regard, it was claimed that the girls were bound to get husbands who will in turn act as breadwinners and therefore, did not have to be given formal education. The innocent girls not being aware of their right to education continued staying at home on being told this.

Information from enrolment records

An inspection of enrolment records revealed that only a few girls from AIDS-affected families enrolled in school within three years prior to the introduction of free primary school education by the NARC government in January the year 2003. In fact, the few affected girls who enrolled were mainly identified as those who had lost only one parent through HIV/AIDS. In one school, there was no single girl who had lost both parents to AIDS or any other cause enrolling in standard one during the year 2002, although only two girls had enrolled in standard one the previous year in the same school. This is despite of the fact that
girls who had lost their parents through HIV/AIDS and had attained the right age for joining school were available in homes around the schools.

In the other two schools, the girls who were identified in the school enrolment files as being affected by AIDS and had enrolled within the years 2000-2003, were much older than their colleagues in the same class (in one case a thirteen year old affected girl was found in standard one). In this regard, and as per the class teacher's discussions, it was found that the age of girls' first enrolment rises when their parents become too sick and/or die out of HIV/AIDS (for the few girls who manage getting access to education).

When commenting on the information from the records, teachers said that the young affected girls spend more time at home as relatives organised to cater for their education. This was because such relatives had never budgeted for the education of extra children. In addition, the relatives to affected children were reported to be fast at enrolling boys in school as girls waited at home for their turn due to the low value attached to girls' education by some African communities. It is little wonder that enrolment records revealed that, each year, boys formed more than 60% of all the affected children who enrolled in standard one. The various explanations given by teachers and parents/guardians showed that when families experience scarcity of resources as the case is in AIDS-affected families, people prefer taking boys to school rather than their female siblings. It is always believed
that girls will get married when they grow up and the responsibility of bread winning will be taken over by their husbands.

It is important to note that many affected girls were reported to have enrolled in school during the year 2003 than the case was during the previous three years. Most of them had joined standard one, whereas some who had dropped out of school enrolled in standard two to eight across the three schools visited. This trend was attributed to the introduction of free primary school education by the NARC government in January 2003. However, most of the affected girls who enrolled in school did not have proper school uniform and also lacked other important school necessities such as books. Unless another study is done, it may not be easy to predict what will happen to the retention of the affected girls who enrolled due to the introduction of free education.

4.2 SCHOOL ATTENDANCE AND PARTICIPATION OF AFFECTED GIRLS

To assess the school attendance and participation of affected girls, information was gathered through the questionnaire given to school administrators and focus group discussions conducted with affected girls and their class teachers. In addition, attendance registers were also examined.
School Attendance

Frequent absenteeism and lateness were the two main school attendance problems that were found to face affected girls. The two problems shall be explained here below under specific subheadings.

Absenteeism

Frequent absenteeism was identified as a major problem with the school attendance of affected girls. As parents fell sick and died out of AIDS, their daughters often failed to attend school regularly. In this regard, attendance registers revealed that above 50% of all the affected girls who were studied had been absent in school for at least five days during the first 34 days of first term the years 2003. Data in Table 7 shows the frequency of absenteeism among the affected girls studied across the three schools, over 34 days.
Table 7: Frequency of absenteeism among 45 affected girls across three schools over 34 days.

<table>
<thead>
<tr>
<th>Days absent</th>
<th>Number of affected girls absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>20</td>
</tr>
<tr>
<td>5-9</td>
<td>14</td>
</tr>
<tr>
<td>10-14</td>
<td>07</td>
</tr>
<tr>
<td>15-19</td>
<td>02</td>
</tr>
<tr>
<td>20-24</td>
<td>01</td>
</tr>
<tr>
<td>25-29</td>
<td>01</td>
</tr>
<tr>
<td>30-34</td>
<td>00</td>
</tr>
</tbody>
</table>

The following are some of the reasons given for frequent absenteeism.

Reasons why affected girls experienced frequent absenteeism

- *Added responsibility*

Affected girls reported that added responsibility that came as a result of either one parent or both parents becoming too sick and/or dying had contributed to their frequent absenteeism in school. For instance, the girls who had not moved out of their homes after the death of both parents explained that they had taken their mothers' household chores and were actively involved in taking care of their younger siblings. In this connection, the affected girls sometimes failed to attend school in order to carry out the responsibilities.
Such girls were found to be over worked at household levels. This is because they stay in a materially disadvantaged area where there exist no tarmac roads, electricity and tap water. In this regard, some girls reported trekking on bare feet for up to four kilometres to reach a source of water, and yet several trips had to be made each day for them to fetch enough water for the family. In addition, the same girls had to collect firewood, as well as look for food and prepare it for the family.

**Working for a wage**

It was reported that some girls were often absent because they had to work for a wage in order to buy food, pay school dues and other necessities. The kind of labour done by the girls included working on people's farms and fetching water for use in other people's homes. In this connection, class teachers pointed out that the girls' absenteeism particularly went high during the periods when local people were working on their farms. When asked about the pay they received after a day's work, affected girls reported earning fifty shillings (Kshs.50.00) per day for working on the farm and the same amount for fetching one hundred litres of water. This kind of labour left the girls tired and with little time to attend school regularly. It was particularly disturbing to realise that the money the girls made per day was not even enough to pay for one day's meals for their families.
Substantial labour demands from guardians

The affected girls who were under the care of guardians reported that while at home, their guardians demanded from them substantial labour in return for food and shelter. It is within this context that some girls explained that, they sometimes failed to attend school either because they were too tired or too hungry to walk to school and learn effectively. This was confirmed when the guardians pointed out that they felt advantaged staying with affected girls than the girls' brothers because the girls' labour contribution in the household was better. This kind of perception arguably places affected boys at an advantage, 'since they are likely to be assigned fewer duties while at home, and therefore enjoy more time to work on school assignments and revision.

Fear of stigma and discrimination

It was oddly pointed out that affected girls sometimes failed attending school due to fear of stigma and discrimination from their fellow pupils, and some teachers. The girls particularly emphasized that some pupils who had discovered the cause of their parents' death avoided associating with them and often made fun out of them. In some cases, other pupils shunned away from sharing desks with certain affected girls suspected to be infected by the HIV virus. The affected girls were treated as if they had a highly infectious disease, such that, even the pens and books handled by them could not be touched by their classmates. This situation was worsened by the fact that teachers did not
appear to get concerned whenever the affected girls reported what was happening.

It was discovered that the stigma and discrimination that comes with the death of parents through HIV/AIDS was a big problem to girls. The male siblings of affected girls made it clear that people took advantage of the girls since they (the people) viewed them as being weak both emotionally and sexually. Some pupils enjoyed making fun out of the affected girls especially whenever the girls cried and that is why such girls preferred staying away from school.

- Teachers' insensitivity

Some girls insisted that the language that was used by some teachers when addressing AIDS related topics was insensitive. AIDS was portrayed as a punishment to the infected for some sins that they had committed. In addition, the girls argued that certain questions that were often posed by teachers during AIDS related topics seemed to be directed at them.

- Lack of support from guardians

Some girls who stayed in their relatives' homes lacked both material and moral support and were often discriminated against. For instance, some were not bought school necessities even when other children who stayed with them
had been bought. In this connection, one girl stated that the aunt she stayed with often told her that,

"... I brought you in my house to assist you, but not so that you can ask me for school necessities."

Girls who were often treated in this manner preferred remaining absent instead of requesting for what they lacked from their guardians.

Some affected girls claimed that whenever they were sent away from school to buy certain items, their guardians abused them and accused them of being school phobic. As a result, whatever items they had been sent were not bought and the girls extended their stay at home. This kind of treatment that the girls received does not only affect the frequency of their school attendance, but also inhibits their learning in various ways; both at home and school. This is because for any child to learn effectively,

... the child needs to be accepted, respected, liked and trusted, encouraged, supported, activated, and amused; able to explore, experiment and achieve (Ginnot, 1972:38).

- **Lack of school necessities**

Teachers were of the view that, lack of important school necessities such as books and uniform made some affected girls to fail attending school regularly.
The reason for this was that, the girls either feared that they could be punished by teachers or simply felt out of place and chose to remain at home. However, teachers reported that they never sent away orphaned children due to lack of school necessities. They only reminded them to buy.

- **Frequent illness**

Another reason for absenteeism was that, some affected girls often fell sick and did not get proper medical attention. Their frequent sickness was attributed to poor diet, poor hygiene and the fact that some of the girls may have been infected by HIV/AIDS from their parents. Such girls were often weak and could not attend school regularly.

In one group discussion with teachers, the research team learned that, even some of the girls who were not often absent as per the school registers often-experienced disturbance during school hours. For instance, some girls were called back home to attend to sick parents and/or younger siblings.

It is important noting that the affected girls who were under the care of responsible and materially advantaged guardians were reported to attend school regularly and on good time. Despite this, some of the girls falling under this group were reported not to appear in the school payments records, even when their guardians’ children had made all the payments.
Lateness

Reports of lateness were not universal. Some affected girls reported frequent lateness at school. This happened when girls were taking care of sick family members or staying with relatives. In this regard, the lists of daily late comers kept by the three schools indicated that below 30% of affected girls had always kept time or at most, came late for less than four times in third term the year 2002, during morning hours. This was compared to 49% of boys in a similar situation in the same school. Data in Table 8 illustrates this information, in regard to girls.
Table 8: Frequency of lateness among 45 affected girls across three schools in third term 2002

<table>
<thead>
<tr>
<th>Number of days late</th>
<th>Number of affected girls late in the morning</th>
<th>Number of affected girls late in the afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>5-9</td>
<td>06</td>
<td>05</td>
</tr>
<tr>
<td>10-14</td>
<td>08</td>
<td>06</td>
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<tr>
<td>15-19</td>
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<td>09</td>
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<tr>
<td>20-24</td>
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<td>04</td>
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<tr>
<td>25-29</td>
<td>02</td>
<td>01</td>
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<tr>
<td>30-34</td>
<td>01</td>
<td>03</td>
</tr>
<tr>
<td>35-39</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>40-44</td>
<td>03</td>
<td>01</td>
</tr>
<tr>
<td>45-end term</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

The observation made in the field confirmed that many affected girls reported late at school in the morning and afternoon. In this connection, whenever the research team visited a school in the afternoon to talk to the affected girls, a lot of time was wasted waiting for some girls who did not report to school on the right time.

The following are some of the reasons given for the girls' lateness.
Reasons why some affected girls reported to school late.

- **Taking care of the sick**

  Taking care of a sick family member was the reason the girls often gave for attending school late. In this regard, the number of times the girls reported to school late depended on the nature of sickness of the family member being taken care of.

- **Household chores**

  The girls who stayed with relatives reported that they attended school late because they were often asked to work in the morning before leaving for school. This is despite of the fact that some of them did not take breakfast even after the morning's work. Some girls explained that they stayed with very old grand parents who needed to be taken care of by the girls, from the time of waking up in the morning. Some of the activities the girls claimed to perform in the morning included cleaning of the compound, fetching water and cleaning the house.

  In this connection, the male siblings of affected girls confirmed that their sisters had quite a lot of activities to perform in the morning. The girls had taken over the household chores of their mothers at a very tender age and yet their brothers could not assist them because the chores were considered feminine. At the same time, the boys were also busy trying to generate some
income for the family. This made it difficult for them to assist their sisters in their work.

Another group of affected girls oddly pointed out that they had been reporting to school earlier than usual after the loss of their parents. These were mainly girls who had lost both parents and stayed alone in their homes. The following reasons were given for the girls’ early attendance.

Reasons why some affected girls reported to school early.

- **Lack of breakfast**
  
  Most affected girls who reported early attendance said that they lacked food to prepare for breakfast and therefore, did not waste much time in the morning.

- **Loss of interest in proper grooming**
  
  The observation made in the field led to the realisation that some girls who reported early attendance looked poorly groomed. They seemed to have lost interest in proper grooming with some of them claiming that they did not have grooming material. One girl plainly stated that,

  ... we cannot buy soap and oil when we do not have food. In fact, there is no need of one looking properly groomed on an empty stomach.
This argument was a proper indication that the girls simply woke up in the morning and left for school without wasting much time on bathing and neatening themselves up.

Feelings of insecurity

Some affected girls attributed their early school attendance to feelings of insecurity they experienced while at home. In one case, a twelve-year-old standard four girl who stayed alone in a home and was only visited by an auntie twice a month stated that,

"... whenever I am at home alone, I always feel that somebody will break into the house and harm me. I therefore prefer leaving home as early as possible and spending the better part of my time in school".

In this connection, teachers reported that some of the girls who experienced feelings of insecurity were those who had been sexually exploited at one point or another. It was found that the girls experienced such feelings even while at school or on their way home, but they preferred being in a place where there were many people.

Classroom Participation

Information on classroom participation was gathered through group discussions with affected girls and the various class teachers. In addition, documentary
sources such as pupils’ exercise books were examined, and girls’ activities while in class observed.

Teachers pointed out that affected girls did not actively take part in class discussions and/or answering of questions. Some of them appeared absent minded and withdrawn during lessons. In addition, it was found that affected girls were often shy and suspicious while in class. This happened, especially when a disease was mentioned, particularly HIV/AIDS and/or STDS. The girls most of the time thought that teachers were discussing the situation in their families. This limited the participation of affected girls in lessons with a health dimension.

It was also discovered that affected girls often looked sleep deprived. This affected their classroom participation in a sense that, the girls often dozed in class when lessons were being conducted. In this connection, they often missed a lot of information that was discussed in class during the period they were dozing.

Submitting incomplete assignments was reported to be a typical behaviour with affected girls. This mostly happened when the assignment in question was to be done by the pupils while at home. One group of teachers pointed out that the affected girls failed to complete assignments even when their own brothers had
tried to at least answer most of the questions. It was noted that the girls who tried to work on their assignment only did so in order to complete the work and therefore, presented very poor and irrelevant answers in most cases.

When asked to comment on the participation of affected girls in technical subjects, class teachers reported that the girls under participated in practical lessons. This was attributed to the fact that, the girls had limited financial resources to buy the material necessary for practical lessons. The girls were said to participate in practical lessons when the material needed was locally available and did not require buying.

Some reasons why affected girls under participated in class

- Uncertainty about the future
The affected girls reported that they were particularly anxious and uncertain about their future and that is why they did not participate actively in class. In this regard, the girls explained that, they were not sure of obtaining high school fees and did not see the need for putting much effort in their primary school studies.

- Lack of parental love
The girls reported that they often missed their parents. They kept remembering the love, care and protection their parents had provided before
their death, and feelings of hopelessness overwhelmed them. These feelings always interfered with their participation in classroom activities.

- **Increased household chores**

  The affected girls pointed out that they spent long hours on household chores late in the night. As a result, they did not have sufficient time to sleep and this made them doze during lessons. Such girls missed a lot of information discussed in class during the period they were dozing. Some of them were also too tired to participate actively in class due to the nature of activities they performed. When commenting on increased household chores, teachers were of the view that girls seemed to have more household chores than their brothers and that reduced their time for working on assignments. This was seen as a reason why affected girls failed to complete assignment even when boys in the similar situation had done their work.

- **Insufficient lighting**

  Affected girls reported that, apart from lacking time for the assignments, they also did not have paraffin most of the time, which was the main source of lighting in the area. As a result, the girls failed to complete their assignments, as it was required.
Information from the inspection of books

To obtain more information on the participation of affected girls in classroom activities, the exercise books of the girls in question were inspected. This was to ascertain whether the books were well taken care of, notes well written and assignments completed. In this regard, it was found that the books were generally poorly kept; most of them were dirty, some had torn and/or folded papers and others had poorly organised notes.

Some of the books inspected were found to have incomplete notes and some had some statements that did not make sense. The girls had rarely completed, or even attempted to work on their assignments. Composition books were particularly found to have a number of incomplete compositions, as well as some that had never been attempted at all, although the questions had been noted down. However, it was also found that a few affected girls (the much organised ones) had well kept and properly organised books. Their notes were well written and all assignments completed.

It was noted that, almost half of all the affected girls did not have exercise books (at least one or two) allocated for certain subjects. In this regard, the girls did not write during lessons for the subjects they did not have exercise books or simply wrote in books meant for other subjects. Areas where most affected girls did not have exercise books were mainly Composition, Swahili Insha, Religious
Education and Business Education. When asked to explain why the exercise books were not available, girls pointed out that the scarcity of financial resources was the main problem. Data in Table 9 shows the number of affected girls who did not have exercise books in certain subjects per class across the three schools.

**Table 9: The number of girls who did not have exercise books in certain subjects per class**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Class</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Std 4</td>
<td>Std 5</td>
<td>Std 6</td>
<td>Std 7</td>
<td>Std 8</td>
</tr>
<tr>
<td>ENGLISH</td>
<td>03</td>
<td>01</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>COMPOSITION</td>
<td>07</td>
<td>07</td>
<td>04</td>
<td>03</td>
<td>01</td>
</tr>
<tr>
<td>KISWAHILI</td>
<td>02</td>
<td>00</td>
<td>01</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>INSHA</td>
<td>08</td>
<td>04</td>
<td>05</td>
<td>04</td>
<td>00</td>
</tr>
<tr>
<td>MATHS</td>
<td>00</td>
<td>02</td>
<td>01</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>SCIENCE</td>
<td>02</td>
<td>03</td>
<td>03</td>
<td>02</td>
<td>00</td>
</tr>
<tr>
<td>REL.EDUC</td>
<td>06</td>
<td>09</td>
<td>07</td>
<td>06</td>
<td>00</td>
</tr>
<tr>
<td>G.H.C.</td>
<td>04</td>
<td>00</td>
<td>02</td>
<td>02</td>
<td>00</td>
</tr>
<tr>
<td>BUSINESS.EDUC.</td>
<td>08</td>
<td>05</td>
<td>07</td>
<td>03</td>
<td>01</td>
</tr>
</tbody>
</table>

When explaining why they did not allocate books for certain specific subjects, affected girls said that certain subjects were not so difficult and important points learnt in class could be remembered even without writing and that is why the
subjects were sacrificed when books were scarce. The girls appeared to be kin on having exercise books for Mathematics, English and Kiswahili. Plate 5 shows the researcher with some affected girls during analysis of the exercise books.

Plate 5: The researcher with some affected girls during documentary analysis

Participation of girls in out of class activities

In order to assess the participation of girls in out of class activities, the girls were asked to state the specific activities they participated in, whether they enjoyed their participation in those activities and to explain how their friends treated them while out of class. Class teachers and the school administrators were also asked to
give their views on the concern. In addition, the activities of the girls in question while outside the classroom were observed.

Teachers reported that the participation of girls in out of class activities had remained the same or in some cases, improved after the death of their parents. It was reported that the girls participated in athletics, netball, volleyball and leg ball in considerable numbers. Some of the affected girls were also members of various clubs such as drama, poetry and Christian Union. Particularly, it had been noted that Christian Union had attracted girls from AIDS-affected homes, who hoped to become more peaceful by moving closer to God.

When asked to comment on their participation in outdoor activities, the girls reported that they felt better while playing with other pupils and tended to forget their problems. In fact, some girls reported that they have always wished for the extension of the periods allocated for out of class activities. This is so that the girls can have more time for play while at school. They added that such valuable time could not be easily created while at home due to the busy schedule.

The affected girls reported that they did not experience much discrimination from their fellow pupils during participation in outdoor activities. Reports given by the school administrators on the concern indicated that the girls who were often discriminated during out of class activities were those who were either known or
suspected to be infected by HIV/AIDS. Pupils were not readily willing to associate with such girls due to fear that the girls could infect them with HIV/AIDS. Some pupils were reported to openly tell the girls not to play with them because they had AIDS.

One group of teachers pointed out that some affected girls did not actively participate in outdoor activities. The girls often preferred sitting alone in quiet places while out of class unless the teachers forced them to participate in certain activities. The observation made in the field led to the realisation that this group of girls mainly included those who had lost only one parent and were taking care of a very sick parent. The girls seemed to be anxious about the health of the remaining parent and often wished to go home faster so as to find out what could be happening to him/her.

4.3 PERFORMANCE OF AFFECTED GIRLS
Affected girls, class teachers and school administrators gave information on performance of the girls. In addition, documents such as report books were inspected. The findings were analysed and interpreted under the two broad categories of academic and out of class performance.
Academic Performance

It was reported that affected girls tend to drop in their academic performance with the onset of their parents' sickness and their consequent death.

Documentary sources revealed that, some affected girls who used to take top positions (the first quarter in class) had dropped to the second and third quarters after the death of their parents. The affected girls who were weak pupils had dropped to the last quarter and were experiencing frequent repetitions.

In one situation, a nineteen-year-old girl who had repeated a number of times was still a standard seven pupil. However, the problem of repetition affected less than 15% of the girls who were studied. This percentage was mainly made up of girls who often stayed out of school for several days or weeks due to various reasons.

The reasons that were pointed out for the girls' under performance were not so far from those described as contributing to their under-participation in class. Some of the reasons are described here below.

Reasons why some affected girls under performed in class

- **Income generating**

  Some affected girls claimed that they had devoted most of their time on income generating in order to cater for their needs at home and school. For
this reason, they did not have enough time to devote to their studies so as to perform well academically.

- **Lack of parental love and support**

The affected girls pointed out that they lacked parental love, care and support. In this regard, some of the girls reported that their parents had often given them tuition while at home before they died and at times, they had gone to the extent of organising for certain experts to coach them in given subjects, especially sciences. However, most of the girls had now been left under the care of illiterate grandparents who had little to do about assisting them in their academic work. This contributed a great deal to the drop in the performance of the girls in question.

- **Lack of school necessities**

The affected girls admitted that they lacked important school necessities essential for effective learning. For instance; lack of textbooks frustrated the girls’ efforts to revise effectively. In this regard, it had already been pointed out that learning cannot be effective when the learners do not have textbooks for the various subjects (Eshiwani, 1986). Some affected girls did not even have class notes for their revision because they lacked pens when the notes were being taken.
Improper diet

Lack of proper diet was identified as a reason for the underperformance of affected girls. The girls claimed that they were often too hungry to concentrate on their studies. In this regard, the observation made while in schools and in the various homes visited revealed that some of the affected girls showed signs of protein deficiency. The girls were suspected to suffer from PEM because they appeared much smaller than their age-mates and had wasted muscles. This was attributed to the fact that most protein giving foods were expensive and could not be easily afforded by the girls whose families had scarce resources. Yet, it has been put plainly that,

... our diet must supply us with good quality proteins so that we are not lacking essential amino acids. Proteins are necessary for body building, growth and repair of worn out tissues (Okeng'o, 2002:14).

Growth in this case refers to the development of all the body parts including the brains, which must be in a good condition if the child has to compete favourably in academic activities. This therefore implies that the affected girls who showed signs of PEM may fail to perform well not just because they are too hungry but also due to the fact that their brains are not developing at the same pace with that of their colleagues in the same class.
In this regard,

... An African proverb states that, 'when the stomach is full, the foot is faster'. Malnutrition (nutrient deficiency) produces damage to the central nervous system, adversely affecting a child's ability to read, write, do simple sums, and to think clearly and logically. In most cases, malnutrition means early dropout from the educational system: (Bishop, 1989:31).

- **Psychological stress**
  Teachers attributed the girls' under-performance to the long-term psychological stress that the girls suffered from. The teachers insisted that this condition had frustrated efforts to help such girls improve their performance. Psychological stress as a reason for the girls' poor performance was particularly interesting. This reason seemed to carry more weight than most of the other reasons that were given. This is due to the fact that, even the affected girls who had been given maximum material support did not perform as well as they were expected to and this was linked to the whole question of stress.

- **Frequent change of schools**
  It was taken note that some affected girls experienced frequent change of schools and this was seen to contribute to the girls' under-performance. Almost a third of all the affected girls studied reported that they had learned in
two to four schools in a span of not more than two years. This was due to the fact that, the girls kept looking for a 'better' guardian to stay with; a situation that necessitated frequent change of schools.

In this connection, some girls reported that they often spent several weeks or even months at home when moving from one school to another, due to the procedures involved in obtaining admission. This resulted in wastage of valuable time at home that could have otherwise been used to uplift the girls' academic standards.

As a result, the girls explained that they at times joined schools where their classmates had covered a much wider part of the syllabus than the case was in their previous schools. This made it difficult for them to understand certain content areas that they had not received proper pre-requisite knowledge. This in itself contributed a great deal to the girls' under performance.

Despite the fact that affected girls were dropping in their performance, teachers pointed out that a few affected girls who were extremely bright managed to maintain top positions in class. In one of the schools, it was reported that the best pupil in the K.C.P.E. examinations during the year 2002 was an AIDS orphan. Documentary sources, which included pupils' report books, C.A.T. papers and examination papers helped to ascertain this information. In one situation for
instance, two girls, who happened to be siblings, maintained the first and second positions in class for a period of four terms after the death of their parents through AIDS.

Performance in out of class activities

As explained earlier, affected girls were reported to participate in out of class activities. However, reports on their performance in the activities were not universal.

In one of the schools, teachers reported that affected girls who participated in such activities as games and sports did not do it to their best ability. This is despite of the fact that the girls could not be ranked as poor performers. The reasons given by teachers to explain the under-performance of affected girls in games and sports included the following:

- Some affected girls did not have the proper attire for games and sports. This made the girls shy away from performing certain activities. For instance, some girls avoided jumping very high so as not to expose torn underpants.

- Some affected girls; especially those who had been sexually harassed at one point, had become suspicious and avoided attracting people's attention towards them. Such girls intentionally avoided performing exceptionally well in the activities they participated in so as not to be
noticed. This greatly contributed to the girls' under-performance in games and sports.

The teachers claimed that such affected girls only performed to their fullest ability while participating in activities that required group performance. In this connection, the girls were noted to sing to the best of their ability while in the school choir and performed equally well when reciting group poems. This suggested that the girls tended to feel that people cannot identify them easily while in a crowd.

In the other two schools, teachers thought that there was no remarkable difference that could be noted between the affected girls and the non-affected girls as far as their performance in games and sports was considered. Across the three schools, it was pointed out that the girls' performance in certain clubs, especially the Christian Union (CU) had improved. This was attributed to the fact that the girls hoped to become more peaceful by moving closer to God.

Some teachers seemed reluctant to become too aware of the performance of affected girls in outdoor activities.
4.4 RETENTION OF AFFECTED GIRLS IN SCHOOL

In order to assess the retention of girls in school, information was solicited through the questionnaire given to head teachers and deputy head teachers. In addition, discussions were conducted with class teachers and affected girls.

AIDS affected girls were reported to face hardship before and after the death of their parents. The questionnaires given to the school administrators revealed that some affected girls dropped out of school prematurely. In fact, teachers and school administrators explained that most of the affected children they knew in the schools visited were boys, something that indicated that some of the affected girls had already dropped out of school. In this connection, the whole question of studying girls spurred a lot of questioning from the school administrators, who thought that boys should have been studied due to their large numbers.

Documentary sources revealed that, girls who dropped out were mainly those from higher levels of primary school education (standard six, seven and eight). Data in Table 10 shows the number of girls from AIDS affected families who dropped out of three schools over a period of one year.
Table 10: The number of dropouts (Affected Girls) from three schools and classes affected during the year 2002.

<table>
<thead>
<tr>
<th>School</th>
<th>Number of drop outs</th>
<th>Classes affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eshibinga</td>
<td>05</td>
<td>3,5,5,7,8</td>
</tr>
<tr>
<td>Emakuche</td>
<td>04</td>
<td>1,2,6,6</td>
</tr>
<tr>
<td>Emalindi</td>
<td>04</td>
<td>2,5,6,8</td>
</tr>
</tbody>
</table>

Various reasons were given as contributing to the drop out of affected girls.

Reasons why some affected girls dropped out of school

- **Taking care of ailing parents**

Teachers reported that, even before parents died, some girls preferred dropping out of school completely so as to take care of the ailing parents. In this regard, some of the affected girls who talked to the researcher admitted that their elder sisters had dropped out of school and were already at home concentrating on the care of the sick parents.

When asked to comment on their position as caregivers to sick parents, the affected girls reported that, they were often left distracted and depressed due to watching their parents deteriorate and suffer. The feelings were said to be so strong that they could not allow even some seemingly emotionally strong girls to comfortably continue with their studies.
To ascertain this information, the various homes of selected girls were visited and the suffering parents talked to. The parents who had dropout daughters explained that they had requested the girls to stay at home and care for them against their (parents') wishes due to ill health. They added that, most of their relatives were often unwilling to provide them with the care they needed due to fear of getting infected. The ailing parents therefore preferred being taken care of by their own children, especially girls. The girls were believed to have a good mastery of household chores. In addition they were described as having a 'heart' to assist, the reasons why they were given the care giving roles.

- **Running errands**

The affected girls were often sent by their parents to solicit for material assistance from relatives and well wishers. This came as a result of the financial hardship experienced by their families. The assistance was particularly necessary since the breadwinners were unable to work regularly. The families had to meet medical expenses as well as buy food and other necessities. The affected girls most of the time trekked long distances to reach their relatives’ homes so as to request for assistance which was not always guaranteed. Such girls were left both physically and emotionally vulnerable, with little time for their studies, the reason why they dropped out of school prematurely.
Lack of funds for school dues

Lack of funds for school dues and necessities was also given as a reason contributing to the drop out of affected girls. However, it was noted that in the schools visited, teachers seemed understanding and did not tend to send away children from AIDS-affected families to buy school necessities. They only reminded them to do so. In some cases, school administrators went to the extent of buying uniform and books for such children, as well as paying for them certain important school dues. This reveals that the affected girls who dropped out of school due to lack of school necessities did so out of fear that they may be punished and/or because they felt out of place.

Sexual exploitation

Another reason why affected girls dropped out of school as emphasized by teachers was that, some selfish men took advantage of the girls' situation and often exploited them sexually. In this regard, affected girls were said to have less power to protect themselves from men with evil intentions. Even without considering the death of parents, it had been observed that,

... the ability of girls and women to protect themselves is contained by their status in society (Gachuhi, 1999).

The death of parents in this case, only worsened the situation.
As a result of sexual exploitation, teachers reported that some affected girls often became pregnant before completing school. In some cases, this happened when the girls had only reached standard four. It was explained that some affected girls were capable of conceiving at lower levels of education because they were much older than their classmates due to repetitions and the frequent disturbances they experienced in their education. The result of this was that, the girls in question often dropped out of school pre-maturely. Some girls who were sexually exploited dropped out of school after contracting HIV or other STDS.

- **Early marriages**

Some affected girls were said to leave school after being lured into early marriages by selfish men or even their own relatives. Such girls went into marriage so that their husbands could support them materially. Others did so in order to have the education of their brothers financed by the men who married them. It was particularly disturbing that in some cases, the promises that the innocent girls were given when getting into marriage were never fulfilled. They instead became servants to the men who married them and led a miserable life.

- **Child labour**

Child labour was named as contributing to the school dropout of affected girls. Some girls became housemaids even in the homes of their own relatives (such as elder brothers, uncles, aunts etc.) when ends could not meet. Such are the
relatives who could have otherwise supported the affected girls through their education. In this regard, it was also found that the relatives to AIDS orphans who did not intend to support their education preferred staying with girls rather than their brothers. This could be attributed to the argument by some guardians that girls more often than boys assisted them in carrying out certain essential household chores. They thought that it was the best way for the girls to pay for the food and accommodation they received.

- Lack of parental supervision

Discussions with affected girls revealed that, some of their sisters had simply refused to attend school without any reason that could be explained. These are the girls who can be said to have dropped out of school due to lack of parental supervision. These are the girls who will refuse attending school even if all the important school necessities and other basic necessities were availed to them.

4.5 RESPONDENTS' VIEWS ON THE IMPROVEMENT OF THE EDUCATION OF AFFECTED GIRLS

Each and every respondent who gave information on the impact of HIV/AIDS on education of girls was also asked to give his/her own recommendations on how the situation could be improved. In this regard, the respondents believed that despite the remarkably serious impact of HIV/AIDS on girls' education, certain
ideas could be tried by the society members in their efforts to improve the education of affected girls. The respondents put forth their views as follows:

Views by affected girls

When asked to comment on how their education could be improved, affected girls were of the view that the government should set aside a special fund to cater for their school necessities such as school uniform, textbooks, exercise books and pens. The girls believed that if this is done, the dropouts that come as a result of lack of school necessities would be curbed. In addition, cases of girls working for a wage during school hours to buy school necessities will be controlled and as a result, their performance will improve. This information was given in form of such statements as:

"... the government should buy for us books so that we can pass examinations."

"... the government should also be told that we do not have pens because those people who stay with us refuse to buy them for us."

"... if I am bought a good uniform, I will not shy away from coming to school."

However, the affected girls showed much appreciation towards the introduction of free primary school education by the NARC government since January 2003. They were happy that some of their younger siblings who had failed to enrol in standard one due to lack of funds had been enrolled. In addition, some of the ones
who had dropped out of school had also been enrolled back. Those of them who were already in school were feeling the difference, since they did not have to work in order to get money for school payments. They felt that their education will be much more enjoyable if they were provided with school necessities. One girl who was anxious about receiving the government's support stated that,

"... as the government plans to buy for us uniform and books, the Minister of Education should tell the teachers not to send us away from school due to lack of those necessities until we are assisted. The government should also consider reacting faster to our pleas because some of us are in standard eight."

The girls also wanted the government to assist them get important basic necessities such as food, shelter and even paraffin for lighting. In this regard, the observation made in the field led to the realisation that some affected girls stayed under pathetic grass thatched roofs that did not offer them adequate protection from harsh weather conditions. Also realised was the fact that, about 80% of the affected girls did not take breakfast before leaving for school and some showed signs of malnutrition.

When asked to say what religious institutions should do for them, the affected girls expressed much desire for prayers. In this regard, the affected girls (who happened to be Christians) reported that they attended church regularly and knew their pastors. However, they claimed that they did not know when and how they
could approach their religious leaders for assistance. It is little wonder that the girls did not know the kind of assistance they could seek from religious leaders. They seemed unaware of the fact that the church could offer them material support as well as guidance and counselling.

In one of the group discussions for instance, a girl asked the researcher the following question:

"... will it be appropriate for me to tell the pastor that the aunt I stay with continually reminds me that she will kill me?"

This is one of the many questions that were answered during the data collection procedure. In some cases, certain important information was provided to the respondents and in others, they were merely provided with moral support as some expressed their concerns about HIV/AIDS amidst sobs.

The affected girls showed much anxiety about their secondary school education. In this regard, they recommended that the government, NGOs and individuals should consider sponsoring the education of affected girls at secondary school level.
Views by male siblings of affected girls

The male siblings to affected girls were asked to comment on their sisters' education and how it could be improved. The boys pointed out that they were sad about the tendency by some men to exploit affected girls sexually. In this regard, they stated that there was need for the legal system to take strict measures against the men in question. They added that particular attention should be paid to the men who infected the girls with AIDS and/or STDs, those who made the girls pregnant and those who married them at a pre-mature age. The boys argued that the education of their sisters had been affected in many ways as a result of sexual exploitation. In this connection, protecting the girls could improve their education a great deal.

When asked to state what religious institutions should do, the boys did not seem to be so much interested in prayers unlike their sisters. However, they stressed the fact that religious leaders should be on the forefront in fighting the stigma and discrimination that comes with HIV/AIDS. They claimed that they knew of affected girls who had dropped out of school and even some who did not attend church regularly due to fear of stigma.

Like girls, the boys requested for a special fund by the government to cater for the school necessities of affected children. They reported that some affected girls did not have proper school uniform, school bags, books and other necessities. This
situation affected the girls' participation in school activities and eventually lowered their performance.

The boys were of the view that the government, with NGOs should come up with more special homes to care for the affected children so that the children can rest from too much household chores and concentrate on their school work.

Views by Head teachers, Deputy Head teachers and Teachers

The views given by school administrators and teachers on the improvement of the education of affected girls were not far off from the wishes of the girls. Head teachers and deputy head teachers praised the introduction of free primary school education by the NARC government. However, they suggested that the government and NGOs should assist the affected girls buy important school necessities.

Teachers were of the view that, guidance and counselling programmes should be put in place at the school levels to help the girls come to terms with their situation of being affected by HIV/AIDS. Religious leaders were to supplement this effort. It was also stated that, the government should remain firm on making primary school education compulsory. The children who will be found loitering in villages and streets should be dealt with accordingly. This recommendation was
particularly interesting because if implemented, it could keep some affected children in school who drop out due to lack of parental supervision.

Like the male siblings to affected girls, teachers suggested that strict legal measures should be taken against the men who are found exploiting affected girls sexually. It was further suggested that such measures should be taken against people who employ affected children in their homes.

Teachers suggested that affected girls should be provided with food, shelter and other basic necessities for them to succeed in their education. The government, NGOS, religious institutions or individuals could do this. In this connection, the teachers stressed the fact that central places should be identified where strict supervision on how the assistance is offered to the affected children can be done. In addition, it was suggested that the government should control NGO funds for AIDS orphans.

AIDS education was highly recommended for all children including those who are not directly affected by the pandemic. It was argued that such education could benefit the affected girls in a sense that, they will know how to take care of infected parents while protecting themselves from getting infected.
Views by Parents and Guardians to Affected Girls

Parents and/or guardians to affected girls expressed much anxiety about their daughters’ secondary school education. In this connection, they requested the government to come up with a way of paying secondary school fees for affected girls.

The ailing parents pointed out that the treatment accorded to the affected girls by society members as far as their education is considered was not the same as that accorded to boys. Therefore, they recommended that both boys and girls should be treated in the same way because once parents died, education was the only tool that could help the children succeed in life.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS
OF THE STUDY

5.0. INTRODUCTION

The concern of this study was to assess the impact of HIV/AIDS on education of primary school girls. Four main areas were considered: access, participation, performance and retention. This chapter presents the study findings summarised on the basis of five major areas reflected in the five research questions presented in chapter one. The areas are as follows:

(i) Access of affected girls to primary school education.
(ii) School attendance and participation of affected girls.
(iii) Performance of affected girls.
(iv) Retention of affected girls in school.
(v) Respondents' views on the improvement of the education of affected girls.

The chapter also presents conclusions, policy recommendations and recommendation for further research.
5.1 SUMMARY OF THE STUDY FINDINGS

(i) Access of Affected Girls to Primary School Education

It was found that girls whose parents became too sick and/or died of AIDS before their daughters had been taken to school failed to enrol in standard one. Those of them who were lucky to enrol mainly did so when they had passed the right age for enrolment. In this regard, the main reasons given for the failure of some girls to join school included lack of funds for school dues and necessities and lack of parental supervision. Other reasons included poor personal health by affected girls and lack of encouragement by relatives. Male preference syndrome was also found to affect the girls' access to education negatively.

However, it was found that many affected girls had enrolled in primary school during the beginning of the year 2003, something that was attributed to the introduction of free primary school education by the NARC government. It is difficult to predict what will happen to the retention of the girls in question in school, unless otherwise a future study is carried out to investigate this.

(ii) School Attendance and Participation of Affected Girls

Some affected girls experienced frequent absenteeism in school. This situation was largely attributed to two major factors, that is, added responsibility that was experienced by affected girls in their homes and the fact that girls often worked for a wage during school hours so as to make some money for supporting their
families. Another reason given for girls absenting themselves from school was that, they were often too tired and/or too hungry to attend school and participate actively in school activities.

Some girls were also reported not to attend school regularly due to fear of stigma and discrimination attached to the HIV/AIDS pandemic. In addition, lack of school necessities and sickness was found to contribute to the girls' frequent absenteeism.

In relation to the time of reporting at school, affected girls were found to report to school late. Some of the reasons given for lateness included taking care of a sick family member and performing household chores in the morning. Another set of affected girls reported to school unusually early due to lack of food to prepare for breakfast, feelings of insecurity in the home and loss of interest in proper grooming.

Affected girls were reported to under participate in classroom activities. They appeared absent minded and withdrawn during lessons. In addition, some girls became shy and looked suspicious, whereas others dozed in class. Cases of submitting incomplete assignments were said to be common with affected girls as well as failing to complete class notes. In some cases, the girls did not even have
exercise books for certain important subjects. This kind of situation (classroom under participation) was attributed to the following reasons:

- Girls’ anxiety and uncertainty about their future.
- Lack of parental love and care.
- Insufficient sleep due to many household chores.
- Lack of textbooks, exercise books and other materials for use in class.

Affected girls were reported to participate in out of class activities. Some were involved in games and sports as well as clubs, especially Christian Union.

(iii) Performance of affected girls

Affected girls tended to drop in their academic performance with the onset of their parents' sickness and their consequent death. The reasons given for the drop in the girls' academic performance included all those mentioned as affecting their participation in class.

In addition, frequent change of schools was found to contribute a lot in pulling down the girls' performance. Other reasons included long term psychological stress experienced by affected girls; lack of parental care, love and support; and lack of food as well as school necessities.
However, some affected girls who were very bright were reported to maintain top positions in class despite of their families being hit by HIV/AIDS.

(iv) Retention of affected girls in school

Affected girls were reported to drop out of school prematurely. Even before the death of parents, some girls left school in order to take care of the sick parents. As AIDS affected families experienced financial difficulties, girls often dropped out of school due to lack of money for school dues as well as books and other necessities. In addition, some girls were found to get exposed to sexual exploitation when parents die, a situation that led them to contract HIV/AIDS and/or STDS or get unwanted pregnancies and eventually dropped out of school. Some of the girls dropped out of school after being lured into early marriages or child labour, whereas others simply refused attending school without giving any reason.

However some affected girls managed to complete their primary school education depending on the conditions that surrounded them.

(v) Respondents' Views on the Improvement of the Education of Affected Girls

The respondents gave various views on how the education of affected girls could be improved. They suggested that the government should set aside a special fund
to assist affected girls to buy books, uniform and other school necessities. It was also suggested that the girls should be assisted to get food, clothing, shelter, and lighting among other necessities by the government, religious organisations, NGOs and individuals.

Other suggestions made included the following:

- The government, religious organisations, NGOs and individuals should consider sponsoring the secondary school education for the affected girls who perform well in the K.C.P.E. examinations.
- Guidance and counselling of affected girls by teachers and religious leaders.
- Strict legal measures against men who exploit affected girls sexually as well as the people who employ affected children.
- Religious leaders should be on the forefront in fighting stigma and discrimination that comes with HIV/AIDS as well as praying for the affected children.
- Special homes to be set aside for affected children.
- AIDS education to be taught in schools.
- Society members should change their attitude towards girls’ education and give it similar value as that given to boys.
However, the respondents showed much appreciation to the introduction of free primary school education by the NARC government in the year 2003. This was seen as a blessing to children from AIDS affected families, especially girls.

5.2 RECOMMENDATIONS

(i) Policy

This study has revealed that some affected girls in primary school do not get enough food and show signs of malnutrition due to lack of proper diet. In addition, the views of the girls, their teachers and brothers reveal that they (the said groups) wished that the affected girls should be assisted to get food. On the basis of these findings, it is recommended that the issues of the introduction and maintenance of school feeding programmes as well as pupil health care programmes should be taken into consideration by the government when discussing the welfare of primary school children. Religious organisations, NGOs, and individuals should assist the government in offering this assistance.

Men with selfish desires sexually exploit some affected girls. This situation exposes the girls to infection by HIV/AIDS and other STDs, pregnancies as well as physical and emotional damages. The result of this is the girls' poor performance in school and their eventual dropping out. In this connection, it is recommended that, as per the wishes of respondents, the government should put
in place severe legal penalties against the men who exploit affected girls sexually as well as people who employ such children.

It has been found that lack of basic school necessities, such as uniform, books and pens, contribute a great deal towards inhibiting the participation of affected girls in school activities as well as lowering their performance. As a result, some affected girls drop out of school prematurely. In this regard, and as per the wishes of respondents, it is recommended that the government should set aside a special fund to assist the affected girls obtain school necessities.

Girls from AIDS-affected families have been found to witness their parents undergoing great suffering for a long period and eventually dying. This situation leaves the girls both physically and emotionally vulnerable. In this regard, it is recommended that guidance and counselling programmes be provided at school levels to help the young girls from AIDS-affected families deal with their situation.

Affected girls reported that some teachers used an insensitive language when discussing AIDS related topics. In this regard, it is recommended that all teachers should be given some training on how to handle AIDS related topics without hurting their learners emotionally.
(ii) Teachers, Religious Leaders and NGOs.

It is recommended that the teachers, religious leaders and NGOs should organise for regular guidance and counselling to affected girls. This is due to the fact that, affected girls are left both physically and emotionally vulnerable after the death of their parents through AIDS. The vulnerability results when the girls witness the great pain and suffering their parents go through and their consequent death. In addition, the girls are left to lead their own life before they are properly socialised within their families.

The parties mentioned above should also organise for in-depth, AIDS education to all the affected children, which should include information on how the children can properly take care of their infected family members while protecting themselves from being infected by the HIV virus.

Religious organisations and NGOs should assist the government in raising funds that will in turn assist the affected children in the following areas:

- Obtaining school necessities.
- Buying basic necessities such as food, clothing and lighting at home.
- Providing shelter.
- Providing medical attention.

Teachers should also offer nutrition education to affected girls. The girls should be taught about the locally available but nutritionally rich foods and how the food...
can be prepared. This reveals that Home science remains an important subject in primary school as long as affected children still exist. Nutrition education will also sensitise the affected girls on the type of food they can give their family members who are infected by HIV/AIDS so as to boost their immunity. This recommendation comes as a result of the realisation that some affected girls were found to be malnourished.

5.3. SUGGESTIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

This study has only examined the impact of HIV/AIDS on education of primary school girls. In addition, this has only been done based on primary schools in South Kisa location of Butere-Mumias District. Although the researcher gave her own reasons for selecting Butere-Mumias, all the other districts in Kenya have been affected by the HIV/AIDS pandemic. In this regard, it would be important if some studies could be carried out in the other districts for additional knowledge on the impact of HIV/AIDS on girls' education. It is also important for some studies to establish the case for primary school boys as well as secondary school boys and girls.

Apart from HIV/AIDS having an impact on girls' education, it also affects other aspects of the girls' lives as well as boys. It therefore becomes imperative for the impact of HIV/AIDS on such aspects of children's lives as personality, physical
growth and development, personal hygiene and relationship with peers to be documented as well.

Since this study found that some affected girls and boys had enrolled in primary schools during the year 2003 as a result of the introduction of free primary school education, some studies need to be carried out to assess the extent to which the affected children will be retained in school.
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**Kenya Government Publications**


Unpublished Works


Newspapers, Magazines, Journals and Periodicals

Daily Nation Newspaper, 14th January, 1987


______________________________ 8th May, 2002.


Dear Respondent,

This research attempts to investigate the impact of HIV/AIDS on the education of primary school girls. It is hoped that the information collected will be useful to pupils, educators, NGOs and policy makers in Kenya. Your response will be of great value to this study. Please answer the questions frankly and to the best of your ability. Confidentiality is assured.

Thanking you,

Yours faithfully,

R.O. MANDELA
DEPARTMENT OF EDUCATIONAL FOUNDATIONS
KENYATTA UNIVERSITY
APPENDIX 2: FGD GUIDE FOR CLASS TEACHERS

INTRODUCTION

ESTABLISHING RAPPORT

1. Do you think there are girls in your class who have been affected by HIV/AIDS through having lost a parent or both to the pandemic? (Probe with regard to the sampled girls).

2. (a) How has the daily school attendance of girls who are affected by HIV/AIDS been affected? (Probe with regard to the time of reporting at school and frequency in attendance. Specific reference may be made to certain girls).
   (b) What are the reasons given for absenteeism and/or lateness of the affected girls?

3. (a) Do girls who are affected by HIV/AIDS participate in classroom activities like other girls? (Probe with regard to class discussions, assignments, examination, answering questions in class etc.)
   (b) How do they perform in those activities? (Probe with regard to repetition, positions in class, etc.).

4. (a) Do girls who are affected by HIV/AIDS participate in the out-door activities like other girls? (Probe with regard to sports, drama, playing with other girls etc.).
   (b) How do they perform in those activities?

5. (a) Would you say that HIV/AIDS is a major factor in the drop-out of girls from your school? (Probe)
   A. Why do the affected girls drop out of school?
   B. Where do the affected girls who drop out of school go to?
6. Would you say that the impact of HIV/AIDS on girls' education is more severe than that on boys' education? (Probe).

7. Give any other information you wish to reveal which could be unique to the education of girls who are affected by HIV/AIDS? (Probe)

8. (a) To what extent are the affected girls stigmatised? (Probe).
   (b) How does the stigma affect the girls' education?

9. Comment about the education of girls who are nursing sick parents.

10. What would you say about the discipline of affected girls?

11. Does your school give any kind of assistance to affected girls? (Probe)

12. How has the introduction of free primary school education in Kenya affected the education of affected girls?

13. What do you recommend to be done in order to improve the education of girls who are affected by HIV/AIDS in connection to access, participation, performance and retention? (Either by the Government, Educators, NGO's etc.)
APPENDIX 3: INTERVIEW GUIDE FOR GIRLS WHO ARE AFFECTED BY HIV/AIDS (KEY INFORMANTS).

INTRODUCTION

ESTABLISHING RAPPORT

School  

Class  

1. (a) What are some of the activities you engage in while at home that you consider “added responsibility” given your situation of being affected by HIV/AIDS? (Probe).
   b) How do these activities interfere with your academic work? (Probe with regard to adequacy in time and energy for assignments, revision work, rest etc.).

2) (a) Do you attend school regularly and/or on good time? (Probe).
   b) How is your school attendance related to your unique status of being affected by HIV/AIDS? (Probe).

3) (a) What are some of the outdoor activities you participate in while at school? (Probe).
   (b) Do you enjoy your participation in those activities? (Probe).

4) (a) What kind of treatment do you receive from your teachers and friends while at school and/or at home? (Probe to find out the extent to which the girls are stigmatised).
   (b) How does this affect your participation in both out of class and in class activities while at school? (Probe).

5) In your opinion, are you satisfied with your performance in class? (Probe with regard to participation in assignments, discussions, examinations, group work etc.)
6) Would you say that your class performance has been affected by your status of being affected by HIV/AIDS? (Probe).

7) What are some of the problems you encounter in your education that you can link to your situation of being affected by HIV/AIDS? (Probe with regard to affordability of fees, school requirements, personal upkeep, moral support etc.).

8) If all the factors were held constant, do you think you will successfully complete your primary school education? (Probe).

9) (a) Generally, how do you feel about the whole situation of being affected by HIV/AIDS? (Probe with regard to the emotional damage of the situation to the girl).
   (b) How do you think your feelings have affected your education? (Probe).

10) What would you recommend to be done about the education of girls who are affected by HIV/AIDS? (Either by the government, NGOs, educators, religious organisations, etc).
APPENDIX 4: QUESTIONNAIRE FOR HEAD TEACHERS 
AND DEPUTY HEAD TEACHERS

Questionnaire No.---------------------------------------------------------------
School-------------------------------------------------------------------------
( ) Head teacher
( ) Deputy Head teacher (Tick one)

1) The HIV/AIDS pandemic has ravaged many people today including educational stakeholders. Would you say that parents in your school have also experienced this problem? ( ) Yes
( ) No (Tick one)

Comments-----------------------------------------------------------------------
-----------------------------------------------------------------------------

2) When parents get infected and die out of HIV/AIDS, how does this affect the enrolment of pupils in your school? (Explain)------------------------
-----------------------------------------------------------------------------

3) How is the daily school attendance of girls whose parents have died out of or are sick with HIV/AIDS? (Explain)-------------------------------
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4) How do girls who are affected by HIV/AIDS participate and/or perform in their classroom activities? --------------------------------------------
-----------------------------------------------------------------------------

5) Do girls who are affected by HIV/AIDS participate in out door activities in the same way with other girls? (Tick one)
( ) Yes
( ) No
6) Would you say that HIV/AIDS is a major factor in the drop out of girls from your school?
   ( ) Yes
   ( ) No

Comments----------------------------------

7) Does your school assist girls who are affected by HIV/AIDS?
   (Answer with regard to material support, guidance and counselling, etc.)
   ( ) Yes How?-----------------------------------------
   ( ) No Why?----------------------------------------

8) In your opinion, would you say that the education of girls suffers more than that of boys when parents are infected by HIV/AIDS or die out of AIDS?
   ( ) Yes
   ( ) No

Comments----------------------------------

9) Do girls who are affected by HIV/AIDS comfortably make school payments(if any) and/or buy other school necessities?
   ( ) Yes
   ( ) No

Comments----------------------------------

10) Give any other information you may want to reveal about the impact of HIV/AIDS on girls' education? ----------------------------------
11) What would you recommend to be done about the education of affected girls? (Either by policy makers, NGOs, educators, etc.)

- Participated in activities at home e.g.
  - Taking care of sick parents
  - Taking care of younger siblings
  - Fetching water
  - Fetching firewood
  - Shopping
  - Attending to visitors
  - Working in the kitchen
  - Taking care of animals
  - Getting involved in any paid income
  - Any leisure activities e.g. playing with other children

- General appearance of the girls and status of their siblings

- Quality of dress and/or uniform

- Cleanliness

- The look on the face e.g. sad, cheerful etc.

- Quality of school equipment e.g. books, bag etc.

- Extra curricular activities while at school e.g.
  - Interaction with other pupils when out of class
  - Participation in games and sports etc.

- Participation in classroom activities e.g.
  - Answering questions
  - Class discussions
  - Assignments etc.

- Input, reporting at school
APPENDIX 5: OBSERVATION GUIDE FOR AFFECTED GIRLS

1) Activities participated in while at home e.g.
   - Taking care of sick parents
   - Taking care of younger siblings
   - Fetching water
   - Fetching firewood
   - Shopping
   - Attending to visitors.
   - Working in the kitchen
   - Taking care of animals if any
   - Getting involved in any paid labour
   - Any leisure activities e.g. playing with other children.

2) General appearance of the girls and that of their male siblings.
   - Quality of dress and/or uniform
   - Cleanliness
   - The look on the face e.g. sad, cheerful etc.
   - Quality of school equipment e.g. books, bag etc.

3) Extra curricular activities while at school e.g.:
   - Interaction with other pupils when out of class.
   - Participation in games and sports etc.

4) Participation in classroom activities e.g.
   - Answering questions
   - Class discussions
   - Assignments etc.

5) Time of reporting at school.
APPENDIX 6: FGD GUIDE FOR AFFECTED GIRLS.

INTRODUCTION

ESTABLISHING RAPPORT

1. (a) What are some of the activities you engage in while at home that you consider "added responsibility" given your situation of being affected by HIV/AIDS? (Probe).
   C. How do these activities interfere with your academic work? (Probe with regard to adequacy in time and/or energy for assignments, revision work, rest etc.).

2. (a) What kind of treatment do you receive from your teachers and friends while at school and/or at home? (Probe to find out the extent to which the girls are stigmatised).
   b) How does this affect your participation in both out of class and in class activities while at school? (Probe).

3. What are some of the problems you encounter in your education that you can link to your situation of being affected by HIV/AIDS? (Probe with regard to affordability of fees, school requirements, personal upkeep, moral support etc.).

4. (a) Generally, how do you feel about the whole situation of being affected by HIV/AIDS? (Probe with regard to the emotional damage of the situation to the girl).
   (b) How do you think your feelings have affected your education? (Probe).

5. Do you get any support (moral, materials etc.) from your school given your status of being affected by HIV/AIDS?

6. What do you recommend to be done to the education of girls who have been affected by HIV/AIDS?
APPENDIX 7: INTERVIEW GUIDE FOR MALE SIBLINGS OF AFFECTED GIRLS

INTRODUCTION

ESTABLISHING RAPPORT

1) (a) What are some of the activities you engage in while at home that you consider 'added responsibility' given your situation of being affected by HIV/AIDS?

(b) How do these activities interfere with your academic work? (Probe)

2) (a) What kind of treatment do you receive from your teachers and friends while at school and/or at home?

D. How does this affect your participation in both out of class and classroom activities?

3) What are some of the problems you encounter in your education that you can link to your situation of being affected by HIV/AIDS? (Probe with regard to affordability of fees, school requirements, personal upkeep, moral support etc.)

4) (a) Generally, how do you feel about the whole situation of being affected by HIV/AIDS? (Probe with regard to the emotional damage of the situation to the girl).

(b) How do you think your feelings have affected your education? (Probe).

5) Do you get any support (moral, materials etc.) from your school given your status of being affected by HIV/AIDS?

6) (a) In your opinion would you say that the education of girls is affected more than that of boys when parents get infected by or die out of HIV/AIDS?

(b) What do you recommend to be done in order to improve the education of girls who have been affected by HIV/AIDS? (Probe)
APPENDIX 8: INTERVIEW GUIDE FOR PARENTS

INTRODUCTION

ESTABLISHING RAPPORT

1. a) Do you have children who have attained primary school age but have failed to enrol due to the effects of HIV/AIDS on the family?
   b) Are the children girls or boys?

2. (a) Generally, what problems do your primary school daughters face as far as their education is concerned?
   b) Did your daughter(s) face similar problems in their education before the family was hit by the HIV/AIDS pandemic?

3. In your opinion, would you say your primary school son(s) encounter similar problems as their sisters as far as their education is concerned? (Probe)

4. (a) Have you encountered cases of your own children dropping out of primary school due to HIV/AIDS related problems?
   (b) Are the children who drop out boys or girls?

5. (a) Would you say that your daughter(s) in primary school have “added responsibility at home” that affect their education?
   (b) Does this phenomenon of “added responsibility” also affect your sons in primary school?

6. Is there any other information you will wish to discuss about the education of girls who are affected by HIV/AIDS?

7. What would you recommend to be done about the education of girls who are affected by HIV/AIDS? (Probe with regard to what should be done by policy makers, NGOs, educators etc.)
Appendix 9: The Study Area

NORTH KISA
- Emakuche
- Mushikongolo

SOUTH KISA
- Eshibingo
- Eshiruli
- Emalindi
- Mundaha
- Mwisena

MULUANDA

EAST KISA

VIHIGA DISTRICT

KEY
- Primary School
- Shopping Centre
- River Yala
- Locational Boundary
- Earth Road Bridge