

**EFFECT OF HIV/AIDS ON ACADEMIC PERFORMANCE OF PRE-SCHOOL
CHILDREN IN KIJABE MISSION CENTRE, KIJABE LOCATION, KIAMBU
COUNTY, KENYA.**

BY: GICHARU PAULINE WANGUI

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EDUCATION IN EARLY CHILDHOOD IN THE DEPARTMENT OF
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DECLARATION

I declare that this research project is my original work and has never been presented for an award of a degree or any other academic purposes in any other university.

Gicharu Pauline Wangui

This project has been submitted for examination with my approval as the University of Nairobi Supervisor.

Dr. Agnes Kibui

Senior Lecturer

Department of Educational Communications and Technology,

University of Nairobi

DEDICATION

To the Almighty God for His support and encouragement that kept me focused during the tenure of study at the University of Nairobi.

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ACRONYMS AND ABBREVIATIONS

AIDS-	Acquired immunodeficiency syndrome
ARVs-	Antiretrovirals
CEE-	Centre for Environment Education
CIS-	Council of International Schools
CLWHA-	Children living with HIV/AIDS
C.R.C-	Convention on the Rights of a Child
E.C.E.-	Early Childhood Education
D.E.O-	District Education Officer
E.C.D-	Early childhood development
HIV-	Human Immune Virus
MDG-	Millenium Development Goals
MOH-	Ministry of Health
NASCOP-	National AIDS STIs Control Programme
NGO-	Non governmental organizations
PLWHA-	People living with HIV/AIDS
SPSS-	Statistical Package for Social Sciences
SRH-	Sexual and Reproductive Health
STIs-	Sexually Transmitted Infections
UNICEF-	United Nations International Children’s Emergency Fund
UNA-	United Nations Aids
UN-	United Nations
UNAIDS-	The Joint United Nations Programme on HIV/AIDS
UNESC-	<u>United Nations Educational, Scientific and Cultural Organization</u>
WHO-	World Health Organization
VCT-	Voluntary Counseling and Testing

ABSTRACT

The effect of HIV/AIDS of pre-school children in Kijabe Mission Centre, Kijabe location, Kiambu County, Kenya. The research adopted a case study design targeting a population of 90 children, 18 parents and 15 teachers. The Centre has three pre-schools both public and private. The researcher employed purposive sampling technique. The data was then analyzed using percentages, pie charts, tables, bar graphs and frequency distribution techniques using SPSS Version 16. The study established that children living with HIV/AIDS have challenges ranging from absenteeism occasioned by their attendance to medical care as well as caring for their aging and ailing parents. This eventually forces them to drop out of school when their parents die. The study recommends that children living with HIV/AIDS should be supported by the government through provision of free pre-school education to ease the burden on parents. Child headed families should be eradicated by identifying orphans and initiating consultation development funds to help them with bursaries to eradicate poverty.

CHATER ONE

INTRODUCTION

1.1 Background to the study

The Human Immunodeficiency Virus (HIV) that leads to Acquired Immune Deficiency Syndrome (AIDS) is the most severe epidemic facing the entire world today. Once a person has developed AIDS, a variety of other ailments occur because the body is incapable of combating other germs or virus that causes diseases. The origins of the virus is unknown. According to the World Bank (1999) report on the impact of HIV/AIDS in education in Kenya, the impact is likely to be felt more in terms of reduced supply and demand for education service, though it is not well documented.

HIV/AIDS epidemic will also reduce the demand for education in Kenya. Families that are affected will have fewer resources available for medication and school fees. Consequently, few children will be able to afford or complete schooling. Girls are likely to be affected more because they are forced out of school more than boys to take care of sick family members, or to work in order to make up for lost family income.

Over the last decade, HIV/AIDS has become the most devastating pandemic in Kenya which has led the government to declare it a national disaster. According to World Vision (2000), the effect of HIV/AIDS has been felt by countries and has had devastating effects on the development of the economy, education and agricultural sectors. In the education sector, for example learning has been negatively felt when teachers die. As a result, this affects children because they stay for some days without being taught. In other cases,

children do not concentrate in class due to their parents sickness or death or being stigmatized in school because of being sick.

United Nations Education Scientific and cultural Organisation (2007) observed that in classwork, these children do not answer questions well while others keep off from play because of being discriminated by their friends and even teachers (Ugunja, 2006). Hence these have adverse effects on learner's performance in classroom. This means that unless there is an urgent intervention, more countries will be left with few children due to the devastating effect of the pandemic. This implies that clever children may die and this has a long lasting effect on the education sector.

The demand for educational services also declines because of reduced family resources that are available for schooling in AIDS affected house holds. HIV/AIDS also changes the trend of school age population as it causes a rise in the number of orphans in the country who may not afford education. Many orphans live in child-headed families that lack basic human needs because of the death of parents who were the source of financial support .

1.2 Statement of the problem

Since the first case was diagnosed in 1984, HIV/AIDS has continued to have a devastating effect on the Kenyan Population. It has greatly affected the economy, productive work thus posing a challenge on economic growth, human development and education fraternity. This is because people who are infected lack the energy to work. Health care workers and teachers are dying at a very high rate and these paralyzes

educational sector. In addition some children have been infected with HIV/AIDS while others are orphans after the death of their parents. This forces these children to terminate schooling in order to head their families and provide food for their siblings. (Ayieko, 1998).

In classroom situation, some children are sick and do not participate fully in play which is the care method of learning in Early Childhood Education Centres (ECE). In addition, victimization and stigmatization of both the infected and affected are rampant in both teachers and their fellow classmates. Therefore the increased morbidity of children, absenteeism of teachers and children, coupled with poor performance are a combination of factors that have caused havoc in education in ECDE centres, which influenced the researcher to carry out the study in order to establish the effects of HIV/AIDS on pre-school performance in early childhood development and education in classrooms in Kijabe. A case study of Kijabe Mission Centre, Lari Divion, Kiambu County.

1.3 Purpose of the Study

The purpose of the study was to investigate the effect of HIV/AIDS on academic performance of pre-school children in Kijabe Mission Centre, Kijabe location, Kiambu County, Kenya.

1.4 Research Objectives

The study objectives were to:

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

1.5 Research Questions

The study was guided by the following research questions:

1. How is the performance of children living with HIV/AIDS in E.C.E classrooms?
2. What are the factors hindering performance among children living with HIV/AIDS in E.C.E classrooms?
3. What are the ways of identifying the HIV/AIDS vulnerable children?
4. Which are the interventions to improve performance of children living with HIV/AIDS in E.C.E classrooms?

1.6 Significance of the study:

The significance of this study will be used by the teachers to establish the effect of HIV/AIDS on the performance of pre-school children and recommend possible solutions. It may also be used by the Ministry of Education Science and Technology in order to establish the best interventions to help the children affected by HIV/AIDS pandemic. The pre-schools may benefit from the study because the teachers will embrace the practise of keeping health records and understand the challenges encountered by these children in order to try to offer solutions to them.

The NGOs and other organizations may benefit from the findings in order to levy the strategies on interventions on learner's performance in ECE classrooms. The national children council services may benefit from the study because they will learn about the challenges encountered by the children living with HIV/AIDS and identify ways of helping these children. Literature review show that children's performance if affected by HIV. This was intended to access the magnitude of this problem.

1.7 Limitation of the study

The study was based on specific area, that is Kijabe Mission Centre in Kiambu County. This is among many villages in Kenya which may not be necessary give a clear representation of what goes on in all the villages in Kenya. The population covered in this research comprised of 90 children, 18 parents and 15 teachers who are in one way or the other infected or affected by HIV/AIDS and their views could vary compared to different villages in Kenya. The sample population was 90 children; the result of the study could

not therefore be generalized to other parts of the country. Getting permission from guardians were apprehensive about the questions we posed to them. Time factor was a challenge especially in conducting the interviews walking from one house to the other while conducting the research was tiresome especially when it was raining. The research spent a lot of money traveling to different places in search of reference materials and paying library fees. Typing the project and making copies of submission required finances which was scarce.

1.8 Delimitation of the study

The scope of the study was in Pre-schools in Kijabe Mission Centre in Kiambu county only. The study targeted pre-school teachers, children living with HIV/AIDS and their parents. This was based on assumption that they have the right information of the study therefore the result of the study was not to be generalized to the other parts of the county.

1.9 Basic assumption of the study

The following were the basic assumptions of the study. Sample was representation of population, instruments and validity, respondents answered questions correctly and truthfully. The study assumed that the children living with HIV/AIDS are accessing Pre-school education just like other children. The study also assumed that the pre-school teachers are doing everything possible to help children living with HIV/AIDS access pre-school education. The respondents were willing to give the right information without fear or being intimidated. It was also assumed that all children irrespective of their status or background participates fully in learning process in ECE classrooms.

1.10 Definition of the terms used in this study

HIV: Human Immuno Deficiency Virus, the virus that causes AIDS.

AIDS- Acquired ImmunoDeficiency Syndrome. This is a clinical stage of the HIV disease in an infected individual characterized by many clinical signs and symptoms.

Pre-school children- Refers to the categories of children who are attending baby class, nursery and pre-unit or young children aged between 4-8 years who attend pre-school.

Effects- This is the outcome of HIV/AIDS on pre-school children academic performance.

Performance- Refers to how the pre-school children deal with their studies and how they cope with or accomplish different tasks given to them by their teachers.

1.11 Organization of the study

The research study is organized into five chapters. The first chapter starts with background to the problem followed by statement of the problem. In the same chapter the purpose of the study is outlined followed by highlighting of research objectives and research questions. The limitation and delimitation of the study follows. The significance of the study is also given and the chapter concludes with the basic assumption and the organization of the study. In Chapter two, the related literature is reviewed on HIV/AIDS. The chapter is subdivided into sub-themes which are based on HIV/AIDS epidemic. It will explore its effects on learner's performance, challenges and experienced in the learning process in ECE classroom and what the government is doing or can do to arrest the situation. Chapter three covers the research methods including research designs, the population covered in the study and the methods of sampling procedures. The instruments used in data collection as well as their validity and reliability issues are captured in this proposal. Chapter four covers the findings. These were discussed as found on the ground. Chapter five deals with the summary, conclusions, recommendations and suggestions for further research.

CHAPTER

REVIEW OF RELATED LITERATURE

2.1 Introduction

In this chapter it starts with introduction, then the impacts of HIV/AIDS globally, HIV/AIDS in Kenyan context and prevalence per district. It also explores the education for all and millennium development goals, the effect of HIV on families and communities, situation of children living with HIV/AIDS performance in class, HIV/AIDS demands for education; children learning process in relation to HIV/AIDS. In addition it also includes challenges facing children with HIV/AIDS, strategies to access formal education for children living with HIV/AIDS and learner's performance in ECE classroom in Kenya. The chapter concludes with interventions, decline of HIV/AIDS, theoretical and conceptual framework.

2.2 Education for All and Millennium Development Goals

The growing number of children who are made vulnerable by HIV/AIDS threatens the achievement of Education for All (EFA) and Millennium Development Goals (MDG). Policy recommendation assign schools key roles in meeting the needs of vulnerable children, but there is a wealth of evidence about how vulnerable children are while in their communities. The case study of school and vulnerable children in Kenya, Malawi and Zimbabwe shows that although schools are materially and symbolically well positioned to serve an institution base to meet the needs of vulnerable children (VC), schools are not accountable for these children and have not reorganized or built capabilities to meet their spiritual needs. The Malawi and Zimbabwe case shows that elimination of fees and conducive political environment are sufficient measures to bring and keep these children

in school. The Kenya case study suggest that investigation in long term, sufficient resources and local partnership can be effective (Kendoll and Chloe, 2009).

2.3 The effect of HIV on families and communities

HIV affects children in ways that can diminish their childhood and as a result limit their choices and opportunities for successful survival throughout their life. Circumstances surrounding an individual's life coupled with social context in family and community they live in during childhood, can increase the probability that they will one day be exposed to and infected by HIV. In order to develop appropriate means to enable protect people either children or adults against infection and or being affected by HIV/AIDS, adequate measures must be put in place.

2.4 Situations of children living with HIV/AIDS performance in class

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

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

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

2.5 HIV/AIDS and demand for education

Enrolment figures have declined as HIV/AIDS spread. The overall demand for general education, for vocational and tertiary education has dropped. This has implication on learner participation in that most classes have no teachers while others have large classes and this makes it difficult for the teacher to give attention to all the children especially slow learners. The conference further cited that AIDS has reversed progress in reducing infant and child mortality, drastically affecting the actual population entering school in the most affected areas.

According to UNICEF (2004) the number of young people dropped out of school has increased, and school attendance has dropped due to various HIV related phenomena affecting children such as having to cope with personal illness, caring for family members trauma related to illness and sudden death of a member of the family. Discrimination and stigma decline financial support from parents and the need to work to earn some income adversely affects the infected persons. The estimated 10 million orphans exacerbate such problems under 15 years of age in the African region. A few incentives should be introduced in order to attract children to come to school. Lack of essential learning resources and basic needs result in poor performance in class. Studies have shown that evidence about the value of education has spread as parents perceive the early death of their children as likely and thus are unwilling to spend their limited

resources on education and this has implication of children living with HIV/AIDS to dropping completely out of school.

The strain of poverty also appears to push children into early employment rather than schooling in order to boost family income, especially in families that are economically unstable. UNAIDS (2006) further cited that grades in gender equity in education can be a set back for many reasons, including early marriages and pregnancies of girls as early as 13 years. The study noted that due to the infections of young girls by men, infection rates among girls as young as thirteen years have risen, hence reducing their likelihood of completing and benefiting from schooling.

According to Ugunja (2006), some parents have withdrawn their daughters from schools because of the risk of sexual exploitation and pregnancy by male students as well as male teachers. It continues to bring out disparities in access to education, observing that it will grow as the impact of HIV/AIDS increases the number of marginalized young people, orphans, street children, out of school youth and working youth. This group will not attain any meaningful education hence a threat to the development of our society. Early childhood care is likely to be the only area of increased demand as house holds expand and the traditional caregivers need to work to help support the family. This leaves the children with no informal education.

2.6 HIV/AIDS children performance in ECE

According to Kenya national AIDS control programme (1999), high death and mortality rates of teachers, administrators and children have severely affected the supply of educational services in schools. Teaching time and quality education are more thematic in

the most affected countries as both teachers and pupils are irregular due to HIV related reasons. In such schools, stopgap solutions such as group teaching may become a more common way of coping with this situation. This is because group teaching do not allow for effective child performance in classroom. The studies further stated that schools might lack pupils as enrolment and the number of teachers fall below sustainable levels. The remaining children and teachers may need to travel long distances which could increase their vulnerability, for example, by taking away from family support and health care services and this results to poor classroom performance because a sick child cannot learn well. The AIDS pandemic has highlighted the enormous disparities in the quality of education both within and between countries in respect to the teaching/learning and programme content, which together largely shape the overall learning environment.

2.7 The children learning process in relation to HIV/AIDS

According to world education forum (2006), social interaction may change among children, teachers and communities due to discriminatory attitude and behaviour towards HIV/AIDS infected individuals. The forum continues to say that young girls may face increased risk of sexual exploitation at school and in the community especially where they are regarded as 'safe' because these children are perceived to be free from infections. This may traumatize the children or they may become pregnant and drop out of school. The studies further state that teachers and other education personnel are not generally well informed nor well prepared for dealing with HIV/AIDS related issues in their own lives apart from the classroom. However, technology has the potential to overcome geographical distance in order to empower teachers and learners through

information, and bring the world into the classroom. This is done through the media such as Television, Internet and Newspapers.

2.8 Challenges facing children with HIV/AIDS

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

According to Achoka (2005), children born of infected parents suffer immensely. They lack proper dietary needs, medical care, clean habitats and these are essential requirements for active performance in classroom situation. Such children are predisposed and are disadvantaged in accessing to ECD right from conception to primary school age. They suffer improper growth due to financial difficulties of their parents and this may affect their cognitive development hence low performance in classroom learning process. Central Bureau of statistics Republic of Kenya (2002) cited that children, who are born to infected parents, die at the tender age of less than five years or encounter stunted growth which is an impediment to learner's performance in classroom learning process.

Studies by UNICEF (1996) showed that the child morbidity and mortality due to HIV/AIDS related diseases increased from 60 per 1000 birth (1990) to 74 in 1996. The pandemic affects the education system which is pillar to development and economic

growth both at societal and individual levels. It affects the demand for schooling, enrolment rates, performance and completion necessitated by high rate of absenteeism from classes (Achoka, 2006).

The republic of Kenya (2003) observed that by 2005 Kenya had over 2 million people living with HIV/AIDS. Over 600,000 among them were children. About 70% of patients in major public hospitals suffer from HIV/AIDS related illnesses. This however have devastating learning effects in the education sector. According to education research and review (2007), it noted that disabled children have been systematically sidelined in the awareness campaign as well as well as resource allocations, thus making them more vulnerable to diseases as well as to school dropout. In 2006, the highest crime in Kenya (Daily Nation, June 2006) was rape of the girl child. It was erroneously believed that sex with a virgin a cure to the deadly disease; as a result many girl children perished. This trend defeats the whole purpose of education and erodes gains made in basic education, which contributes toward failure to attain education for all (1990) and millennium goals of education (2000). UNICEF (2000) indicates that HIV/AIDS induces anxiety through trauma, discrimination and stigma, which affect children's concentration in class during the learning process. Aggleton et al (2003) observed that these sentiments of orphans being isolated by stigmatization and sickness, reflected in school by mass dropout.

UNICEF (2000) also concurred that HIV/AIDS orphans stand high risk of being denied access to education. Mayer (1996) ascertains that children need love and care to be able to perform well in school. Isolation and being rejected by other children are likely to lead to poor performance in school. Studies also show that HIV/AIDS infected children

enrolment is low compared to other children. From examples cited from UNICEF (2000), it ascertain poor performance of preschool children who have anxiety caused by trauma and discrimination that CLWHAS go through in school process.

CUO and Sullivan (2006), stipulated that rejection, isolation and abandonment of CLWHAS are an impediment to child's performance in school. Mayer (1986) and Hetherngton (1999) observed that children need love and care to be able to develop well and hence participate in the learning process actively. Studies done by Meintives et al (2010), indicate an increase in child headed house hold among PLWHAS. This is an indication that a range of challenges including greater economic vulnerability and service access will be greatly humpered. This in turn will be reflected in pre-school because challenges in economic issues mean lack of money to cater for academic needs.

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

2.9 Strategies to access formal education for CLWHA

Preventing HIV/AIDS infection and dealing with the fear and discrimination derived from the epidemic requires careful attention to a range of cultural, social, religious, health and education issues, as well as the ethical and moral ramifications of interventions.

HIV/AIDS is linked to issues that are at the heart of education, such as human rights, the status of women discrimination, personal relationships, community development, social responsibility and Health World Vision (HWV, 2003). The studies further cited that to achieve sustained control over HIV/AIDS, a multi sectoral analysis of its impacts is reacquired and integrated responses must be developed. However, the focus of this strategy session is first to analyze the need for education sector and then identify process and measures that can facilitate education process of the affected children.

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

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

According to Ugunja (2007) children's testimonies, ideas and activities will help the caregiver to identify the challenges and find solutions to deal with them. In classroom situation, a teacher should listen and appreciate children's answers opinions inspite of their status to motivate them in their learning process. Ugunja (2007) media advocacy help to sensitize on how learning has been affected by HIV/AIDS. ECE and HIV/AIDS interventions can be addressed to young children through communicating and family support to care-givers while trying to measure the maximum performance of the child. At the same time children are engaged through counseling process largely using play skill in order to make them forget their predicaments and concentrate in school learning process. Pre-school educators and all the staff ought to receive training in understanding HIV/AIDS so that they can dispel myths that claimed that having sex with a virgin cured AIDS. This will reduce the make of defilement in children and so parent will not have to fear taking their girl children to school. Still on interventions, several homes have been

established to deal with early childhood development and education of children living with HIV/AIDS, such include Nyumbani orphanage and Bethany among others. These homes provide care and education for these children and this will in turn make them perform well in classroom since their problems have been minimized.

UNESCO and UNICEF recommended that other means to increase children active performance in schools includes provision of schools that are closer to children's homes, provision for orphans and children from AIDS affected families and those infected.

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

2.10 HIV/AIDS and learner performance in ECE classroom in Kenya

According to World AIDS Day (Daily Nation, 2009), Kenya wins United Nations praise and wants to put more people on ARV drugs. Emerging evidence indicates that current HIV interventions are saving lives and showing the rate of new infection in Kenya and several other countries. This has an implication that most people will be on ARV drugs (300,000 to 480,000 in the next two years). According to UN data released in 2007, Kenya was among a handful of countries that have reduced the number of AIDS related deaths by 25% in the last eight years. The Kenya national AIDS strategic plan seeks to reduce new HIV infections by 50% in the next five years. This will lead to high enrolment rate in pre-schools.

By 2007 about 3.3 million people worldwide were infected with the pandemic, but more people are living longer due to the availability of drugs (UN report 2007). This is so with child mortality rate and morbidity laws contributing to high participation in classroom enrolment. The increase emanates from the fact that their parents do not die leaving children to learn in ECE centres. These challenges motivated the researcher to conduct a study in Kijabe Mission Centre.

2.11 Theoretical framework

The study is modelled on John Dewey (1952) theory that children are vulnerable. Dewey emphasized that childhood is an important phase of human growth and development and that children are born with an intrinsic potential to learn (KIE Module, 2009). Dewey explained that child labour and discrimination did not allow children access education. He emphasized that education should prepare children to live in the society. Education for children should provide social skills. Dewey's theory applied in this thought that children are vulnerable persons in the society and therefore should be given an opportunity to develop and learn in order to a successful future generation. This is important in our country Kenya in order to achieve vision 2030. In spite of their status, children need to be assisted in order to participate fully in classroom activities. Dewey observed that orphans should be assisted as much possible.. Teachers and the community should not discriminate against children living with HIV/AIDS during classroom activities.

2.12 Conceptual framework showing perceived effect of HIV/AIDS on learner performance on ECE classrooms

According to Rachel and Ramney (1987), Kombo and Tromp (2006), a conceptual framework is a set of ideas and principles taken from relevant fields of inquiry and used to structure subsequent presentation.

Conceptual framework involves forming ideas about relationship between variables in the study and showing these relationships graphically (Mugenda and Mugenda, 2003).

The effects of HIV/AIDS have been felt by the infected children as they undergo the learning process. This is due to their sickness as well as attending to their sick relatives hence resulting to poor performance in most early childhood education centres. The children's attendance to health care and caring for their ailing relatives contribute to their chronic absenteeism from school. Lack of school fees was another problem since there is no free pre-school education. Acquisition of other learning materials made several children drop out of school. This is because most financial resources was directed to the infected and affected children's medical health care and even funeral arrangements for those whose sick one's died. Frequent illness may contribute to lack of enough to eat and this resulted in deficiency diseases like kwashiorkor and marasmus and this hinders active participation in their learning process. Hunger also leads to being absent minded especially when the teacher is teaching and these impacts negatively on their classroom performance.

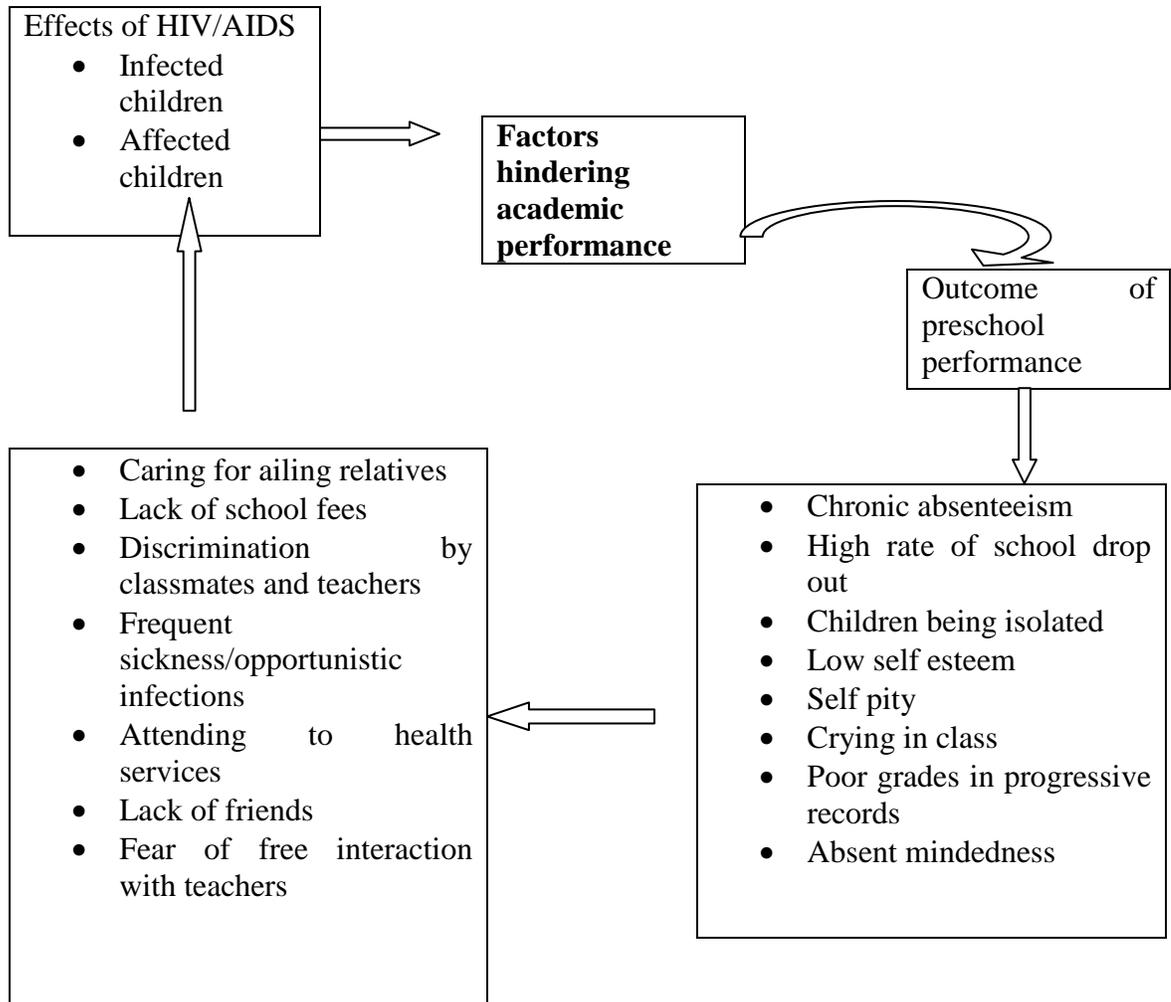
The children living with HIV/AIDS are normally discriminated against by their teachers and other children and this may lead to self isolation due to self pity, hence do not

participate in play which is a powerful approach in learning in pre-school education. Fear of being laughed at or ridiculed by their playmates results to being withdrawn and later hate school, which may lead to dropping out of school. In conclusion, it has been observed that HIV/AIDS has a devastating effect on infected children in their classroom learning process as cited by Dewey (1952). Education prepares children to live in the society and that education for children should provide relations and social skills.

2.13 Summary of reviewed literature

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

Figure 1: Perceived impact of HIV/AIDS on preschoolers performance in classroom



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter covered the research design, target population, sample size and sampling procedures, research instruments, validity of the instruments, reliability of the instruments, data collection procedures and data analysis techniques.

3.2 Research design

The study adopted a case study design. According to Nachimas and Nachimas (1996) and Mugenda and Mugenda (2003). A case study design is an intensive investigation of issues at hand done systematically and objectively. According to Njenga and Kabiru (2005) a case study is an in-depth look at the individual or a single entity and Paton (2006) stipulates that a case study seeks to describe a unit in content and holistically.

3.3 Target population

Kijabe Mission Centre is in Lari Division, Kiambu County, Kenya. It has three pre-schools both public and private with a total population of 90 children and 15 teachers. The target population will include children, parents/guardians and teachers.

3.4 Sample and sampling procedures

To ensure that the various categories of pre-school were represented, the researcher employed purposive sampling technique where the researcher selected the sample based on purpose of research. According to Mugenda and Mugenda (1999), 20% of the population is adequate however, the larger the better.

The researcher therefore sampled 20% of the preschool children, yielding to 18 children. The researcher picked one parent or guardian for each child, yielding to 18 parents/guardians. The researcher purposively picked all the 15 teachers since they were few.

3.5 Research instruments

The study used observation checklists for children, questionnaires for teachers and interview schedule for parents. The questionnaire had two sections. Section one gathered demographic information of the respondents while section two gathered information on the effects of HIV/AIDS on performance. The observation schedule was used to collect data on behaviour of the pre-schoolers in class by the researcher.

3.6 Pilot study

The researcher conducted a pilot study in order to pre-test the instrument just before the actual data collection. This was done in a neighbouring pre-school with similar environment. The pre-school chosen was Kiambogo pre-school whereby the researcher had a free group discussion with a teacher. The researcher submitted the instrument to the supervisors who were experts in the area so as to investigate the validity and reliability of the instrument to be used. Then the researcher visited the sampled pre-school where the instrument was distributed to the teachers. After sometime the instrument was collected. The pre-test was done to test the validity and reliability of the data.

3.6.1 Validity of the instruments

According to Kombo and Trump (2006), validity of a test is a measure of how well a test measures what it's supposed to measure. In order to ensure the validity of these instruments, the questions on the questionnaires were constructed in a manner that the response only provided answers to the research questions. The research was validated through application of content analysis.

3.6.2 Instrument Reliability

Reliability of measurements concerns the degree to which a particular measuring procedure gives similar results over a number of repeated trials. It also refers to the consistency of an instrument to yield similar results at different times. The researcher used test re-tests type of method in order to establish the reliability of the instruments. Test re-test method is applied where a test is given to respondents then after sometime given again and gives the same results. The researcher made a comparison between answers obtained in the two sets of questionnaires administered.

A Pearson's product moment formula for the test re-test was used to compute the correlation coefficient in order to establish the extent to which the content of the questionnaire is consistent in relating the same responses every time the instrument is administered.

3.7 Data collection procedures

The study used observation checklists for children, questionnaires for teachers and interview schedule for parents. Before the collection of any data from the target population, an authorization letter was sought from the University of Nairobi,

Department of Educational Communication and Technology, to help the researcher be allowed to collect the expected data in the school she was going to sample. After that, the researcher contacted the District Educational Officer to seek permission of conducting the study before the commencement of data collection. The researcher then made appointments with the heads of the sampled institutions on when to visit and collect data. On the material day, the researcher, upon visiting the institutions created a rapport with the teachers and administrator questionnaires to them. The researcher also filled the observation schedule as the teacher gives the instructions.

3.8 Data Analysis Techniques

Data analysis is the process of bringing meaning to raw data collected (Mugenda and Mugenda, 1999). After the data was collected there was cross-examination to ascertain their accuracy, completeness and identify those items wrongly responded to, spelling mistakes and blank spaces. Qualitative data was then entered into the computer for analysis using the Statistical Package for Social Sciences (SPSS) version 16.0. This processes the frequencies and percentages, which was used to discuss the findings. Tables, Pie charts and Bar graphs were used to present the data while descriptive statistics such as percentages and frequencies were used to answer research questions. Qualitative data was analyzed thematically. Data from the observation schedules was analyzed into themes.

3.9 Ethical concern

Due to sensitivity of the study, the researcher sought respondents' consent through signing a consent form. There was no coercing of the respondents. The researcher observed confidentiality to all information given by the respondents.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

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

4.1.1 Questionnaire Return Rate

Questionnaires were distributed to both public and private schools. The total number of questionnaires given to teachers were 15, of which all were filled in and returned giving a response rate of 100%. The number of questionnaires given to parents were 18, of which all were filled and returned giving a response rate of 100% also. This indicated the findings of the study valid as Gay (1992) contends that a sample of 10 to 20% of target population is acceptable for any descriptive research.

4.1.2 Demographic characteristics of the respondents

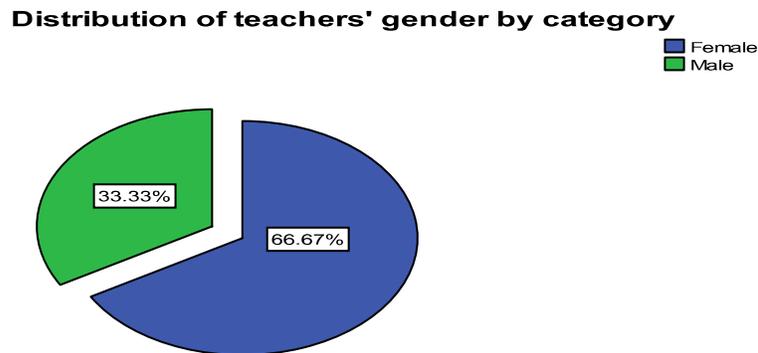
After the data was collected it was grouped according to age and gender in order to find out the type of teachers teaching in preschool classes.

4.2 Pre-school teachers' gender by category

The study findings revealed that majority 66.67% (n=10) of the teachers were females while minority 33.33% (n=5) were males as shown in Figure 4.2 below.

These findings concurs with a study done by Akwara, P and Otieno, H in 1998, in a survey of children in especially difficult circumstances in Kenya where only 30% of preschool teachers were males.

Figure 4.2 Distribution of pre-school teachers' gender by category

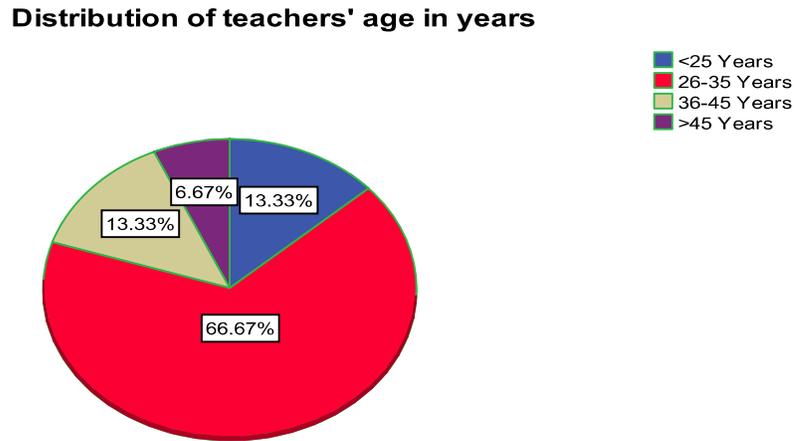


(N=15)

4.3 Pre-school teachers' age in years

The study findings revealed that majority of the respondents 66.67% (n=10) were between ages 26-35 years, 13.33% (n=2) between ages 36-45 years and between ages 25 years and below. The minority 6.67% (n=1) of the teachers were between age 45 years and above as shown in Figure 4.3 below. This means that most preschool teachers are young while a few in numbers are above the youth bracket, which is 31 to 40 years. The fact that only 6.67% (n=1) were above 45 years was an indication that very few aged persons teach in preschool classes. This showed a positive gesture especially that energetic and youthful males and females steer its growth and development manage the sub sector.

Figure 4.3 Distribution of pre-school teachers' age in years

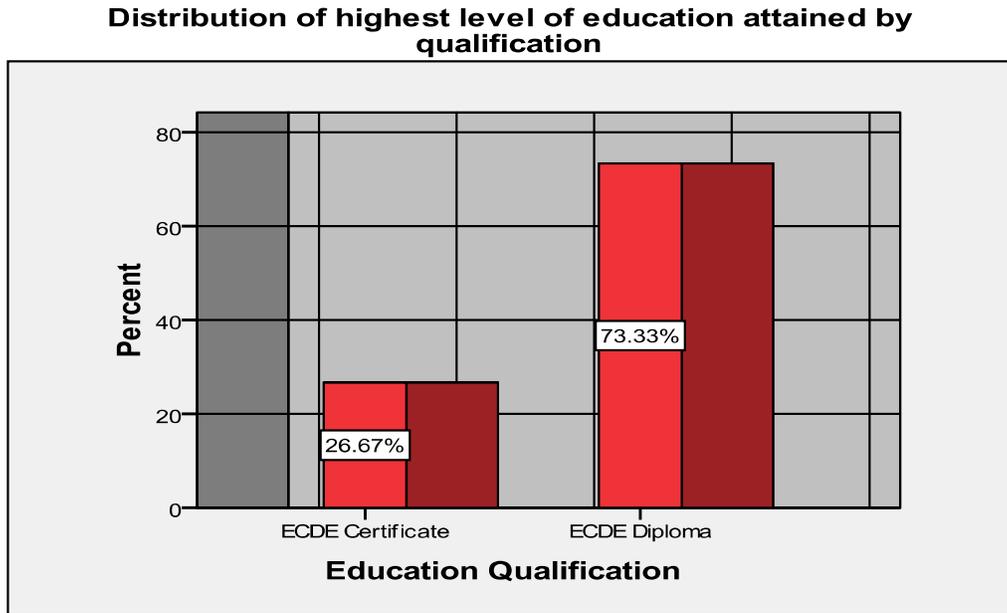


(N=15)

4.4 Highest level of education attained by qualification

The study results showed that all of the respondents had attained primary and high school level of education. 73.33% (n=11) had ECDE Diploma as the highest level of education attained while 26.67% (n=4) had attained ECDE Certificate as shown in Figure 4.4 below. Good grades and higher academic achievement is an indicator of ones potential towards problem solving. In the teaching career, an individual with academic achievement can completely implement best practices of education, offer quality guidance and counselling skills and ultimately influence what learners get to learn. Such characteristics are able to boost participation of children with HIV/AIDS in preschool classrooms. To determine this, the study documented highest educational and professional qualifications of respondents.

Figure 4.4 Distribution of highest level of education attained by qualification

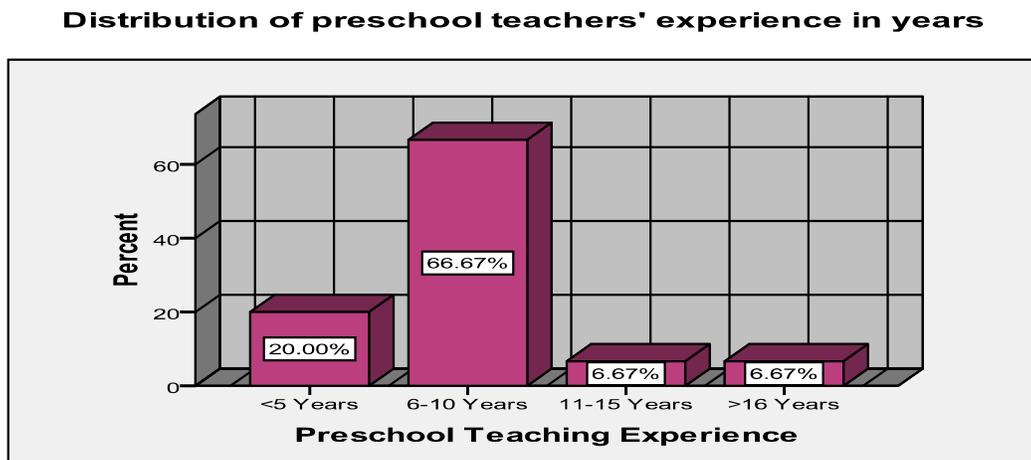


(N=15)

4.5 Preschool teachers' experience in years

The study findings revealed that majority of the teachers 66.67% (n=10) had a teaching experience of 6-10 years, while 20.00% (n=3) had of less than 5 years, 6.67 % (n=1) had an experience of 11-15 years and greater than 16 years as shown in Figure 4.5. The study found out that due to years of teaching experience, teachers were able to man the children living with HIV/AIDS. This revealed that they were able to use skills learnt from seminars within their years of practice wisely to enhance preschools performance in classroom activities.

Figure 4.5 Distribution of pre-school teachers' experience in years



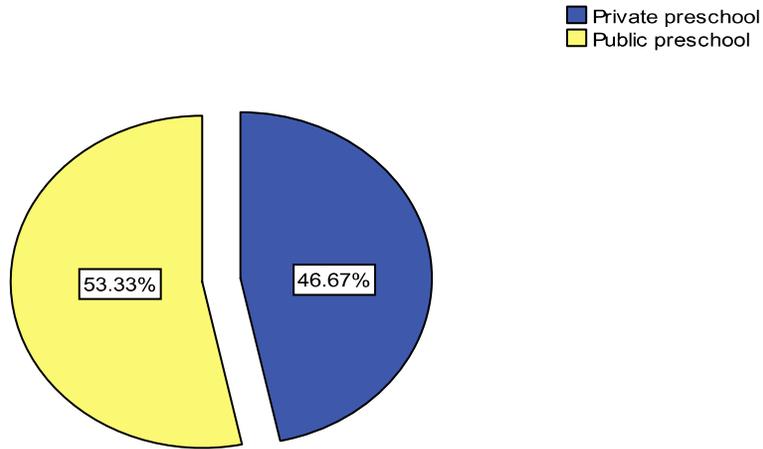
(N=15)

4.6 Type of preschools by category

The study findings revealed 53.33% (n=10) of the children were from public preschool while 46.67% (n=8) were from private pre-schools as shown in Figure 4.6 below. The preschools were distributed by type and this determined whether children living with HIV/AIDS were accessing education and learning in both private and public schools. It also shows that vulnerability of HIV/AIDS was rampant in poor families and these were children who mostly accessed public institutions as the latter did not charge high fees and were considered affordable.

Figure 4.6 Distribution of the type of preschools by category

Distribution of the type of preschool by category



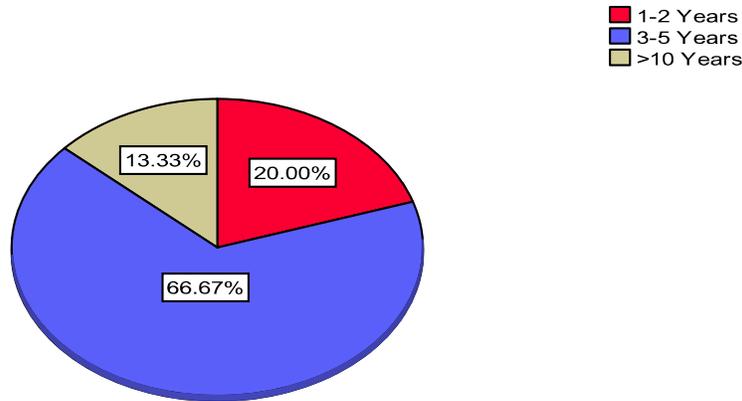
(N=15)

4.7 Teachers' duration in current preschool

The study findings revealed that 66.67% (n=10) of the teachers had duration of 3-5 years in their current preschool, 20.00% (n=3) had 1-2 years while 13.33% (n=2) greater than 10 years as shown in Figure 4.7.

Figure 4.7 Distribution of duration in current preschool in years

Distribution of duration in current preschool in years



(N=15)

Objective one sought to examine the performance of children living with HIV/AIDS in E.C.E classrooms.

4.8 Classroom learning process as per the teachers

The researcher found out that children living with HIV/AIDS performed poorly. The majority of the teachers indicated that the CLWHs were stressed 24% (n=14), looked traumatized, 17% (n=10), looked stigmatized, 16% (n=9) and had low self esteem 14% (n=8) as shown in Table 4.8 below and these led to their poor classroom performance. These revealed that the teachers have effective child behavior assessment skills.

Table 4.8 Classroom learning process as per the teachers

	Frequency	Percent (%)
Valid Look traumatized	10	17
Stressed	14	24
Look stigmatized	9	16
Low self-esteem	8	14
Look depressed	7	12
Sickling	4	7
Lonely	3	5
Withdrawn	3	5
	TOTAL: 58	TOTAL: 100%

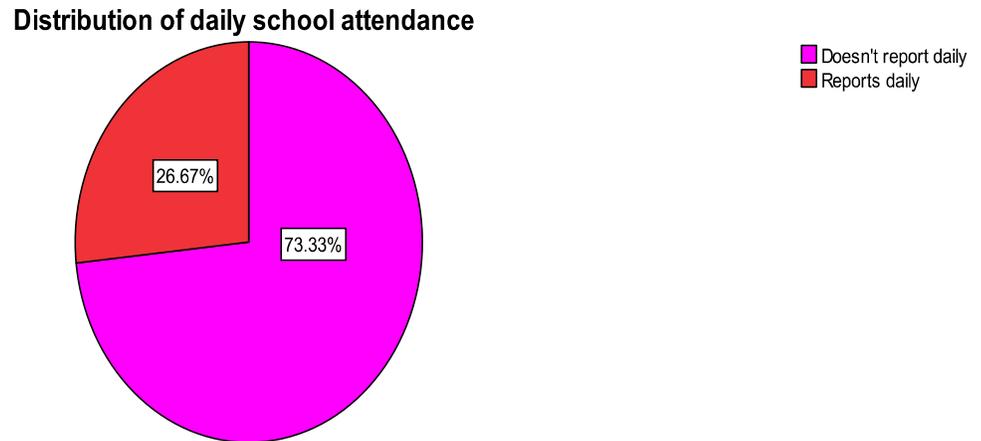
(N=15)

4.9 Participation in In/Out door activities

The study findings revealed that 73% (n=11) of the respondents indicated that the preschool children don't participate in both in and outdoor activities while 27% (n=4) indicated they do. These study findings revealed marked withdrawal among CLWHAs which may hinder their normal development and also influence their performance. Social interaction is a problem in CLWHAs due to discriminatory attitudes and behaviour towards HIV/AIDS infected individuals (Ayieko, 1998). The study findings revealed that 20% (n=3) of the teachers indicated trauma as the leading factor causing inactive Figure 4.10. This was an indication of chronic class absenteeism among CLWHAs, which negatively influences their performance.

According to Achoka (2006), the HIV pandemic affect the demand for schooling, enrolment rates, performance and completion necessitated by high rate of absenteeism from classes.

Figure 4.8 Distribution of daily school attendance



(N=15)

4.11 Behavioural observations during classroom learning process

The researcher found out that majority of the respondents 18% (n=13) looked traumatized, 17% (n=12) were absent minded in class due to HIV related attention deficit and trauma, 15% (n=11) looked sickly and 14% (n=10) had poor performance in class and were in stress. There was no child with marked deficiency diseases like Kwashiorkor and Marasmus. 7% (n=5) were active in role play. Only 6% (n=4) participated in games. Only 4% (n=3) interacted with other children as shown in Table 4.11 below. UNICEF (2000) indicates that HIV/AIDS induces anxiety through trauma, discrimination and stigma, which affect children concentration in class during the learning process.

Table 4.9 Behavioural observations

Behavioural observations	Frequency	Percent (%)
Valid Interacting with others	3	4
Participating in games	4	6
Stressed	10	14
Absent minded in class	12	17
Looking sickly	11	15
Performance in class is bad	10	14
Have deficiency diseases like kwashiorkor and Marasmus	0	0
Active in role plan	5	7
Traumatized	13	18
Participating in psychomotor activities	3	4
	Total: 71	Total: 100%

(N=18)

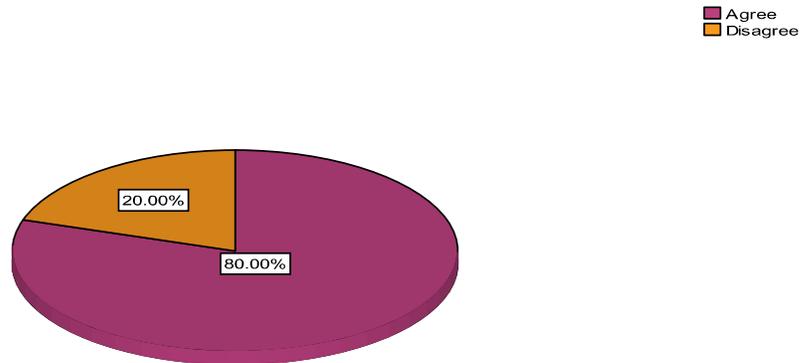
Objective two sought to examine the factors contributing to poor performance among children living with HIV/AIDS in E.C.E. Classrooms

4.12 Evidence of chronic absenteeism in the register

The study findings revealed that 80% (n=12) of the teachers agreed that there was evidence of children's chronic absenteeism according to their class registers while 20.00% (n=3) indicated that in their class there was no chronic absenteeism as shown in Figure 4.12. This was also an indication of chronic class absenteeism among CLWHAs, which negatively influences their class performance.

Figure 4.9 Distribution of chronic absenteeism

Distribution of evidence of chronic absenteeism



(N=15)

4.13 Factors leading to chronic classroom absenteeism as per the teachers

Analysis of data from the study, showed that a majority of children 28% (n=13) who were infected, frequently absented themselves from preschools either to find medical attention or care while others 9% (n=4) assumed adult roles as the head of the households. The respondents indicated that another 26% (n=12) of the children dropped out of school in order to look for income generating resources for survival for their families and siblings as shown in Table 4.13 below. According to UNICEF (2004) the number of young people dropped out of school has increased, and school attendance has dropped due to various HIV related phenomena affecting children such as having to cope with personal illness caring for family members (particularly girls) trauma related to illness and sudden death in the family.

Table 4.10 Factors to chronic class absenteeism

Factors to chronic class absenteeism	Frequency	Percent (%)
Valid Stigmatization by teachers and classmates	2	4
Medical attention and care	13	28
Care of ailing parents	12	26
Low self-esteem	10	22
Child headed families	4	9
Depression	5	11
Others	0	0
	Total: 46	Total: 100%

(N=15)

The study results revealed that 15 (100%) of the teachers agreed that indeed these factors have effect on children’s performance in class. From the sentiments of the teachers, the study revealed that the performance of CLWHAs was low due to factors like discrimination which left them sad and isolated

4.14 Factors to chronic class absenteeism as per the parents

The study findings indicated that the most common factors that led to chronic absenteeism of CLWHAs in classroom are as stated; lack of school fees, 39% (n=7), stigmatization, lack of learning resources, lack of proper diet as indicated by 11% (n=2) of the parents. Lack of adequate sanitation facilities was also indicated by 39% (n=7) of the parents. However, self pity and fear was minimal 6% (n=1), maybe because preschool children are too young to understand what was happening.

4.15 Factors contributing to poor performance as per the teachers

Analysis of data from the study, showed out that a majority of the respondents 32% (n=12) indicated that lack of learning resources was a leading factor to psychological effects in HIV/AIDS and 26% (n=10) due to child labour and caring for the sick and ailing relatives as shown in Table 4.15. According to Brigdet .B (2003), the effects of stigma, isolation, self-deprecation, and a lack of education all contribute to the negative psychological impact of HIV/AIDS on people living with HIV, orphans of HIV infected parents, and other vulnerable children. Through counseling, education, and better treatment programs, the psychological impact of HIV/AIDS will begin to decrease.

The stigma will diminish when the stereotypes are gone; and until that day, the HIV/AIDS community will continue working towards improving the psychological condition of all those infected and affected by HIV/AIDS.

Table 4.11 Factors contributing to poor performance

Psychological effects	Frequency	Percent (%)
Valid Child headed families	4	11
Caring for the sick and ailing relatives	10	26
Child labor	10	26
Lack of learning resources	12	32
Lack of love	2	5
Others	0	0
	Total: 38	Total: 100%

(N=15)

4.16 Negative attitudes from teachers

All of the parent respondents 18 (100%) stated that they had not received any complains from their children regarding the negative attitudes of the teachers and the classmates in school. This is evidence of high professional standards maintained by the preschool teachers would otherwise lead to poor performance

4.17 Provision of learning materials

The study findings revealed that 55.56% (n=10) of the respondents indicated that they were not able to provide learning materials due to financial constrains while 44.44% (n=8) had the ability as shown in Figure 4.20. This was another cause of poor performance.

4.18 Challenges facing the children while in school

The findings indicated the lack of learning resources scored the highest. This could have been attributed to a lack of money to buy these resources for the family uses money attending to health care. The respondents also cited chronic absenteeism to be rampant because of being sent away from school. It could also be the children absent themselves to look for health care. A parent confirmed that the teachers encourage absenteeism by telling children to stay at home until they are recovered. Only 10% (n=2) of the respondents confirmed that stigmatization still takes place on children living with HIV/AIDS. Studies done by Meintives (2010) indicate an increase in child headed household among PLWHAS. This is an indication that a range of challenges including greater economic vulnerability and services access. This in turn will be reflected in pre-school because challenges in economic issues mean lack of money to cater for academic

needs. Objective three sought to identify HIV/AIDS vulnerable children and how HIV has impacted on the learning process in Early Childhood Education classrooms.

4.19 Keeping children's health records

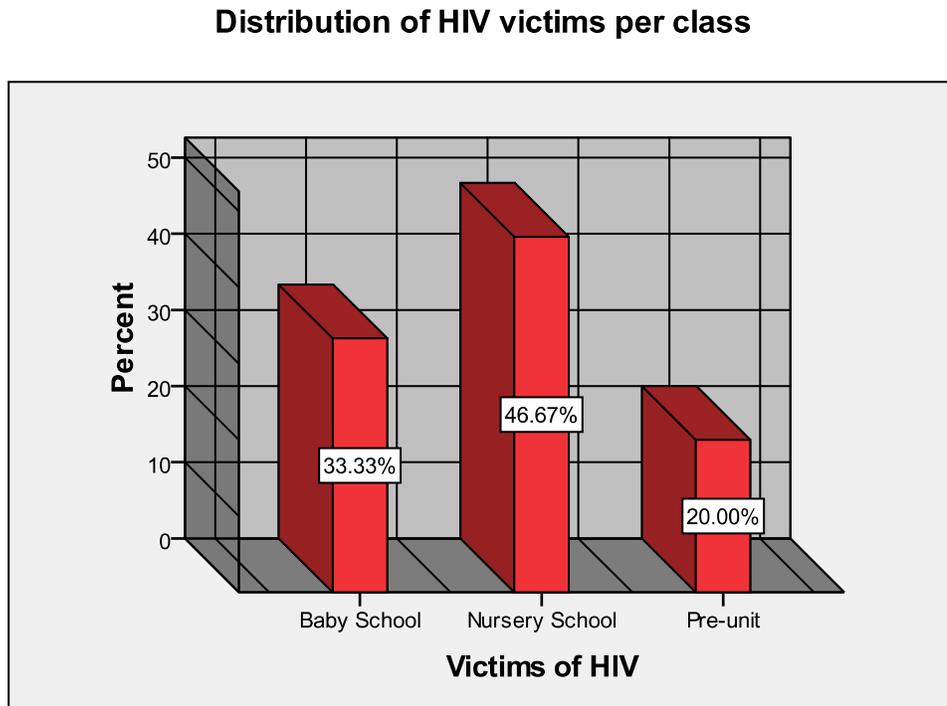
The study results revealed that all 15 (100%) of the teachers stated that they kept health records for children in the pre-schools. These findings differs with a study done by Akwara, P and Otieno, H (1998), in a survey of children in especially difficult circumstances in Kenya where only 80% of preschool teachers were found to be keeping children's health records.

4.20 Number of children living with HIV/AIDS in class

Out of 18 children, 33.33% (n=3) were found in baby school, the highest prevalence 46.67% (n=8) were found in nursery, while the lowest prevalence was in pre unit with 4 accounting 20% as shown in Figure 4.20 below. The high number of children in nursery was an indication that most of the CLWHAs are found in nursery class, which meant that the older the children, the more vulnerable they were to HIV/AIDS.

These children were able to care for their ailing parents and they were susceptible to sexual harassment, sexual abuse and defilement.

Figure 4.10 Distribution of children living with HIV/AIDS

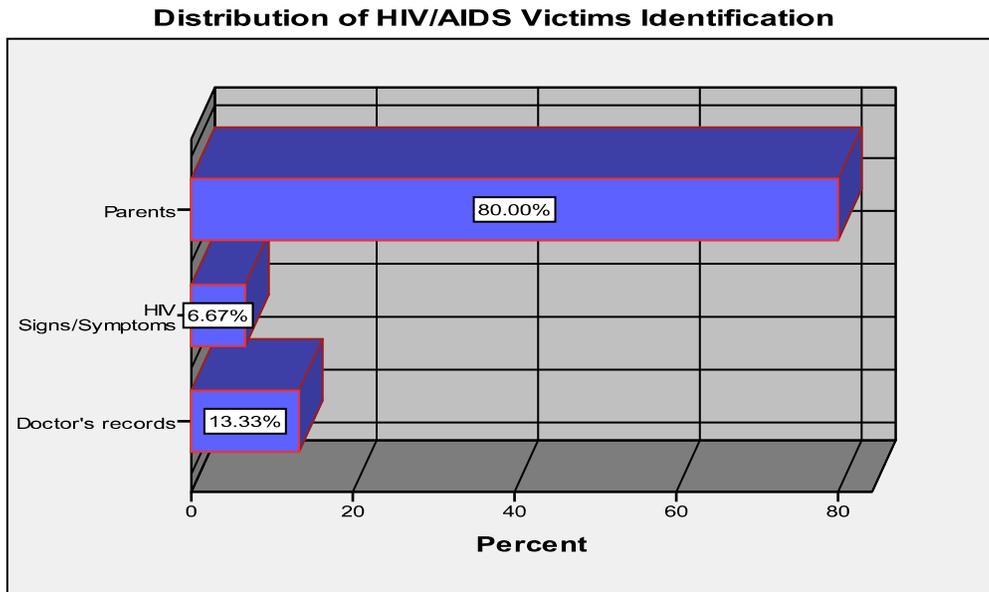


(N=15)

4.10 How the children living with HIV/AIDS were identified

The research findings revealed that 80.00% (n=12) of the teachers had known the HIV status of the children through their parents, while 13.33% (n=2) through the doctor's records and only 6.67% (n=1) through HIV Signs and Symptoms as shown in Figure 4.20. These findings indicate that teachers and parents have a close relationship and communication, which is working out for the benefit of the pre-school children.

Figure 4.11 Identification of children living with HIV/AIDS



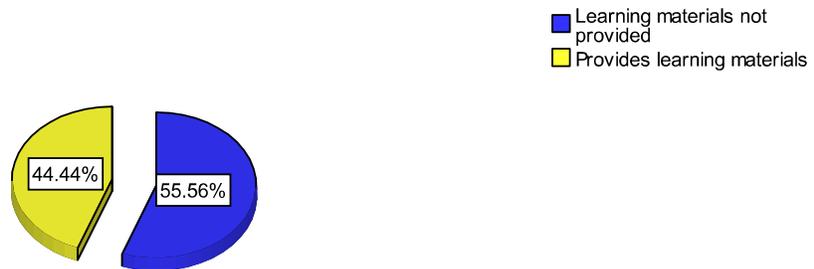
(N=15)

4.22 Provision of learning materials as per the parents

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

Figure 4.12 Distribution of provision of learning materials

Distribution of provision of learning materials



(N=18)

4.23 Challenges faced while educating children

The study findings revealed that 44% (n=8) of the parents indicated financial constraints as the challenge faced while educating their children, 22% (n=4) indicated deteriorating physical health and the demand of seeking medical care while 33% (n=6) didn't state any challenge. The study findings revealed that no parent indicated their children suffer from discrimination.

Objective four sought to investigate interventions in improving performance of children living with HIV/AIDS in E.C.E. Classrooms.

4.24 Interventions that may support performance of preschool children

Data presented on figure 4.24 below indicated that, free preschool education was indicated by 14% (n=13) of the respondents. This could have been attributed to the problems encountered by both teachers and children irrespective of their status. This implies that if the government could make preschool education free, most of the challenges could be eradicated. Provision of ARVs 11% (n=10), supply of relief food

13% (n=12) and school feeding programmes and government bursaries 17% (n=15) were viewed equally important in order for the children to have maximum participation in their learning process.

Table 4. 12 Interventions supporting performance

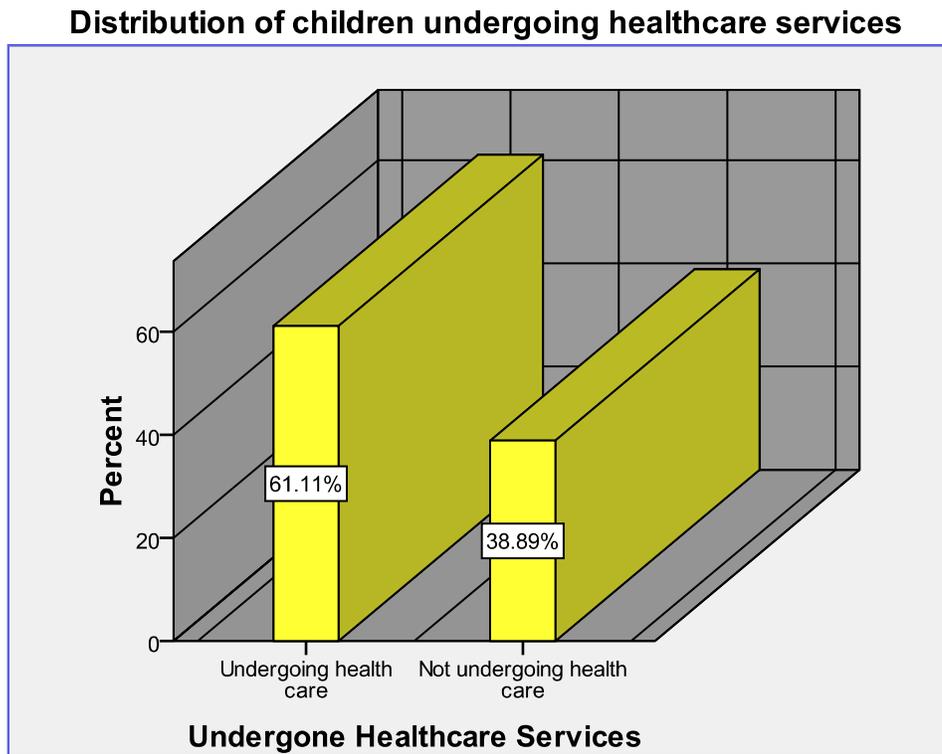
Interventions supporting performance		Frequency	Percent (%)
Valid	Put on ARVs	10	11
	Help and health care to their ailing parents	12	13
	Provision of learning resources by the government and NGOs	13	14
	Bursaries from the government	15	17
	Free preschool education	13	14
	Introduction of feeding programmes	15	17
	Provision of relief food to affected parents	12	13
	Others	0	0
		Total: 90	Total: 100%

(N=15)

4.25 Children undergoing healthcare services

The study findings revealed that 61.11% (n=11) of the parents indicated their children were undergoing healthcare services while 38.89% (n=7) were not as shown in Figure 4.25. According to Achoka (2005), children born of infected parents suffer immensely. They lack proper dietary needs, medical care, clean habitats and these are essential for active performance in classroom situation. This revealed the need to do health education.

Figure 4.13 Distribution of children undergoing healthcare services



(N=18)

4.26 Children tested for HIV/AIDS

The researcher found out that all of the parents indicated their children were already tested for HIV.

4.27 Children on Anti retroviral drugs (ARVs)

The study findings revealed that 73% (n=8) of children undergoing healthcare were on ARVs.

4.28 HIV status discussion with the preschool teacher

The researcher found out that all of the parents indicated they had discussed their children's HIV status with their teachers. These findings indicate that teachers and parents had a close relationship and communication, which was working out for the benefit of the preschool children.

4.29 Changes in classroom participation

The researcher found out that all of the parents indicated their children had changed in their class participation and performance and only 28% (n=5) tried to find out the specific reason for this. This indicated a great need of parents to be sensitized on the importance of them being involved fully in the learning process and care of children.

4.30 Intervention supporting performance as per the parents

The study findings revealed that 53% (n=8) parents indicated free preschool education and thought that it could solve all the underlying problems that children face as they went through their learning process. School feeding programmes also scored high 25% (n=3) because if all preschools introduce children who come to school hungry could benefit and hence be able to participate in classroom learning process. Relief food 13% (n=2) and ARVs 13% (n=2) scored the least because ARVs are still given freely in the hospitals.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

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

5.2 Summary of the findings

The main objective of this study were: to establish factors contributing towards poor performance among children living with HIV/AIDS in ECE classroom in Kijabe Mission Centre, to investigate the effect of HIV/AIDS on children performance in ECE centre in Kijabe Mission and finally to find out the challenges encountered by the children living with HIV/AIDS during classroom participation.

In the classroom participation of children living with HIV/AIDS, it was revealed that these children are found in both public and private schools. However their learning was experienced to be having a lot of problems, which were cited, both in school and at home. Chronic absenteeism was realized whereby the children absented themselves either to attend to medical care, attend to the ailing parents and even due to lack learning resources.

5.3 Factors contributing to poor performance

According to preschool teachers' questionnaire and parent interview, it was established the main factors hindering classroom performance were identified as home and school factors. Home factors included: chronic absenteeism as a result of caring for the ailing parents, attending to health care, lack of fees, lack of learning resources and children

headed families. However, as for the school factors these included: children withdrawal and pitting themselves. Some of the children are traumatized because of their status and this causes them to be absent minded in class. The study also sought to seek how HIV/AIDS affects learning in ECE classroom. It was established that due to chronic absenteeism, fear and trauma, stigmatization of these children caring for their orphaned siblings coupled with caring for their ailing parents impacted negatively on their ECE classroom participation.

For challenges encountered by the children in their classroom attendance, the questionnaire, interview schedule and observation schedule revealed that the children encountered several challenges as they undergo their learning process. Some of these challenges were lack of school fees because the parent thought that there was no need of school fees for their dying children, others lacked funds because most of the money was used to cater for health services, lack of learning resources like pencils, books, learning aids and school uniform. This was a major cause of low performance.

Stigmatization and discrimination was also noted by teachers. Some children also played the part of child headed family. They were to provide for their little siblings and so they could skip school for crucial labour and even leave school completely to look for employment as house help. Caring for their ailing parents and relatives was seen to be the major challenge. This was because it exposed children to the vulnerability and also absent themselves from class.

5.4 Conclusion

The study revealed that the children living with HIV/AIDS do not perform well in their learning process due to the identified problems which they undergo daily in their lifetime. It further revealed that if the causes of poor performance are not addressed properly these children will continue suffering and other performances will continue lowering. Although the study involved only 18 parents/guardians, 18 preschool children and 15 teachers, this could have been used by the scholar to visualize the situation of these children in other parts of the country. There is existence of remarkable evidence of poor performance of children living HIV/AIDS in most preschools in the centre.

The research findings also indicated that the most vulnerable children were those that are caring for their ailing parent and child headed families. The finding also indicated that if several measures are put in place, the children living with HIV/AIDS can also benefit and improve the classroom performance as they undergo their learning process. These interventions are:

Giving relief food

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

School feeding programmes

This should be introduced in preschools so that children can be nutritionally equipped for proper learning to take place.

Provision of ARVs

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

Taking care of people living with HIV/AIDS

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

Introduction of free preschool education

This was noted to be the major solution because if the education were free children would no longer be sent for school fees, learning resources and also the preschool teachers would be motivated to teach well and so ECE classroom performance would improve especially for the children living with HIV/AIDS.

Part A of the questionnaire for teacher sought information for the preschool teachers while Part B sought information on the behaviour of children. Challenges encountered and the interventions, which could be put in place to enhance active classroom participation of these children.

The interview schedule was conducted on the parents of the children living with HIV/AIDS (CLWHAS). It sought information on the challenges they undergo classroom learning process. The observation of the study was scheduled for the CLWHASs. It sought information on the behaviour exhibited by these children during classroom participation learning process. The recommendations of the study were as follows: government to provide free preschool education, eradication of child headed families,

provision of learning resources, provision of relief food to people living with HIV/AIDS, provision of palliative care, provision of ARVs, provision of child friendly environment, involvement of parents intensifying in-service of preschool teachers on management off CLWHAs.

5.5 Recommendations

Government to provide free preschool education

According to session paper 1 of 2005 the government promises to integrate preschool education in primary school. This meant that just like primary school education, preschool would be free. They will have access to learning resources enumerate teachers and scrapple any form of levis. This will increase access, maintain retention and sustainability of all the children in school; CLWHAs inclusive. Therefore, there is a need for the government to implement the policy so that the problems can be minimized in preschool education. Infact, if there was no payment of fees buying of learning resources chronic absenteeism would be a thing of past and performance especially for the children living with HIV/AIDS would greatly improve.

Anti-retroviral drugs ARVs

There is need to educate the community on Voluntary Counseling and Testing (VCT), so that the cases identified can be put into ARVs to avoid more death and suffering from optimistic infections which attributes to children chronic absenteeism in order to attend to medical care. ARVs will also minimize deaths leaving children as orphans who are in turn vulnerable to exploitation, defilement, child labour and consequently child abuse. In

addition, they will sustain the life expectancy of the parents hence reducing child headed families, which are contributory factors to classroom poor performance.

Eradication of child headed families

There is a need to identify the orphans and the government through constitution development funds that can cater for the total orphan.

The government should look for ways of helping these children instead of them dropping out of school to care for their orphaned siblings. The church can also find ways and means of helping these children and this will result to good classroom participation because the children would no longer be the issue.

Provision of learning resources

During the interview, it was clear that attempts should be made to form groups of people living with HIV/AIDS. Through these grouping, the parent can be provided with learning resources like uniforms, books, shoes, pens and books. This could be realized using the government, non-governmental organization or any other charitable organizations. Having these training resources, absenteeism would be minimized hence raising good classroom performance among children living with HIV/AIDS.

Provision of relief foods

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

Provision of palliative care

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

Intensify in-service of preschool teachers on management of children with HIV/AIDS

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

Providing child friendly environment

The current trend of providing child friendly environment (MoE, 2010) should be effected through conducting seminars to all education stakeholders. This will minimize stigmatization, trauma and fear in children which has impending caused of self pity withdraw and a feeling of loneliness contributing to poor classroom participation in the learning process of these children.

These seminars and in-services would change the attitude of leaders towards the children living with HIV/AIDS and so creating a feeling of being wanted leading to good performance.

School bursaries

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

Involvement of parents

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

5.5.1 Recommendation for the further research

Investigate the link between child friendly environment and good classroom performance in preschool centres.

Conduct a research on the effect of the integration of preschool education on preschool classroom performance.

Investigate why there are more children living with HIV/AIDS in public preschools than private preschools.

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APPENDIX I

QUESTIONNAIRE FOR PRE-SCHOOL TEACHERS:

You have been selected to participate in this research aimed at investigating the effects on HIV/AIDS on academic performance of pre-school children in Kijabe Mission Centre, Lari Location, Kiambu County. Please answer all questions with honesty as possible. Do not write your name or anything that will identify you, your response will be handled with confidentiality. Thank you in advance.

SECTION A: Demographic data.

1. What is your gender? Male [] Female []

2. What is your age bracket?

25 and below [] 36-45 []

26-35 [] 45 and above []

3. What is your highest qualification?

Primary [] ECDE Certificate [] Degree []

Secondary [] ECDE Diploma []

4. What is your teaching experience in years?

5 years and below [] 11-15 years []

6-10 years [] 16 and above []

5. What type of school? Private [] Public []

6. For how long have you been a teacher in your current pre-school?

Less than 1year [] 3-5 years []

1-2 years [] Over 10 years []

SECTION B: Effects of HIV/AIDS on academic performance.

I consider you an important part of the study. In this regard, please indicate your response in the spaces provided by ticking against your choice of answer.

1. a) Do you keep health records for your children Yes [] No []

b) If yes, how many children are known to be victims of HIV/AIDS in your class? []

2. How did you come to know the victims in your school? (*tick the appropriate one*)

a) Told by parents [] c)Taken to Voluntary Counseling and Testing (VCT) []

b) Doctor's records [] d)Observing signs and symptoms of HIV/AIDS []

3. How do these children behave in classroom learning process? (*Tick YES or NO in the following behavioural schedule*).

Behavior	Yes	No
Look traumatized		
Stressed		
Look stigmatized		
Low self-esteem		
Look depressed		
Sickling		
Lonely		
Withdrawn		

4. Do they participate in both in and out door activities?

Yes [] No []

If No why

5. Do they report daily in school?

Yes [] No []

If No what is the reason.....

6. Look at the register; can you say they have chronic absenteeism?

Yes [] No []

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

Factors	Agree	Disagree	Not Decided
Stigmatization by teachers and classmates			
Traumatization			
Stress			
Low self-esteem			
Child headed families			
Depression			
Others			

10. Do the above factors (Q. 9) have any effect on children's performance in class?

Yes [] No []

11. May the following have contributed to psychological effects in HIV/AIDS?

FACTORS	YES	NO
Child headed families		
Caring for their sick and ailing relatives		
Child labour		
Lack of learning resources		
Lack of love		
Other		

12. Using the factors that have affected learning in pre-school centers, indicate the approximate number of cases you think may have affected performance in pre-school centers. What interventions do you know likely that supports performance of pre-school children?

INTERVENTIONS	No. of cases	Percentages
Put in anti-retroviral drugs.		
Help and take care of their ailing parents.		
Government in partnership with NGOs to provide learning resources to CLWHASs.		
Government giving them bursaries.		
Policies to make pre-school education free.		
Introducing feeding programmes to all pre-school children.		
Providing the affected parents with relief foods.		

APPENDIX II
OBSERVATION SCHEDULE FOR CHILDREN

1. Background information:

Province..... District

Division Type of school.....

Level of children Age

Subject Topic

Time Date

Gender of teachers Male/ Female

2. No. of children affected by HIV/AIDS Boys..... Girls Total.....

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

Items to be observed	Yes	No
Behaviour of children in class		
Interacting with others		
Playing in outdoor activities		
Stressed		
Absent minded in class		

Looking sickly		
Participating in games		
Having several friends		
Having deficiency diseases like Kwashiorkor and Marasmas		
Active in role plan		
Traumatized		
Participating in psychomotor activities		

Thank you for your cooperation.

APPENDIX III

INTERVIEW SCHEDULE FOR PARENTS

Child's age

Interview schedule:

- a. Looking at your child, it is clear that he/she looks sick. Has your child undergone healthcare services?
- b. Has he/she tested HIV/AIDS positive?
- c. Has he/she been put under Anti retroviral drugs (ARVs)?
- d. Have you discussed the status with the teacher?
- e. Since the status of the child was revealed, is there any change in classroom participation? Yes [] No []

If yes, have you tried to find out why?

- f. Has the child complained to you on the attitude of the teachers and the classmates in school? Yes [] No []

If yes, what steps have you taken to save the situation?

- g. Do you provide the learning materials like uniforms, pens, books, colouring materials, pictures etc to the child? Yes [] No []
- h. Highlight any problem that you encounter in paying the school fees and providing learning resources?

- i. From the register we have noticed that your child has chronic absenteeism, state briefly the reason for this?
- j. What challenges do you face in educating your child?
- k. Highlight other challenges your child faces in school which have hindered learning process in the ECE classroom.
- l. What interventions do you think can be put in place to help these children (CLWHAS) participate well like others in the classroom running process?

Thank you for your cooperation.

Appendix iv: Informed consent for the headteacher, parents and teachers:

Participant No: _____

I am Gicharu Pauline Wangui a student pursuing a Masters in Early Childhood Education at the University of Nairobi carrying out a study on the effects of HIV/AIDS on academic performance of preschool children in Kijabe Mission Centre, Kijabe Location. The questionnaire will assist the researcher to find out and understand these effects. Information shared or seen will be treated with utmost confidentiality in the whole process of the study. The researcher will interview the teachers, the parents and observe the preschool children. No inducement in form of money or gifts will be used in the course of getting information from respondents. All participants have the right to refuse to take part and withdraw without penalty at any point during the process. The participant is also free to neglect answering any question that he/she does not feel comfortable to answer.

Participant's signature if agreed to participate in the interviews:

I agree to participate in this research _____

I refuse to participate in this research _____