



RESEARCH ARTICLE

PERSPECTIVES OF STAKEHOLDERS ON THE EFFECTS OF HIV AND AIDS ON PRIMARY SCHOOL PUPILS' DROPOUT, KENYA: A CASE STUDY OF KISUMU MUNICIPALITY

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ABSTRACT

Kisumu Municipality is one of the areas that has high Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome prevalence rate of 15% compared to a national prevalence rate of 7.3%. The HIV and AIDS scourge has resulted into many orphans who are vulnerable to many forms of exploitation such as a sexual exploitation and child labor. These forms of exploitation are bound to affect participation of children in education. The purpose of this study was therefore to establish perspectives of stakeholders on the effects of HIV and AIDS on primary school pupil dropout in Kisumu Municipality, Kenya. The study was guided by a conceptual framework that illustrates how HIV and AIDS could affect primary school pupil drop out. The study adopted a descriptive survey design. The study population consisted of one Municipal Education Officer, one Quality and Assurance Standards Officer, 17933 standard 7 and 8 pupils, 117 head teachers and 234 classes 7 and 8 class teachers. Questionnaires, interview schedules and focus group discussion guide were used to collect data. Quantitative data was analyzed using descriptive statistics in form of frequency counts, means and percentages. Qualitative data was coded and analyzed in emergent themes and sub themes. The study findings revealed that HIV and AIDS have had an impact on the school going children. It has exposed children who are orphaned to challenges due to lack of providers and care takers. The study found out that there are quite a number of strategies that the schools and the government are using to reduce drop out in the primary schools within the municipality. The study also revealed that there are quite a number of challenges in the process of mitigating primary drop out. To improve on the quality of education and learning in primary schools in Kisumu Municipality this study recommended that the government should put in place measures to reduce the rapid increase of orphans due to HIV and AIDS effects, increase the amount of funds set aside for HIV and AIDS affected or infected pupils, ensure quality health services for all, eradicate graft in conveying funds for personal effects for orphans due HIV and AIDS ,and educate the society on the effects of HIV and AIDS. The findings of this research are useful to policy makers, Non Governmental Organizations, well wishers, head teachers, teachers and all stakeholders in eradicating school dropout in educational institutions.

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INTRODUCTION

There has been an increase in the number of Orphaned and Vulnerable Children, which has often worsened their quality of education. This situation has been worsened by the increased scourge of Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome especially in the developing nations. In Kenya, HIV and AIDS orphans are currently estimated to be 1.9 million. Kisumu District is still among the districts most affected by HIV and AIDS with a prevalence rate of 15% compared to the National prevalence rate of 7.3%. It is against this backdrop that this study sought to assess the effect

of HIV and AIDS on drop out in primary schools in Kisumu municipality where the dropout rate is 17% (Republic of Kenya, 2010). World Bank posits that education is a key to unlocking all the development challenges in the 21<sup>st</sup> Century (World Bank 2002). In the same vein, the Convention on the Rights of the Child recognizes education as a basic right of every child and as an influential factor creating pathways for the realization of all other rights. The need of having everyone attaining primary education has equally been well stipulated in the United Nation Millennium Development Goal two, (Musyoka, 2000). Children everywhere boys and girls alike should be able to complete a full course of primary education (World Bank 2002). The commitment for providing Education to all by the Government is not in doubt as reflected in the various policy documents and development plans (World Bank, 1999). However, despite these government's efforts the

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education sector still faces a formidable challenge occasioned by increased drop out rates. The HIV and AIDS pandemic has lasting multidimensional effects that pose unique challenges to development efforts in many nations. One such effect is the rapid increase in the number of orphans and vulnerable children as parents fall victim to AIDS. Indeed, recent studies have indicated a strong correlation between the national adult HIV prevalence rate and the percentage of orphans in the population (Kamali, 1999). A recent United Nations Children's Fund commissioned report and other findings suggest that education is affected by the HIV and AIDS pandemic, in the following ways: Household impoverishment due to death or disability of parents; increase in child headed households, now at 5% in Kenya. HIV and AIDS orphans now stand at 850,000, largely attributable to AIDS. To this end, HIV and AIDS has affected the progress and performance of primary school. Education in Africa is affected because it is estimated that South Saharan countries is home to 72% of the people affected and infected by HIV and AIDS pandemic (Paulsen, 2006). HIV and AIDS has had devastating effects in education in that it has led to the death of teachers, students, pupils, parents, guardians and many others. This has had both direct and indirect effects on education and the most vulnerable to this has been the primary school going age that have sometimes had to drop out of school (Willis, 2002). Children are now becoming victims to impacts of HIV and AIDS such as stigma, fear, worry, depression and hopelessness. All these impact negatively on their school participation and development. It is estimated that more than 15 million children under 18 have been orphaned as a result of AIDS (UNICEF, 2000). About 11.6 million of these children live in Sub Saharan African countries. Children who have been orphaned by AIDS comprise half or more of all the orphans nationally. AIDS is responsible for leaving vast numbers of children across Africa without one or both parents.

Orphans' ages however are fairly consistent across countries. Surveys suggest that, overall, about 15% of orphans are 0 -4 years old, 35% are 5-9 years old and 50% are 10-14 years old), all of whom are primary going age (Monasch and Boerna 2004). Researchers show that children orphaned due to AIDS may face exploitation in other areas of their lives. For instance there is a relationship between AIDS orphans in Sub-Saharan Africa and increased child labor (UNAIDS, 2003). It is argued that HIV and AIDS in Nyanza Province is alarming with a prevalence rate of 15%, which is double the national prevalence rate which is 7.35 (Republic of Kenya, 2008). According to United Nation Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome (2003), evidence on the impact of HIV points to the adverse impact on schools enrolment, drop-out rates and teacher availability among others. A high rate of prevalence among adults weakens the ability to support children in schooling. The needs of orphans must be accorded special attention because there is evidence that they are less likely to be in school and more likely to fall behind or drop out, (Connolly and Monasch, 2003). In Kisumu municipality, the prevalence rate of HIV and AIDS is 15% which gives rise to more orphans in the Municipality (Republic of Kenya, 2008). HIV and AIDS is believed to directly affect the socio-economic status of people with poverty levels at 64% and high rate of orphan hood (Republic of Kenya, 2008). In Kisumu Municipality, enrollment in primary schools increased

from 44,179 in 2002 to 70,278 in 2006, and to over 71732 in 2010 (Republic of Kenya, 2010). Free primary education in Kisumu Municipality still faced several challenges as it endeavored to achieve the Universal Primary Education. The Primary School population in the municipality was 71732 with 41% attending school while the 59% did not attend. Boys' attendance was higher than for girls, with 40.3% of pupils in school being boys and 37.8% girls leaving 21% out of school. The low enrolment was worsened by drop out rate in primary schools which was estimated at 17 %. (Republic of Kenya, 2008). The HIV and AIDS prevalence rated 15% in the Municipality with an estimated 10,000 children in child labor, 26,000 partial orphans and 10,000 total orphans (Republic of Kenya 2008). The extent to which HIV and AIDS contributed to drop out in primary schools became imperative to research on. Indeed, most of the debate on the effects of HIV had focused on adult HIV and AIDS prevalence and related death rates, on ways to control the spread of the disease over the short term, and on increasing the availability of antiretroviral drugs.

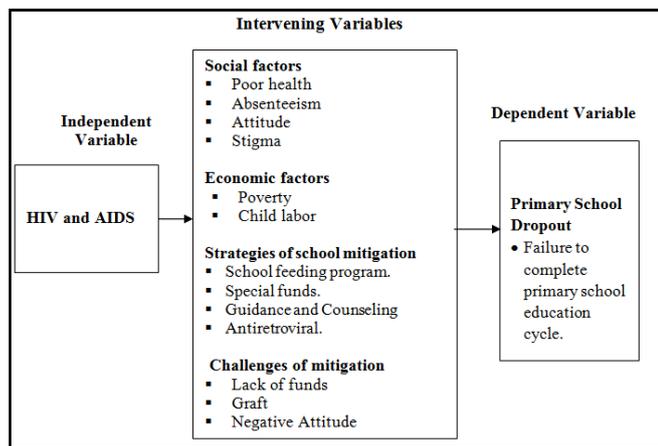
Though understandable, such debates had obscured the many ways through which HIV affects a Child's well-being, in particular, drop-out rates pernicious and emotional development and from the urgent need to strengthen traditional interventions and to introduce new ones to address the impact of HIV on children's lives. It is against this backdrop that this study endeavored to contribute to an understanding of the impact of HIV and AIDS pandemic on school pupil drop out in Kisumu Municipality. HIV and AIDS was arguably the greatest health challenge in Kisumu Municipality. Republic of Kenya (2008) revealed that Kisumu District's HIV and AIDS prevalence rate in 2006 was 11.1%, and the prevalence rate in Kisumu Municipality was 15% or higher (Republic of Kenya, 2006). The HIV and AIDS pandemic present several major challenges for schools thus reducing the rates of retention and completion rates within the formal education system. It was against that this study was conceived and conducted.

### Research Questions

1. To what extent has HIV and AIDS social factors influenced dropout in primary schools in Kisumu Municipality?
2. To what extent has HIV and AIDS economic factors influenced drop out in primary schools in Kisumu Municipality?
3. What are the strategies put in place by the school administration to mitigate school drop out due to HIV and AIDS effects in Kisumu municipality?
4. What challenges are faced by schools and by the government in mitigating dropout in primary schools due to HIV and AIDS effects in Kisumu municipality?

### Conceptual Framework

The conceptual framework postulates that HIV and AIDS social and economic factors do influence drop out of primary school pupils (Figure 1).



Key: HIV and AIDS - Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome

**Figure 1. A Conceptual Framework showing the Relationships between HIV/AIDS and related Factors Influencing Primary School Pupil Dropout**

HIV and AIDS influences drop out of primary school pupils through social and economic factors. These factors include; poor health, absenteeism, attitude, stigma, poverty and child labour. The strategies that could be used to deal with these factors include; School feeding program, special funds, Guidance and Counseling and Antiretrovirals. In the process of applying these strategies the challenges that are bound to be faced are; lack of funds, graft, negative attitude, lack of love culture. In a nutshell the conceptual framework was based on the premise that all the four intervening variables play a significant role in sustaining a pupil in school, and if one of them is affected by HIV and AIDS then there is a possibility of a pupil dropping out of school.

### Research methodology

The purpose of this study was to establish perspectives of stakeholders on the effects of HIV and AIDS on primary school pupil dropout in Kisumu Municipality, Kenya. The study was guided by a conceptual framework that tried to illustrate how HIV and AIDS could affect primary school pupil drop out. The study adopted a descriptive survey design. The study population consisted of one Municipal Education Officer, one Quality and Assurance Standards Officer, 17933 standard 7 and 8 pupils, 117 head teachers and 234 classes 7 and 8 class teachers. Data collected was by use of questionnaires, interview schedules and focus group discussion guide. Quantitative data was analyzed using descriptive statistics in form of frequency counts, means and percentages. Five point Likert type scale was used to establish the extent to which HIV and AIDS influenced drop out of primary school pupils in Kisumu Municipality. Qualitative data was coded and analyzed as themes and sub themes emerged.

## RESULTS

### Research Question 1: To what extent has HIV and AIDS social factors influenced dropout in primary schools in Kisumu Municipality?

The head teachers and class teachers were asked to rate the HIV and AIDS social factors and how they affect drop out in primary schools. The responses were as follows in Table 1.

**Table 1. HIV and AIDS Social Factors Influencing Primary School Pupil Drop Out In Kisumu Municipality as rated by Primary Head Teachers (n=40) and Class Teachers (n=80)**

Factors	Mean rating	
	Head teachers	Class teachers
Orphan hood	4.45	4.46
Pupils absenteeism	4.2	3.8
Lack of guidance & counseling	3.7	3.5
Stigma	3.1	2.5
Teachers negative attitude towards HIV positive pupils	2.2	4.1

Key: Classification of HIV and AIDS Social Factors Influence

5.0 = Highest influence 2.1-3.0 = Low influence

4.1-4.9 = Higher influence 1.0-2.0 = Least influence

3.1-4.0 High influence

Table 1 shows the response of the head teachers and class teachers on the factors and how they affect drop out among pupils. The findings show the different social effects of Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome on primary drop out. Orphan hood was rated at 4.45 by head teachers and 4.46 by class teachers. The drop out due to orphan hood was further stressed by the Municipal Educational Officer who noted that out of all pupils enrolled in class 1 only 47% complete the primary cycle and only 20% of pupils enrolled in class one survive to form one. Lack of guidance and counseling had mean rating of 3.7 according to the head teachers and 3.5 according to the teachers. Stigma rated high influence at 3.1 by head teachers and less influence at 2.5 by class teachers. Teachers' negative attitude towards the HIV and AIDS affected pupils rated less influential at 2.2 by head teachers and surprisingly higher at 4.1 by class teachers.

### Research Question 2: To what extent has Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome Economic factors Influenced drop out in primary schools in Kisumu Municipality?

The head teachers and class teachers were asked to rate how HIV and AIDS economic factors may lead to drop out in Kisumu Municipality primary schools. The responses were as shown in Table 2.

**Table 2. HIV and AIDS Economic Factors Influencing primary school Pupil Drop Out in Kisumu Municipality as rated by Primary Head Teachers (n=40) and Class Teachers (n=80)**

Factors	Mean score	
	Head teachers	Class teachers
Poverty	4.5	4.4
Child labour	3.9	3.5
Pupils poor health	3.8	3.06
Pupils taking care of their siblings	3.7	4.07
Lack of uniform	2.9	2.1
Lack of stationery	2.7	1.9

Key: Classification of HIV and AIDS Economic factors Influence

5.0 = Highest influence 2.1-3.0 = Low influence

4.1-4.9 = Higher influence 1.0-2.0 = Least influence

3.1-4.0 = High influence

Poverty was rated higher at 4.5 by the head teachers and at 4.4 by the class teachers. It can therefore be inferred that poverty of parents contributes to dropout of pupils. Child labor had

mean scores of 3.9 according to the head teachers and 3.5 according to class teachers. The mean scores indicated high influential meaning the respondents agreed that Child labour caused dropout of pupils. Pupils' poor health rated high at 3.8 by head teachers and neutral at 3.06 by class teachers. Pupils taking care of siblings who have lost parents had a mean score of 3.7 according to the head teachers and 4.07 according to the class teachers. Lack of uniform had mean rating of 2.9 and 2.1 according to the head teachers and class teachers respectively.

**Research Question 3:** The research question responded to was: What strategies are put in place by the school and the Government in trying to mitigate primary school dropout due to the effects of HIV and AIDS in Kisumu Municipality? The responses as rated by the head teachers and class teachers are summarized in Table 3.

**Table 3. Strategies used by the School Administrators and the government used to mitigate school dropout due to HIV and AIDS effects as rated by Head teachers (n=40) and class teachers (n=80)**

Strategies	Mean rating	
	Head teachers	Class teachers
HIV and AIDS Education for pupils	4.23	4.23
School feeding programmes for children in school	4.05	3.9
Guidance and Counseling services for HIV and AIDS infected and affected children	4.03	3.78
Supply of Anti retroviral to HIV and AIDS infected children	3.63	3.45
Free health facilities for HIV and AIDS infected children	3.63	3.06
Orphanages	3.25	2.96
Special funds for HIV and AIDS affected pupils	2.93	2.76

Key: Classification of Strategies used by Schools and Government.

5.0 = Most highly used 3.1-4.0 Moderately used

4.1-4.9 = Highly used 2.1-3.0 = Less used 1.0-2.0 = Least used

The responses of Head teachers and class teachers on HIV and AIDS education as a strategy rated higher at 4.23 and 4.23 respectively. HIV and School feeding program was rated high at 4.05 by head teachers and equally high influence at 3.9 by class teachers. Supply of anti retroviral to HIV and AIDS infected children rated high at 3.63 by head teachers and less 2.96 by class teachers. Free health facilities for HIV and AIDS infected children was rated both high at 3.63 by head teachers and 3.45 by class teachers. Orphanages were rated high at 3.25 by head teachers and less at 2.76 by class teachers. Special funds for HIV and AIDS affected pupils rated less at 2.93 by head teachers and high at 3.06 by class teachers.

**Research Question 4:** What are the challenges faced by the school administration in the process of mitigating school drop out due to HIV and AIDS in Kisumu Municipality? The head teachers and class teachers were asked to rate the challenges faced in putting down the strategies of mitigating drop out. Their responses are as shown on Table 4.

Rapid increase of orphans due to HIV and AIDS was rated higher at 4.52 by the head teachers and 4.55 by class teachers. The respondents noted that pupils in school unfortunately continue to lose their parents to this date to HIV and AIDS related sicknesses especially in the rural and peri urban schools. Home environment, Lack of love, support and follow

up rated both highly at 4.4 and 4.25 by head teachers and class teachers respectively.

**Table 4. Challenges faced by School Administration in the process of Mitigating School Dropout due to HIV and AIDS effects as rated by Head teachers (n=40) and teachers (n=80)**

Challenges	Mean rating	
	Head teachers	Class teachers
Rapid increase of orphans due to HIV/AIDS.	4.53	4.55
Home environment e.g. Lack of love, support and follow up for children infected and affected with HIV and AIDS	4.4	4.25
Lack of funds to cater for HIV/AIDS affected pupils	4.30	4.09
Lack of quality health services	4.05	3.96
More parents getting infected with HIV/AIDS	3.73	3.84
Graft in conveying funds for personal effect for orphans due HIV and AIDS	3.6	3.66
Cultural practices that discourage learning for HIV and AIDS affected children	3.35	3.45
Attitude of orphans affected by HIV/AIDS towards school	3.18	3.31
Superstition about children infected and affected with HIV and AIDS	3.03	2.95
Attitude of fellow pupils towards the HIV/AIDS pupils	2.7	2.86
Attitude of teachers towards the HIV/AIDS pupils	2.3	2.68

Key: Classification of Challenges faced

5.0 = Highest Challenge 2.1-3.0 = Less Challenge

4.1-4.9 = Higher Challenge 1.0-2.0 = Least Challenge

3.1-4.0 = High Challenge

Lack of funds for HIV to cater for the HIV infected pupils rated highly at 4.3 by head teachers and high at 3.83 by class teachers. Lack of quality health care was rated high at 3.05 by head teachers and equally high at 3.45 by class teachers. This was cited as a challenge because all over the country health care is a challenge. More parents getting infected with HIV and AIDS rated both high at 3.72 by head teachers and 3.83 by class teachers. This was an indicator that more infections within the Municipality was still felt and continued to be a challenge. Graft in conveying funds for personal effect for orphans due to HIV and AIDS rated high at 3.67 by head teachers and less at 2.67 by class teachers. Cultural practices rated high at 3.35 and 3.31 by both head teachers and class teachers respectively. Attitude of orphans affected by HIV and AIDS towards school was rated high at 3.17 by head teachers and at 3.66 by class teachers. This shows that a good number of the orphaned children have a negative attitude towards learning. Superstition rated high by head teachers at 3.02 and highly by class teachers at 4.08. Attitude of fellow pupils towards the HIV and AIDS infected pupils was rated at 2.7 and 2.95 by head teachers and class teachers respectively. Attitude of teachers towards the HIV and AIDS infected pupils was rated at 2.3 by head teachers and 2.86 by class teachers

## DISCUSSION

Orphanhood had a higher influence on drop out of pupils as was revealed by the study. This is because when parents are not there students lack adult supervision and follow up and therefore tend to relax in school. Lack of somebody to provide for basic needs like stationary, shelter and food may also lead to drop out. These findings were shared by both the Municipal

Education Officer and Municipal Quality Assurance and Standards Officer who agreed that there are quite a number of social factors brought about by the HIV and AIDS scourge that have contributed to primary drop out in the Municipality. The findings confirmed that orphan hood is a social HIV and AIDS factor that cause pupils' drop out from schools. The Municipal Educational Officer and the Municipal Quality Assurance and Standards Officer emphasized that there were indeed social HIV and AIDS related factors that caused dropout among pupils in the Municipality. They agreed that factors such as orphan hood had a lot of effect on pupils continued education. The findings prove that orphan hood as social factor of HIV and AIDS have led in pupils dropping out of school. In fact one head teacher too asserted; "Children who have been left alone find it too challenging to fend for themselves and at the same time be consistent in school. Most of them are never consistent in school so they drop out too early to go and seek employment such as being house helps and herds boys especially in the peri-urban areas."

This was further supported by the Municipal Education Officer who said that Children experience the stresses of parental illness and may be withdrawn from school to reduce expenses as medical costs rise or to assist in the care of the sick relative. Most of the pupils as well said that HIV and AIDS affect learning of the pupils a lot in their schools. Pupils during Focus Group Discussion agreed that HIV and AIDS affected pupils and they gave various reasons. Loss of parents who are supposed to provide learning materials for pupils was cited as a factor for drop out. In fact one pupil in one of the primary schools said, "Most of our school mates who do not have parents, marry early, look for jobs after school and later on drop out of school." The emotional upheaval of seeing a dying parent may leave children feeling abandoned and increase their susceptibility to sexual abuse and subsequent drop out of school. This finding is in agreement with a study by (Gertler *et al.*, 2004) in Indonesia that found that parent's death reduces children's enrollment. It is hard to overemphasize the trauma and hardship that children affected by HIV and AIDS are forced to bear. The epidemic not only causes children to lose their parents or guardians, but sometimes their childhood as well. These findings are consistent with (Levi, 1976) who notes that social elements of a family influence the academic achievement of pupils. Inadequate income among families due to parents' death hindered provision of tuition fees, school books and other material inputs necessary to ensure good academic participation, performance and continuation in school. This finding also agrees with that of (UNICEF, 2000) which established that death from AIDS is associated with reduced schooling for children. In 1999, approximately 2.2 million Indonesian children under the age of fifteen were living with a widowed parent. Their findings indicated that children in such families drop out of school later, roughly 50% higher rates than do their classmates, (Gertler *et al* 2004). In the same vein (Paulson's, 2006) study on the impact of HIV and AIDS on education in South Africa and Swaziland shows that parental death is a major cause of disruption of children's home lives and schooling. The drop out due to orphan hood was further stressed by the Municipal Education Officer who noted that out of all pupils enrolled in class 1 only 47% complete the primary cycle and only 20% of pupils enrolled in class one

survive to form one. A study in South Africa found that illness or death had resulted in twelve per cent of households sending children away to live elsewhere. Some children are encouraged by parents or foster parents to work to supplement household incomes and this leads to drop out from school. (Gertler *et al*, 2004). The already bad situation has been exacerbated by the fact that many of these children wind up in the worst forms of child labour. Most working orphans surveyed in a study in Tanzania complained of a whole complex of problems, among them going without food, forced initiation to commercial sex work, and failure to receive wages. Head teachers and class teachers attributed pupils' absenteeism to orphan hood citing that once a child has lost one or both parents, there consistency in school is never guaranteed. Thus one head teacher at an interview said; "Only on few occasions do such children end up in their relatives' houses that are keen on education. Most of them end up in their grandparents' homes where absenteeism then sets in and then subsequent drop out"

This view was supported by both Municipal Educational Officer and the Municipal Quality Standards and Assurance Officer that, lack of parental care was a major determinant of drop out due to lack of encouragement from home. It was cited as an effect of HIV and can therefore be attested that pupil absenteeism influence pupil dropout (UNAIDS, 2008). The National AIDS and Sexually Transmitted Diseases control program states that most orphans are under the care of their grandparents and other households are headed by children. This to some extent has increased dropout rates .This is because grandparents are not keen on the children's consistency to school thus continuous truancy leads to drop out (Murrah and Kiarie, 2001). UNICEF (2000) study done in Uganda concurs that absenteeism of pupils sets in as soon as a member of the household starts to suffer from HIV-related illnesses. Loss of income of the patient (who is frequently the main breadwinner) and household expenditures for medical expenses may increase. This drives other members of the household, usually daughters to miss school and work or to care for the sick person thus lack of consistency in school. The mean rating was both high meaning that the respondents agreed that lack of guidance and counseling caused dropout from schools. The teachers too agreed that some pupils are neglected by relatives and some able guardians are mostly unwilling to help. This was however attributed to the hard economic times leaving the pupils even more vulnerable. A teacher in one school said; "There's need to stress and improve Guidance and counseling in schools and train more qualified counselors to help in talking to the students to help them cope with the lose of their parents and the sudden change of life style because some students find it really difficult to adjust from life with parents to life without parents. The head teachers further added that "some parents and guardians have no time for their children and have left all the responsibility of talking to the pupils to teachers who are also overwhelmed with work. The pupils who are orphaned are even more challenged because they have nobody at all to talk to them even in times of difficulty."

According to Baraza and Darlison (2007) the effects of HIV and AIDS can be devastating especially if the primary caretaker is not able to provide moral support, guidance, care,

love and protection. Republic of Kenya (2002) too asserts that lack of guidance and counseling at home de motivates a child and therefore opts to drop out of school when the straining is too much. Stigma rating was cited as a factor leading to drop outs by the respondents who were evenly split on whether or not stigma caused pupils to drop out of school. This is further supported by the Municipal Educational Officer that the effects of stigma not only affects pupils' participation but also teachers' participation. The less influence rating by teachers is however explained by the Municipal Education Officer who said that teachers attend many workshops on HIV and AIDS awareness such that stigma is slowly going away from the society and that many see HIV and AIDS just as any other condition. The pupils at the focus group discussion too agreed that fellow pupils who are sick or whose parents are sick are no longer discriminated against but loved and accepted by many. Stigma from other pupils was also noted by some two hundred and two pupils (55%) as a factor that hampers effective learning.

Findings by Baraza and Darlison (2007) however support the average study findings indicating that stigma and fear caused by HIV and AIDS has some serious emotional and psychological effects on children. The effects are worse if the child is infected and is also likely to lose other family members to the same illness. Stigma can lead to discrimination and other violations of human rights which affect the well-being of people living with HIV and AIDS in fundamental ways. In countries all over the world, there are well-documented cases of people living with HIV and AIDS being denied the right to health-care, work, education, and freedom of movement, among others. Global consensus on the importance of tackling AIDS-related stigma and discrimination is highlighted by the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001 (UNESCO, 2003). The Declaration states that "Confronting stigma and discrimination is a prerequisite for effective prevention and care, and reaffirms that discrimination on the grounds of one's HIV status is a violation of human rights."

Midwinter (2003) concurs that 1.3million pupils have lost their parents and therefore need help and support to continue their education especially from teachers who stay with them longer hours. Teacher's negative attitude results show that the head teachers largely disagreed that teachers negative attitude towards HIV positive pupils contributed to pupil dropping out of school while the teachers agreed that this factor leads to pupils dropping out of school. The research found out that teachers who are on the ground know that teachers attitude from other fellow teachers greatly affect school attendance. The low rating of the head teachers on the other hand proved that some head teachers are unaware of the relationship between the pupils and the teachers in general in the school. Pupils during the focus group discussion also revealed that some teachers discriminate against poor and dirty pupils due to lack of parental care. Studies show that out of the total student population, 1.3 million have lost their parents and the biggest challenge is how to help the affected children cope with the loss and the effects of HIV and AIDS and to continue learning especially when they are sick themselves (Midwinter, 2003). Researches also show that Children orphaned by AIDS are

stigmatized, lack care, love and are neglected and discriminated upon (NACC, 2001). Some teachers also revealed in confidence that other teachers are too insensitive to the suffering of some of the children and this to some extent contributes to drop out of some emotionally and academically weak pupils. Other teachers revealed that a few teachers still had negative attitude towards the infected pupils and did not fully accept them as fit to share with other children. The Head teachers acknowledged that awareness was being created by Non Governmental Organizations such as Plan International and that negative attitude should no longer be a problem. No wonder the contrasting results. Teachers however still felt that more awareness should be created so as to completely eradicate stigma and negative attitude on pupils especially those not well taken care of at home. Poverty of parents contributes to dropout of pupils. The teachers agreed adding that, the reasons most pupils gave for missing school is that they had gone to work at the market or sell maize in town. This fact was also stated by pupils in the focus group discussion when one pupil stated; "AIDS has made many parents poor because when they are sick they can not work or do any business to get money to buy them uniform and even pay for other levies required in school the little money they have is also used to buy drugs thus leaving no money to buy the school necessities"

Although there are numerous factors in the spread of HIV and AIDS, it is largely recognized as a disease of the poor, hitting hardest where people are marginalized and suffering economic hardship which may be increasing the vulnerability of the poor to HIV infection, and reinforcing conditions where the scourge of HIV and AIDS can flourish, (Stillwaggon, 2001). UNAIDS (2008) reports that as parents and family members become ill, children take on more responsibility to earn an income, produce food, and care for family members. This makes it harder for these children to access education, basic health care, housing and clothing. Little (2008) also agrees with the findings saying that such schooling circumstances, together with personal and family level factors such as ill-health, malnutrition and poverty, jeopardize meaningful access to education for many children. As a result, many children are registered in schools but fail to attend, participate but fail to learn, are enrolled for several years but fail to progress and drop out from school because of poverty. Poverty caused by orphan hood in rich and poor countries have high levels of sexually transmitted infections because their main means of earning money is engaging in sex work (Todaro, 1992). School attendance and performance tend to be much lower for children of poor families than those from relatively higher income and that inability to pay tuition fee is a factor for drop out (UNICEF, 2003).

The mean scores indicated high influential meaning the respondents agreed that Child labour caused dropout of pupils. In the focus group discussion pupils too supported that child labor was a major problem citing that many orphaned children go to look for jobs as house helps, herds boys while others go to pick scrap metal for sale. Teachers in their interview also cited that affected pupils opt for child labor because the Government does not provide enough funds nor put in place enough feeding programs to sustain the pupils in schools. Hard economic times too have made it impossible for some relatives

to take in their orphaned relatives. This was further echoed by the Municipal Educational Officer that reports getting to their office say that child labor is a major problem in the Municipality. Many of the pupils drop out early in the primary cycle due to child labor. This finding is supported by a study done in Chad, Ethiopia, and Madagascar that found out that child labor has caused more than one-third of the children who enter school never to complete second grade (UNESCO, 2008). The Government of Kenya is equally worried by the high school dropout rate and increase in child labor as a result of the deadly HIV and AIDS scourge (Musyoka, 2000). The scourge has greatly affected the education sector by reducing the enrolment and completion rates.

Poverty rating meant that pupil's poor health may not be a major cause of drop out in primary schools but in some cases it did contribute to drop out. This view is supported by class teachers who observed that the government was providing anti retroviral in hospitals. They also noted that some social health workers walked from door to door giving people drugs and educating people on good life habits and attitude change. The Municipal Educational Officer noted that they work in collaboration with the government in distributing free 'unga' for porridge with nutrients for pupils living with HIV and AIDS. This finding is further supported by the fact that health care is one of every government's responsibility (UNAIDS, 2004). According to UNICEF (2006) Children who are orphaned are more likely to suffer from detrimental health and nutritional outcomes; orphaned children are more likely to be stunted compared to non-orphans. Paternal orphans are also more likely to have suffered from recurring sickness in the past month compared to non-orphans. This is supported by the pupils at the focus group discussion who agreed that the pupils who fall ill are likely to drop out of school because nobody takes good care of them or even takes them to the hospital. Pupils taking care of siblings was high and it can therefore be attested that Pupils taking care of siblings who have lost parents influenced pupil dropout. Pupils in the focus group discussion agreed with this and suggested that the government should build orphanages to take in children to do away with the child headed homes. This finding corroborates the study findings by Mushunje (2006) who observed the impact of HIV and AIDS on the girl child's life in Zimbabwe and argues that when the mother falls sick, and therefore cannot do household chores; the eldest girl child becomes the one to take over the chores. As the mother falls ill, gets better and falls ill once more, the girl child will in turn be moving in and out of school and eventually drop out of school. While both girls and boys are likely to drop out of school when they are orphaned, it is more likely that the girl child will be the first to drop out and to become the de facto head of household.

Lack of uniform influenced pupil dropping out of school while the head teachers were not unanimous on whether or not Lack of uniform led to pupils dropping out of school. This could be due to the fact that teachers, well-wishers and NGOs are always willing to provide the basics such as uniforms and shoes. Some teachers even revealed that some schools had kitties where well up pupils donated uniforms, shoes, sanitary towels exercise books, text books among others. These then were distributed to needy students which in turn helped

maintain them in school. The Municipal Quality Standards and Assurance Officer and the Municipal Educational Officer too acknowledged that quite a number of Non Governmental Organizations did provide some schools with the basic needs such as uniforms, shoes, books and pens. They however noted that the government is still not doing enough since the funds disbursed to schools are not enough. The study also found out that more girls dropped out to get married compared to fewer males. More male pupils dropped out to collect scrap metal as opposed to only fewer girls. It was then unraveled that some of affected girls relocate to the rural areas to live with their grandparents while more remain in towns to become house helps and some boys on the other hand end up becoming street children. The findings on the economic effects on primary drop out can be linked to the National Education For All strategies that have been implemented in all countries based on the attainment of the six Millennium Development Goals for education, which are: Expanding and improving early childhood care and education, especially for the most vulnerable and disadvantaged children. Ensuring that by 2015 all children particularly girls, children in difficult circumstances have access to and complete free and compulsory primary education of good quality. The other is ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programs; achieving a 50 percent improvement in adult literacy by 2015, especially for women and equitable access to basic and continuing education for all adults; and by eliminating gender disparities in primary and secondary education by 2015 and achieving gender equality in education by 2015 and lastly by improving all aspects of the quality of education as expected (UNAIDS, 2008).

HIV and AIDS education was cited as a measure was being employed by the school and supported by the government. Education according to UNESCO (2003) continues to be regarded as a key 'social vaccine' against HIV infection. Other studies in support of these findings recommended the need for a government to come out strongly with pupil friendly HIV and AIDS programs that specifically target the primary school going children. All the pupils agreed that they were taught HIV and AIDS education and that they were aware of its effects. This finding concurred with the Municipal Educational Officer's views that "HIV and AIDS education is in-cooperated in all subjects taught in schools to create awareness among the pupils. With education the pupils would be in a position to make informed choices on staying HIV free or going for medication if already infected or advising their sick relatives to seek medical attention. NACC (2009) confirms that stigma and ignorance is hindering many to go for testing or even go for medication thus reducing the life span of many victims.

School feeding program was noted as a strategy that was used by the school to retain pupils in school. The head teachers said that it was very effective in retaining pupils though it required more support and funding from the government. Class teachers were also in agreement since they observed that most pupils have very little to eat at home so if given lunch in school then they would rather remain in school than drop out. Class teachers however noted that a lot of food was only donated by Non Governmental Organizations in helping the needy by

reducing dropout occurring due to HIV and AIDS effects. The strategy was also supported by the Municipal Quality Assurance Officer who observed that schools that had lunch programs had lower drop out rates compared to schools that did not have. The Clinton commitment to provide a free school meal to every child in Africa was revamped in 2005. The international community also provided adequate funding through the World Food Program (UNESCO, 2003). All the respondents supported that school feeding programs can mitigate drop out in primary schools. Guidance and Counseling by head teachers and class teachers rating was supported by the Municipal Quality Assurance and Standards Officer who agreed that Guidance and Counseling was a very effective way of keeping pupils in school. It was rated high meaning it is an effective strategy used by both the schools and the government. The head teachers and pupils agreed that schools counsel pupils who were either affected or infected and this has helped in retaining pupils in school. This finding is in agreement with (Ogutu, 2003) who found out that counseling and even peer counseling has a far reaching impact in managing HIV and AIDS at a peer level. A good number of teachers also cited this as a very effective measure of retaining pupils in school. This was also stressed by both the Ministry of Education and Municipal Quality Standards and Assurance Officer that the government has made sure through the Municipal educational officer that there is a department of Guidance and Counseling in all primary and secondary schools. They however noted that guidance and counseling teachers were not enough and that the Government needed to train more (Republic of Kenya, 2003). In the focus group discussion all pupils supported that head teachers made sure that teachers counseled them and sometimes they even invited speakers from outside to come and talk to them about life, HIV and AIDS and how to soldier on despite the challenges. This they said had helped in encouraging them to continue holding on to school. Some pupils even said that those who dropped out and could be traced were forcibly returned to school by the teachers. The Municipal educational officer and Municipal Quality Standards and Assurance Officer too noted that the government and schools had put in place many measures aimed at reducing dropout. The Municipal educational officer and Municipal Quality Standards and Assurance Officer said that the government had even employed social workers through the ministry of health (NACC, 2009) to counsel pupils and parents and help prevent pupils from dropping out of school. Some schools have also started school parenting for example students are assigned teachers who act as their parents to give them psychological support when needed. It was noted that some school administration had put in place peer counseling sessions to guide students while some schools have formed kitties to donate money and other necessities to give to the needy pupils. Their view is shared by the Municipal educational officer and the Municipal Quality Standards and Assurance Officer who said that the schools had formed consortiums with Non Governmental Organizations and Community Based Organizations to provide pupils with stationery. Pupils cited other different strategies that were used to reduce dropout due to HIV and AIDS. These included provision of food for the affected pupils, guidance and counseling for the pupils and other times provision of stationery for the pupils affected by HIV and AIDS by the school.

Supply of anti retroviral and free health facilities was cited by head teachers as a measure that was being used by the government to retain pupils in schools. Few class teachers also noted that it was being used but still felt that a lot needed to be done in the rural schools. They noted that not all parents and even pupils had access to the drugs. This finding is in agreement with the Municipal Education Officer who stated that adequate provision of anti retroviral drugs help in reduction and delay of mortality rates. The interview the head teachers said that provision of drugs was left for the hospitals and they were overwhelmed with the demand and so most of it was not reaching some pupils or even their parents. They suggested that some medics could be assigned schools so that all the pupils could get the drugs in good time. This feeling was shared by the Municipal educational officer who stated that 'Not all pupils have access to antiretroviral drugs as it should be. This view is shared by (Stillwaggon, 2001) who notes sadly the provision of antiretrovirals has not significantly mitigated the expected impact of the epidemic on pupils. There have been numerous problems including affordability and poor compliance because drugs did not reach the victims in good time.

Both head teachers and class teachers agreed that free health facilities were not satisfactorily accessible by pupils (Republic of Kenya, 2008). There was poor access to medical facilities and considerable reluctance among most parents and guardians to take their children for voluntary counseling and testing. This to some extent has contributed to the pupils' occasional poor health which led to subsequent drop out from school. The findings showed that head teachers were in agreement that orphanages played a role in reducing drop out. Orphanages were used by the government through the Non governmental Organizations in reducing dropout due to HIV and AIDS. The Municipal Educational Officer and the Municipal Quality Standards and Assurance Officer shared this view citing that areas where orphanages were available, drop out was low because pupils had a place to call home and that these homes took in more pupils after losing their parents who would have otherwise dropped out due to lack of basic needs and care. Class teachers too cited that orphanages help a lot though they noted that they were very few. The head teachers too noted that the few orphanages in the region helped in retaining pupils in school. Use of orphanages as a strategy was however very minimal citing only a few examples in Kisumu such as Shangilia, Mama Rita, Ket Wang'i among others. (USAID, 1998) shares the need for Orphanages citing that they are the primary way of caring for indigent or unwanted children in the world from the mid-19<sup>th</sup> Century into the mid-20<sup>th</sup> century. The head teachers however said that in other areas foster homes and small institutions like group homes have replaced orphanages. Recent studies have shown that well-run orphanages generally offer far better experiences for children than does the foster care system.

The head teachers responses showed that funds for providing for the needs of the pupils was not enough and added that quite a number of strategies still needed to be used. They however expressed a need that the government should set up a special needs program to include HIV and AIDS learners needs as well as the introduction of school feeding programs in the

whole country. This is because they felt the free primary education program though helping was not enough. This was supported by (Republic of Kenya, 2009) which stated that the impact of HIV and AIDS has weighed very heavily on the governments budget. The pupils too said the free primary education is helping their colleagues to remain in school. Class teachers were however divided, that this has been effective though most of them who agreed that it is helping said a bigger percentage of the funding came from Non Governmental organizations like PLAN International, UNICEF and well wishers. Other strategies that were mentioned by the class teachers that can be used in mitigating dropout included: provision of uniform, shelter and food stuffs, encouraging the parents who are infected with HIV and AIDS as they deal with their children, nurturing good relationship between school administration, parents, pupils and schools community. The pupils too shared the same views that more help for the needy would address the reduction of their dropout. The class teachers also added that the government had put in place other measures aimed at mitigating dropout due to HIV and AIDS. These policies included: the introduction of special needs program to include learners living with HIV and AIDS, the introduction of a feeding program to feed students in schools and the training of teachers in schools on HIV and AIDS so that they can handle the affected with the desired affection. Although there is no single intervention that is guaranteed to keep children in schools and reduce the drop-out rate, research shows that a multifaceted approach will go a long way to not only ensuring children's access to education, but it will also enable them to remain in school for as long as the education system demands. This is in spite of the fact that there is a 'Return to School' program, a policy introduced by the government to allow girls who have already had children to return to school. It is against this backdrop that stakeholders concerned with the low retention rate of particularly the girl child in school, began a program dubbed 'Social Policy, Advocacy and Networking', which is aimed at promoting support for girls' education (UNAIDS, 2008). The findings concur with the views of the Municipal Quality Assurance and Standards Officers' views that head teachers and the Government use different strategies to mitigate primary school drop out in the Municipality but are faced with many challenges due to the increasing numbers of orphans

Generally it was reported that there were guidance and counseling policies in all the public schools, and active social workers and health officers providing ARVs to the parents and sick pupils in the homes courtesy of the ministry of health. They also cited a working policy aimed at giving pupils a chance to be re-registered in schools and given a second chance even after dropping out due to the effects of HIV and AIDS related factors. The head teachers noted that the government had prohibited expulsion or suspension of students due to inability to pay school fee (Republic of Kenya, 2009). This according to the Municipal Educational Officer and the Municipal Quality Assurance and Standards Officer has succeeded in making the government take a step in ensuring that dropout due to HIV and AIDS is controlled or reduced. Further findings revealed that there are different strategies that are strongly used and others that are barely used. These findings are supported by Monasch and Boerna (2004) who

discuss that being orphaned is very traumatizing and a lot of effort has to be used to maintain these children in school because he observes that drop out is on the increase. The Municipal Education Officer too agreed at the interview that the government is putting in place quite a number of strategies to make sure that the children are retained in school.

The findings on Challenges faced by School Administration in the process of Mitigating School Dropout due to HIV and AIDS of this study confirm that the head teachers face quite a number of challenges in the fight against primary drop out. Those interviewed also shared in the findings. They said "schools face challenges in their quest to reduce drop out in primary schools" (UNESCO, 2008) also confirms that fighting the socio-economic impact of HIV and AIDS in different sectors of development education included a lot of challenges. The respondents noted that pupils in school unfortunately continue to lose their parents to this date to HIV and AIDS related sicknesses especially in the rural and peri-urban schools. This challenge was also cited by the Municipal Quality and Assurance Standards Officer during the interview who said "schools experience increase in orphan hood and cited it as a real challenge." The pupils too concurred that pupils continue to lose their parents. One class teacher added "We lose a parent almost every month until we don't know how to handle the children who lose their parents anymore because it's just too much."

This position is shared by the Executive Director of the Center for the Study of Adolescent saying an estimated 145 million children 0 to 17 years old are orphaned and have lost one or both parents (UNICEF, 2008). Home environment, Lack of love, support and follow up by head teachers and class teachers was a challenge to the children since everybody in life needed love and care. Pupils too acknowledged and said that "some of our school mates are really mistreated, overworked and even denied food by the relatives that they live with." This finding was further supported by reports that, when older people, particularly those living alone or with children in the absence their parents are living in the poorest households (UNESCO, 2003). This further illustrates how children orphaned by AIDS, because of the suffering and the trauma may not live within society's moral codes (becoming, for example, street children or juvenile delinquents). Large numbers of such 'asocial' or 'antisocial' children will drop out of school (UNESCO, 2003). The head teachers particularly complained that there are no adequate funds and no quality health care that reach the pupils especially those who are sick. This increases the rate of absenteeism thus leading to drop out. This view is supported by (Gogo, 2002) who reports that head teachers require funds so as to supply teaching and learning materials in schools. This view is shared by class teachers who said that a sick and hungry child cannot come to school. Other reports cite that there's need for increased funding on the Education sector and improved health provision due to the AIDS scourge (Republic of Kenya, 2008). The AIDS epidemic has disabled the education sector's core functions and The Ministry of Education in particular, has failed to take the decisive steps necessary to protect schools from the ravages of the epidemic (UNESCO, 2003). Lack of quality health care was rated as a challenge because all over the country health care is a

challenge. The head teachers revealed that the few health facilities are very far from reach even though they appreciated the fact that many new health care facilities are coming up. More parents getting infected with HIV and AIDS was an indicator that more infections within the Municipality were still felt and continued to be a challenge. This is supported by (NACC, 2009) survey that more HIV infections are still experienced in Nyanza Province and that it has the highest number of HIV and AIDS related deaths and infections. This calls for more HIV and AIDS awareness and preventive education to be increased especially to the rural population since the infection rate may still be occurring explaining the reason behind the continued loss of parents due to HIV and AIDS related illnesses. Primary school completion rates have therefore remained low in over two-thirds of countries due to lack of parental care, Kenya being one of them (UNAIDS, 1998).

A report from (Republic of Kenya, 2008) also supports this view that lack of transparency in school expenditure may lead to misappropriation of funds. This was however rated lowly by class teachers who added that 'apart from financial support from school, the home environment if not conducive for pupils still remains a major challenge. The cultural practices were noted as a factor especially to the girl child in the rural schools. Both head teachers and class teachers agreed that this factor though minimally still posed challenges to the school administration in its efforts in mitigating dropout due to HIV and AIDS. They said that when sickness sets in the girl child stays at home to care for the sick while the boy still goes to school. Head teachers and teachers however also observed that cultural beliefs and practices and their effects are a thing of the past in urban schools and said that in some classes girls are even more than the boys. However a fact that in the rural areas the girl child was still pushed to get married earlier in cases where there is no parent to follow up on their education was also mentioned. Pupils too concurred with this finding that most girls dropped out to go and get married. This finding is in agreement with Cooper *et al* (2007) who reported that some cultural practices are detrimental to fostering education and especially girls' education and HIV effects have just worsened the already bad situation. Most pupils who have nobody to motivate them and encourage them to go to school tended to drop out faster than those who have parents. Similar findings were also echoed by (Biabazaire, 2006) which asserts that pupils need constant encouragement to continue with education. The interviewed pupils agreed that those who are critically ill with HIV and AIDS related sicknesses tend to shy away from the public. Research studies show that orphaned children who have poor performance would not be interested in schools hence opts to drop-out for fear of being laughed at (UNICEF, 2000). Most parents and children associate the HIV related illnesses with witchcraft especially in the rural areas. Superstition about children infected has slowed down the healing process because 'most of them go to magicians who just exploit their frustration and ignorance instead of seeking conventional medical attention fast. This view was also shared by the head teachers who said in the rural areas people still think any terminal illness is due to being bewitched. Pupils too agreed that some pupils believed that those who consistently fall sick have been bewitched by other relatives. The head

teachers and class teachers agreed that attitude of pupils towards the HIV and AIDS pupils did not pose any challenge to the school administration in mitigating dropout due to HIV and AIDS. This was attributed to the fact that there is a high level of awareness due to consistent speakers telling them that HIV and AIDS is just a condition and that the victims too require love and acceptance from their fellow students. This stand was also shared by the Ministry officials who said the Government has really stepped up AIDS awareness campaign in schools through the ministry of health and other Non Governmental Organizations.

Teachers' attitude towards the HIV and AIDS affected or infected pupils rated 3.0 and was pointed out as a minor challenge given to the fact that there is still lack of understanding of the disease. UNAIDS (2008) states that "Unfortunately the teachers and other pupils may not be sensitive to the needs of the vulnerable child. Without protection, these children may drop out of school. Teachers need to be sensitive to the difficulties that HIV affected children face." According to Randa, (2005) stigmatization is also a common problem in the Kenyan education system as teachers, students and pupils who suffer from HIV and AIDS related symptoms would fear going to school. The Municipal Educational Officer and Municipal Quality Standards and Assurance Officer however noted that the teachers awareness and acceptability of the affected pupils should be enhanced by in-service training and workshops designed to promote awareness. In workshops for education administrators conducted as part of the "Accelerating the Education Sector's Response to HIV/AIDS" through the Inter-Agency Task Team of the World Bank and United Nations Agencies, colleagues have had the task of planning their ministry's response to opening access to education to vulnerable children. They have always given such sensitizing workshops high priority as part of their planning. This is clearly based on their experience, such as focal points on HIV issues, and this experience must be respected by outside agencies too, cited the Municipal Education Officer. These findings are in agreement with the head teachers who shared that together with these other challenges that face the school administration in their effort to mitigate school dropout were, negligence of responsibility by parents to guide and support their children both academically and emotionally, the lack of role models in the society for pupils to emulate and lack of support from the CDF kitty specially tailored for the HIV and AIDS affected and infected pupils. There is a broad acceptance that schools and the government have a crucial role to play in curbing the challenges being faced by the schools and the head teachers in the struggle to reduce drop out from their schools, some of which are social economical and even administrative (USAID, 1998).

### Conclusion

The study concluded that indeed HIV and AIDS social factors such as orphan hood, pupil's absenteeism from school, lack of guidance and counseling are some of the major factors affecting drop out while stigma and teachers negative attitude have moderately affected drop out. The study concluded that HIV and AIDS economic factors affected primary school drop

out. Strategies by the school administrators and the government used to mitigate school dropout due to effects of HIV and AIDS included; HIV and AIDS Education for pupils, school feeding programmes for children in school, guidance and counseling services for HIV and AIDS infected, supply of Anti retroviral to HIV and AIDS infected children, free health facilities for HIV and AIDS infected children, orphanages and special funds for HIV and AIDS affected pupils. The school and the government are faced with a lot of challenges in their attempt to mitigate primary school dropout.

### Recommendations

1. With regard to perspectives of stakeholders on the effects of HIV and AIDS on primary school pupils' drop out the following recommendations were made;
2. The government should put in place measures to reduce the rapid increase of orphans due to HIV and AIDS by creating awareness.
3. The government should increase the amount of funds set aside for HIV and AIDS affected or infected pupils;
4. The schools should provide quality education to all regardless of social, economic and regional status.
5. The government needs to redesign the current AIDS monitoring program in order to reduce the number of parents living with HIV/AIDS.
6. Graft in conveying funds for personal effects for orphans due to HIV and AIDS should be eradicated at school level.
7. HIV and AIDS awareness should be improved by all stake holders to eradicate Superstition.
8. Parents with children living with HIV and AIDS need to take their responsibility to guide and support their children both academically and emotionally.
9. Some portion of the CDF kitty needs to be set aside for the purpose of providing for the HIV and AIDS affected to reduce drop out in schools and Head teachers should discourage stigmatization of pupils affected or infected with HIV and AIDS.

### REFERENCES

- Achoka JSK 2007. 'In search of remedy to Secondary School Dropout Pandemic in Kenya: Role of the Principal' *Educational Research and Review*, Vol. 2 (7), 236-244, September 2007.
- Baraza R. and Darlison K 2007. 'The Impact of HIV and AIDS on Children. Uganda: Kampala Printing Press.
- Biabazaire B F 2006. HIV and AIDS in Uganda Makerere University Press Kampala.
- Biabazaire B F. and Mukuzi N 2003. Uganda challenge facing the government of in managing HIV and AIDS. Uganda: Kampala printing press.
- Birdsall N 1999. "Comment: A Vicious Circle." In Vito Tanzi, Ke-Young Chu, and Sanjeev Gupta, eds., *Economic Policy and Equity*. Washington, D.C: International Monetary Fund.
- Borg R W. and Gall D M 1983. *Educational Research. An Introduction 6<sup>th</sup> Ed* New York. Longman.
- Connolly, Monarch R 2003. *Africa's orphaned generation*: New York.
- Daily Nation 1999, April 5<sup>th</sup>. Repetition Tough Choices that parent have to make. *Daily Nation*: Nairobi: Nation Media Group p. 9.
- David K E and Edward M 2007. Orphans and Schooling in Africa. A Longitudinal Analysis Demography, Vol. 44, No. 1 (Feb., 2007), 35-57.
- DeWalque D 2002. How Does the Impact of an HIV AND AIDS Information Campaign vary With Educational Attainment/ Evidence from Rural Uganda. Washington, DC.
- Federation of Kenyan Employers 2003. Work place HIV AND AIDS policy. Nairobi: FKE.
- Gall M D, Gall J P. and Borg W R 2007. *Educational Research; An Introduction*. New York: Longman.
- Gay L R 1992. *Educational Research: Competencies for Analysis and Application*, 4<sup>th</sup> edition New York: Macmillan Publishing Company.
- Gertler P, David I L. and Minnie A. 2004. 'Schooling and Parental Death' *The Review of Economics and Statistics*, Vol. 86, No. 1 (Feb, 2004), 211-225.
- Jack R F and Norman E W 2000. *How to Design and Evaluate Research in Education 4<sup>th</sup> Edition*. New York: McGraw Hill Companies, Inc.
- Kamal M. 2003. Socio – Economic Impact of HIV AND AIDS in the Tea growing zones in Kenya. Nairobi: Action Aid Kenya.
- Kamali A S. and Nunn A J 2001. *The Orphan Problem: Kenyan Experience*. Nairobi: Initiative publishers.
- Kanore J 2004. *History of Education in Kenya. A chronological analysis*. Municipal educational officer Report, Nairobi: Government Printer.
- Kimalu P N, Nafula D K, Manda, A B G and Mwabu, M S K 2001. *Education indicators in Kenya*. KIPPRA Working Paper No. 4. Nairobi: Kenya Institute for Public Policy Research and Analysis.
- Kothari C R 2005. *Research Methodology, Methods & Techniques*, 2<sup>nd</sup> edition, New Delhi: New Age International (p) Limited Publishers.
- Mensch B S, Wesley H C, Cynthia B L. and Annabel S E 1999. *Premarital Sex and School Dropout in Kenya: Can Schools Make a Difference?* Paper presented at the 1999 Annual Meeting of the Population Association of America. New York: World Bank.
- Midwinter M 2003. HIV and AIDS and Educational performance in church sponsored Educational Institutions in East Africa. Nairobi: Kenya.
- Monasch and Boerna J.T. 2004. *Orphans and Childcare Patterns in Sub Saharan Africa; an analysis of National Survey from 40 countries, AIDS; 18*. Nairobi: African Centre for Technology.
- Moumié M 2008. *Education Needs Assessment for Kisumu City, Kenya*, MCI Social Sector Working Paper Series N<sup>o</sup> 01/2008.
- Mugenda O M. and Mugenda A B 2003. *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Africa centre for Technology Studies.
- Murrah W M. and Kiarie W N 2000. *HIV and AIDS, Facts that could change your life*. Nairobi, Government Press.
- Mushunje M T. 2006. 'Challenges and Opportunities for Promoting the Girl Child's Rights in the Face of HIV and AIDS' *Gender and Development*, Vol. 14, No. 1, (Mar., 2006), 115-125.

- Musyoka K. 2000, Nov 17<sup>th</sup>. "Aids Education Hit" East African Standard; Nairobi: The Standard Media Group. Pp.10.
- National AIDS Control Council 2001. The Orphans and Other Children Made Vulnerable by HIV and AIDS Workshop Proceedings held between 16-19 December 2001 at the Ndallas Hotel in Matuu, Machakos, Kenya.
- National AIDS Control Council 2009. HIV and AIDS status report in Kenya. Nairobi: NACC.
- Ndeng A. 2006. The Role of Municipal Educational Officer Science and Technology. Government of Southern Sudan. Report on HIV and AIDS. Juba: Rumbek Publication.
- Ogutu G E M 2003. Socio-economic Impact of HIV and AIDS in Kenyan Tourist Circuit., Nairobi: World Bank Publication.
- Ogutu G E M. 2002. Sex for fish in Lake Victoria: Nairobi: Canadian International Development Association
- Ogutu G E M. 2003. Socio-economic Impact of HIV and AIDS in the Kenyan Tourist Circuit. Nairobi: World Bank publication.
- Paulsen H 2006. 'The Gender Impact of HIV and AIDS on Education in South Africa and Swaziland: Save the Children's Experiences' in Gender and Development, Vol. 14, No. 1, 47-56.
- Psacharoupoulos G and Woodhall M 1985. Education for Development: An analysis of Investment Choices. New York.
- Randa I O 2005. HIV and AIDS and the Teaching profession in the sub-Saharan Africa. Nairobi: UNAIDS report 2006.
- Republic of Kenya 1994. National Development Plan, 1994-1996. Nairobi: Government Printer.
- Republic of Kenya 1998. Master Plan on Education and Training, 1997-2010, Nairobi: Jomo Kenyatta Foundation.
- Republic of Kenya 2002. National Report for the Special Session of the UN General Assembly on Follow Up to the World Summit for Children Publication. Nairobi: Government Printer.
- Republic of Kenya 2008. Kisumu District Strategic Plan 2005-2010, Nairobi: Government Printer.
- Republic of Kenya 2009. Teachers Services Commission Primary School Data validation. Nairobi Government Printer.
- Republic of Kenya 2010. Teachers Service Commission Primary School Data Validation. Nairobi. Government Printer.
- Republic of Kenya, 1991. Basic Education for all, issues and Strategies, 1999-2000 and beyond, a report on National Conference on Education for all. Nairobi: UNESCO.
- Sidi H 2002. Role of the Municipal Educational Officer in the Mitigation of HIV and AIDS in Kenya. Joint E.U and USAID report on HIV and AIDS and education in Kenya, London: DFID publication.
- Sidi H 2005. Succession Planning in T.S.C. Kenya Unpublished M.A. Thesis University of Nairobi.
- Stillwagon, Eileer 2001. AIDS & THE Ecology of poverty. Oxford University Press.
- UNAIDS 2002. Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies. Available online at [http://www.unicef.org/publications/index\\_4378.html](http://www.unicef.org/publications/index_4378.html). Retrieved on 6<sup>th</sup> April, 2010 at 10:00a.m
- UNAIDS 2003. Children on the Brink, A Joint Report of New Orphan Estimates and a Frame-work for Action. Available online at [http://www.unicef.org/publications/index\\_22212.html](http://www.unicef.org/publications/index_22212.html). Retrieved on 6<sup>th</sup> April, 2010 at 2:00pm.
- UNAIDS 2004. Report on the Global AIDS Epidemic. July 2004. Geneva; downloaded on 27<sup>th</sup>, 7<sup>th</sup> 2010, 2:00 p.m.
- UNESCO 1981. Planning Education for reducing inequalities, Paris: UNESCO.
- UNESCO 2000. The Education for All Assessment country Reports: Kenya. Available at <http://www.unesco.org/education/wef/countryreports/home.html> Retrieved on 27<sup>th</sup>, 7<sup>th</sup> 2010, 4:00 p.m.
- UNESCO 2002. Education for all: is the world on track. Paris: UNESCO.
- UNESCO 2007. HIV and AIDS in Kenyan teacher colleges: mitigating the Impact. Nairobi: I.I.E.P
- UNESCO 2008.'The Impact of HIV and AIDS on higher education institutions in Uganda. Kampala: I.I.E.P.
- UNICEF Kenya 2000. The impact of HIV and AIDS on education in Kenya, and the potential for using education in the widest sense for the prevention and control of HIV and AIDS Final Report November 2000. Nairobi: UNICEF.
- Willis RJ B 2000. The AIDS Pandemic. New York: The Stranborough Press Ltd.
- World Bank 1980. Education Sector Policy Paper, Washington D.C: World Bank.
- World Bank 1990. World Declaration on Education for All Education for all and Programme of action. New York: World Bank.
- World Bank 2002. Averting AIDS Crisis in Eastern Europe and Central Asia; a Regional Support Strategy. Washington DC: Work Bank.
- World Bank 2003. A chance for every Child. Washington DC: World Bank.
- World Bank 2007. Educational and HIV and AIDS. A Window of hope. Washington, D.C: World Bank.
- World Bank, 1999. Intensifying Action against HIV and AIDS in Africa; Your life. London: English press Ltd.

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