

**FACTORS DETERMINING PRIMARY SCHOOL EDUCATIONAL ACCESS BY
ORPHANS AND VULNERABLE CHILDREN IN MALANGA ZONE, SIAYA
COUNTY, KENYA**

BY

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DECLARATION

Declaration by the student

This research project is my original work and has not been presented to any institution for award of any degree.

Signed.......... Date..... 29/11/2016

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Declaration by the supervisor

This project report has been submitted for examination with my approval as university supervisor.

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DEDICATION

This research project is dedicated to my daughter Jealian Deby Otieno and my mother Rosemary Atieno Omayo, who inspired in me the value of pursuing higher education.

ABSTRACT

In parts of the developing countries, there is low access rate of Orphans and Vulnerable Children (OVC) in primary education, despite support from the government and Non-Governmental Organizations (NGOs). Malanga zone is rural based and has the highest number of OVC-4782 in Gem sub County, Siaya County. It also has the highest number of NGOs supporting OVCs compared to other zones-Nyawara, Kambare, Bar Kalare, Komuor, Sirembe yet inspite of the support to OVCs in Malanga Zone access to education is still a problem among the OVCs MoEST, (2008). This study was carried out in Malanga zone, Siaya County. Specifically, the study assessed the socio-cultural factors, explored economic factors and examined the psychological challenges determining primary school education access by OVCs in Malanga zone. This study employed social exclusion theory as espoused by Townsend (1979). The study involved descriptive study design. Study population comprised of 602 OVCs. Using Krejcie and Morgan (1970) formula, 235 OVCs were proportionally sampled from the three NGOs supporting OVCs in the study area. Simple random sampling was used to arrive at the 235 OVCs in the field. Key informants including Area Education Officer and 10 primary school head teachers were selected using saturated method. Data was collected through interviews using open and closed ended questionnaire to collect both qualitative and quantitative data with the OVCs. A key informant schedule was used to collect qualitative data. Quantitative data was analyzed using SPSS version 18 and presented in tabulated frequencies and percentages. Qualitative data were obtained using key informant schedule, analyzed thematically and presented in narratives. The Study findings indicated that socio-cultural factors like preference of boys' education to girls' is no-longer an impediment to OVCs access to education in Malanga. Economic support such as provision of all levies, uniform and books is a key determinant in OVCs' access to education which has not been adequately addressed; finally other psychological factors like ridicule from other pupils affect OVCs besides stigma and discrimination. The study recommends a stronger follow up on the collaborative approaches by government and NGOs to prioritize emphasis on sensitization on benefits of education for all, address economic factors which is a key determinant of OVCs' access to education and finally the NGOs to upscale services on addressing psychological challenges through life skills education and material support to improve on the social amenities.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of Children
CTP	Cash Transfer Program
EFA	Education for All
FENU	Forum for Education NGOs in Uganda
FHI	Family Health International
FPE	Free Primary Education
HIV	Human Immunodeficiency Virus
MoEST	Ministry of Education Science and Technology
NACC	National Aids Control Council
NASCOP	National Aids and STI Control Program
OVC	Orphans and Vulnerable Children
PTA	Parents Teachers Association
UNAIDS	Joint United Nations Programmes on HIV/AIDS
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

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CHAPTER ONE INTRODUCTION

1.1 Background of the Study

Orphaned and vulnerable children (OVCs) is a global problem which calls for concerted efforts and integrative strategies to help address the factors that contribute to limited access to education among the OVC's (World Bank,2005). According to the World Bank, (2005), the definition of OVCs differs from one setting to another. The concept of OVCs refers to persons below the age of 18 years, who have lost either mother or father, or both parents and other group of children with parents but are vulnerable (World Bank, 2005). OVCs face numerous risks resulting from the loss of protective factors such as stable home environments and economic independence (Olanrewaju, et al., 2015). Other risks include depression, suicidal ideation, exploitation, stigma and poor health and educational outcomes (Olanrewaju, et al., 2015).

Globally, approximately 163 million children have lost one or both parents due to many causes including AIDS related deaths, (UNICEF, 2006). This has exposed them to vulnerable situations; hence these OVCs are likely not to enjoy their right to education which is enshrined in the UN human rights, article 26 declared over six decades ago. (UNICEF, 2006). Nyamukapa, et al.(2003); Bicego & Johnson, (2003), further state that being an OVC can determine whether a child goes to school or not. OVCs may lose access to school for several reasons including poverty, being in domestic labor, stigmatization and parental sickness or death (Nyamukapa, et al., 2003; Bicego & Johnson, 2003). However, in America, UNICEF/UNAIDS and USAID (2004) acknowledged that OVCs still are likely to be inconsistent in school attendance despite the support they get through Non-Governmental Organizations (NGOs) and national governments. Similar sentiments have been echoed by Save the Children, an NGO about OVCs in the UK (Save the children, 2005). The above sentiments therefore, raises the concern of why despite several attempts to assist the OVCs, they are less likely to be enrolled in school than their non-orphaned, non-vulnerable peers.

In South America, studies have shown that OVC girls more than OVC boys, have repeatedly been found less likely to attend or complete school and those who do attend are less likely to be in the appropriate grade-for-age (Puffall, et al., 2014; Nyamukapa, et al., 2003; Bicego & Johnson, 2003). The OVC girls have been found to be married off at an early age as soon as they reach puberty (Puffall, et al., 2014; Nyamukapa, et al., 2003; Bicego & Johnson, 2003). Therefore, they have higher dropout rates, and are more likely to perform poorly in school as factors such as stereotyping come to play (UNICEF, 2006). This is a similar case for Zimbabwe, Uganda and Kenya, where cultural influence is worse off in the case of OVC girl child. The OVC girls rarely have someone to advocate for their educational rights and most often are married off at an early age (Zimbabwe National Strategic Plan 2005-2010). This eventually affects their access to education. Additionally, religious beliefs and cultural practices like female circumcision still exist (Olanrewaju, et al., 2015). Children are not immune to the influence of these factors, especially girls who are circumcised at the age of six and are allowed to get married young (late teens); once married off they usually drop out of school and this impacts negatively on their education (Olanrewaju, et al., 2015).

In sub-Saharan Africa, a study done by Puffall, et al.(2014) states that orphanhood in sub-Saharan Africa is largely attributable to the HIV and AIDS epidemic, which has left an estimated 17.3 million children orphaned due to the death of one or both parents (Puffall, et al.,2014). Prolonged conflict, political instability and extreme poverty in some sub-Saharan African countries also contribute to the OVCs burden (Puffall, et al., 2014). This implies that OVCs from regions with high HIV and AIDS prevalence regions like Nyanza are more vulnerable than other OVCs from say Central region within the same country –Kenya. Nyamukapa et al. (2003) affirms that although there is a general consensus that HIV and its downstream impacts have negative consequences for education outcomes, the type and magnitude of those effects can vary dramatically by country. Differences between countries in traditional customs and socio-cultural, economic, policy and political situations influence the barriers and opportunities for education among OVCs (Nyamukapa et al., 2003).

In Africa, the dependency ratio is already close to above one, for every potential worker between the age of 15 and 64 years, there is close to or more than one

dependent and given that the epidemic is continuing to grow and that HIV and AIDS affect people in their most productive years, the number of OVCs is expected to increase while the number of healthy adults able to take care of them decreases making the dependency ratio even higher and further burdening to extended families (UNICEF, 2007). UNICEF further adds that over the past decade, increasing global, regional and national attention has been paid to OVCs; with the realisation they usually bear the brunt of the epidemic's impacts, and are made even more vulnerable when confronted with poverty and livelihood insecurities in the context of HIV and AIDS (UNICEF, 2007). However, despite concerted efforts by a range of stakeholders to further prevent its spread and mitigate its impacts, Southern and Eastern African countries continue to be the epicentre of the HIV epidemic. This therefore, calls for concerted efforts by the supporting stakeholders to help OVCs wade through these livelihood insecurities and access education which will eventually be their life security in future.

Economic difficulties in Kenya, partially causes the irregular access and low completion rate of primary education especially among the OVCs (MoEST, 2008). This could be partly due to the caregivers not being able to pay for OVC's education (MoEST, 2008). Even where universal primary education is guaranteed by government, pupils must pay additional fees imposed by the schools for example remedial fees and other school related expenditures like books, uniforms, multiple fees for building, maintenance, desk among others (MoEST, 2008; Bicego et al., 2003). Additionally, OVCs ability to access education is unevenly spread across the regions of Kenya (Ainsworth, Beegle, & Koda, 2005; Evans & Miguel, 2007; Nyamukapa & Gregson, 2003; Bhargava, et al., 2006). Similar findings were made by Kobiane, Calve and Marcoux (2005). The number of OVCs missing out on school therefore, continues to be a major challenge to the achievement of sustainable goals. These challenges therefore, needs to be identified and addressed in best means possible so as to enhance access to education by all children. It is important that they are offered accessible models of education that fit their specific needs. Flexibility around school years, timetables and language, can increase access, learning opportunities and completion rates among OVCs

In Nyanza region, most OVCs live in poor communities with elderly grandparents who can hardly meet their household basic needs while other OVCs live in child headed households where they have to fend for themselves (Nyambedha, et. al., 2001). These OVCs participate in different forms of labour; first form is at household level where boys take up activities such as cattle rearing, tilling of land, weeding, harvesting, while girls undertake activities such as collection of water and firewood, cooking, cleaning of utensil, cattle rearing, weeding, harvesting and fish trading(Nyambedha, et. al., 2001). The second form is outside the household where boys take up activities such as fishing, hunting, while girls undertake casual jobs in hotels and bars (Nyambedha, et. al., 2001). In the former OVCs stand some chance of attending school while in the latter they are almost completely deprived of any chance to attend school (Nyambedha, et. al., 2001)

According to UNICEF (2009) the psychological well- being of these OVCs also counts in the sense that OVCs in households affected by HIV or chronic diseases face a lot of stigma and discrimination mostly due to rejection from friends and ridicule from classmates. In addition they suffer from loss of parental love, care and protection of their inheritance as a result of parental death (Polcari, Rabi Bolger & Teicher, 2014). These psychological trauma experienced by OVCs begins way before their parents' die of AIDS or other causes (Landis, 2003). OVC girls mostly, are being pulled out of the school system to provide care for ailing parents and siblings while OVC boys on the other hand are supposed to take up the responsibility of the father when he falls sick (Nyambedha, et. al., 2001). This results to higher levels of anxiety, depression and anger, which eventually affects OVCs performance in school and as a result making school environment to be less appealing to them hence they may opt to drop out of school (UNICEF, 2009).

This therefore, calls for the parent's or caregiver's assessment of the child's ability to cope with all these frustrations. This is because the child's emotional reactions may overwhelm him or her causing withdrawal and feel shame which eventually affect their concentration and class work. However, these scholars have only indicated that the OVCs are exposed to psychological distress long after the parents' death which affects their access to education, but they have not mentioned if there are measures and or structures that have been put in place to help alleviate the stress and trauma

among the affected OVCs especially in schools or within the community so as to enhance access to education among the affected OVCs.

In Gem sub County, in Siaya County, OVCs still have a problem with access to education. In as much as the government has been putting a lot of emphasis on free primary education for all children, it was still becoming difficult to achieve its goal as most OVCs still have a problem with access and eventually drop out of school (MoEST, 2008). In Malanga Zone of Siaya County, besides the government's support, some NGOs have stepped in to help finance educational costs to ensure that OVCs access primary education (MoEST, 2008). These NGOs include Family Health International (FHI), Dorcas Organization and Amani Organization (MoEST, 2008). For example, FHI supports 207 OVCs through giving scholarships and girl mentoring. Dorcas Organization supports 350 OVCs from HIV and AIDS infected households, they offer school fees, construct new homes and offer capacity building for the infected caregivers. Lastly, Amani Organization who offers school fees support to 45 OVCs in lower primary.

However, despite the support from both the government and NGOs, these OVCs still have a problem with access to education as compared to other non-orphaned children. Therefore, it can be noted that a multitude of factors operate that constrain OVCs access to education. This may include sociocultural, economic and psychosocial factors. These are many barriers to education that may affect everybody to differing degrees. Therefore, these general and specific barriers needs to be addressed to enable OVCs access education promptly as well as bringing the choices and interests of various stakeholders closer so as to support the OVCs access to education.

1.2 Statement of the Problem

The dramatic increase in the number of OVCs has led to enormous social, economic and psychological problems in Kenya. Many of these OVCs have failed to start or continue with education due to lack of school fees, uniform, adequate food, and lighting or due to the need to take care of their siblings and at times their ailing parents thus leading to low access, low attendance, low retention rate, poor performance at school as well as low transition rate. Besides their education needs

have not been fully met as some OVCs still have a problem with access to education, while there are lots of reported intervention by the government and other non-governmental agencies in support towards children's education OVCs inclusive. However the problem is that not much has been achieved towards addressing these OVCs needs. The study therefore seeks to find out why there is still a problem of access to education among OVCs in Malanga zone, North Gem Dision, Gem District, Siaya County despite the highest number of NGOs offering economic and psychological support to the selected OVCs in Malanga zone compared to other zones-Nyawara, Kambare, Bar Kalare, Komuor, Sirembe who have none.

1.3 Research Questions

The study sought to answer the following questions.

1. What socio-cultural factors determine primary school education access by OVCs in Malanga zone, Siaya County?
2. What economic factors determine primary school education access by OVCs in Malanga zone Siaya County?
3. What are the psychological challenges faced by OVCs in accessing primary school education in Malanga zone, Siaya County?

1.4 Objective of the Study

The general objective of the study was to find out factors determining primary school education access by OVCs in Malanga zone, Siaya County, Kenya.

1.4.1 Specific Objectives

The specific objectives of the study were:

1. To determine the socio-cultural factors determining primary school education access by OVCs in Malanga zone Siaya County.
2. To explore economic factors determining primary school education access by OVCs in Malanga zone Siaya County.
3. To examine the psychological challenges faced by OVCs in accessing primary school education in Malanga zone, Siaya County.

1.5. Significance of the Study

Malanga zone has more than three NGOs supporting OVCs as compared to other zones like Nyawara, Kambare, Bar Kalare, Komuor and Sirembe zone where there is none, yet some of the supported OVCs still have a problem with access to primary

education. The study thus sought to find out why despite the NGOs interventions to OVCs in Malanga zone, there were still increasing cases of supported OVCs who have a problem with access to education and poor retention in school through primary education. This study therefore, would be important because the established data would inform the need to employ stronger follow up on the collaborative approaches by government and other players, to help in up scaling universal access to education for all in line with governments' policy on free primary education. Finally, this study would contribute to the body of knowledge by helping address the underlying socio-cultural, economic and psychological factors which are barriers to education access and a hindrance to OVCs access to education.

1.6. Scope of the Study

The study was carried out in Malanga Zone, Siaya County, focusing on the OVCs supported by the Family Health International Organization, Dorcas Organization and Amani Organization. The study target population was limited to male and female OVCs aged 10 – 17 years who were supported by the three NGOs. It left out many other OVCs not in any support programme since the study focus was on OVCs who are receiving interventions and still had a problem with access to education. Hence, these data are not representative of the country' situation concerning OVCs access to primary education. This, therefore, implies that the findings may not be generalized but specific to Malanga zone, in Siaya County where the study was carried out.

1.7 Theoretical Framework

The study employed Social Exclusion theory which was formulated by Townsend (1979) whose work centered on the detrimental effects of poverty. Townsend stated that each paradigm attributes to a different cause and as grounded in a different political philosophy; republicanism, Liberalism and Social Democracy. Each provides an explanation of multiple forms of social disadvantage- economic, social, political and cultural-and this encompasses theories of citizenship and racial-ethnic inequality as well as poverty and long term unemployment (Townsend, 1979).

Social exclusion is a theory used in many parts of the world to characterize contemporary forms of social disadvantage and relegation to the fringe of society (Gijsbers & Vrooman, 2007). It refers to processes in which individuals or entire communities of people are systematically blocked from rights, opportunities and resources (for example housing, education, employment, healthcare, civic engagement, democratic participation and due process) that are normally available to members of society and which are key to social integration (Vrooman & Hoff, 2013).

Burchardt and Piachaud (2002) state that, an individual is socially excluded in case the individual is not participating for reasons beyond his or her control, and when he or she would like to participate. Burchardt and Piachaud (2002) further state that withdrawal of the OVCs from the society because of orphan status, deny them inclusion in economic and social participation. For this reason, the society does not feel the presence of the OVCs. Proponents of the theory, Burchardt and Piachaud (2002) state that social exclusion takes root in circumstances like racism, ethnicity, gender-related exclusions, religion and accessing education which is considered to be a major cause of poverty and other social problems.

According to Knaele (2012), social exclusion for OVC, focuses more on the loss of independence. According to this theory, a range of factors influence OVCs' chance of becoming socially excluded, such as living alone (Knaele, 2012). Silver (2007) contends that social exclusion is a multidimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live. The outcome of social exclusion is that affected individuals or communities are prevented from participating fully in the economic, social, and political life of the society in which they live.(Knaele,2012)

Berghman (1995) points out that considerable overlap between exclusion and the concept of relative deprivation devised by Townsend (1979), which refers to being unable to participate in those social activities that are customary in a particular society, is a non-participation that could result from poverty. This theory offers a useful framework for analyzing the multiple ways that the various axes of inequality

impact negatively upon the increasingly complex web of groups who find themselves economically marginalized, socially disadvantaged and politically powerless in contemporary society (Burchardt and Piachaud, 2002). Barry, (2002) argue in favour of the theory that first, and most obviously, social exclusion can be a symptom of or cause of social injustice. Social exclusion can lead to exclusion from unequal educational and educational opportunities (Barry, 2002). Second, social exclusion can lead to lack of access to political participation. So, social exclusion is a cause of concern just because it violates the demand of social justice. In many countries mostly in sub-Saharan African countries, the greatest stress in education is probably the presence of primary school fees and other school supplies, which severely restricts the ability of families and caregivers to take children to school (Barry, 2002).

This theory therefore, guides the study in addressing the sociocultural, economic and psychological factors affecting OVCs access to primary education. Many OVCs are isolated because of physical or mental infirmities or through the loss of family members. They continue to experience deepening poverty, discrimination, violence and abuse, and are unable to access entitlements that are theirs by right. Most of them experience economic exclusion and are often denied access to education. They also encounter social exclusion due to orphan status in the society.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the existing literature on the subject matter by other scholars. The section looks at the socio-cultural factors determining primary school education access by OVCs explores economic factors determining primary school education access by OVCs and examine the psychological challenges faced by OVCs in accessing primary school education as presented by other scholars. It also highlighted gaps from the reviewed literature which will be fulfilled through this study.

2.2 Socio-Cultural Factors and Access to Primary Education by OVCs.

Culture refers to all aspects of life including mental, social, linguistic and physical forms, (Global Campaign for Education, 2011). It refers to ideas of people, the relationships they have with others in their families and with larger social institutions and physical surrounding as well as the language they speak and the symbolic forms they share (Global Campaign for Education, 2011).

According to Global Campaign for Education (2011), access to schooling at primary education levels calls for equality. It states that important indicators of access to schooling are cycle completion, academic achievement and transfer to a higher level of education (Global Campaign for Education, 2011). These statistics are very scarce and when available, seldom desegregated by sex (Global Campaign for Education, 2011). Globally boys are more likely to repeat primary school than girls because, girls dropout rather than repeat in the majority of countries, which suggests that parents see boys' education as a necessary investment regardless of performance (Global Campaign for Education, 2011).

In South America, studies have shown that OVC girls more than OVC boys, have repeatedly been found less likely to attend or finish school and those who do attend are less likely to be in the appropriate grade-for-age (Puffall, et al., 2014; Nyamukapa, et al., 2003; Bicego & Johnson, 2003). The OVC girls have been found to be married off at an early age as soon as they reach puberty (Puffall, et al., 2014; Nyamukapa, et al., 2003; Bicego & Johnson, 2003). Therefore, they have higher dropout rates, and are more likely to perform poorly in school as factors such as cultural stereotyping come

to play (Puffall, et al., 2014; Chuong, 2012; Bicego & Johnson, 2003). According to UNICEF (2005), some communities still value boys' education over girls and this affects OVC girls more. UNICEF (2005) further observed that caregivers are illiterate and do not attach any benefit to educating girls. This pushes girls mostly out of education cycles hence causing a major barrier to access primary education (UNICEF, 2005).

In Sub-saharan Africa, according to Zimbabwe National Strategic Plan (2005-2010), cultural influence is worse off in the case of OVC girl child. In African set up, it is normally considered that educating a son or boy is seen as a family investment in future, while educating a girl child is seen as a waste of family resources (Zimbabwe National Strategic Plan 2005-2010). Boys are culturally perceived to be the family's breadwinner and through them family names are upheld and are given the first opportunity when it comes to allocating family resources like being sent to school. The rationale here is that a girl will marry into another family and therefore, the value of her education, would be reaped by her marital family. Boys on the other hand are expected to remain within their natural family and take care of their parents even after their marriage to an outsider. It is at this juncture that cultural stereotyping come to play (Zimbabwe National Strategic Plan 2005-2010).

In Zimbabwe like other African countries, religious beliefs and cultural practice have negative impacts on education hence denies the children access to education OVCs inclusive (Zimbabwe National Strategic Plan 2005-2010). These children are not immune to the influence of these factors, especially girls since they are married off to older men at an early age (Zimbabwe National Strategic Plan 2005-2010). Once married off, girls usually land to poor performance and subsequent lack of interest in schooling hence drops out of school (Zimbabwe National Strategic Plan 2005-2010).

In Uganda, religious beliefs and cultural practices like female circumcision still exist (Olanrewaju, et al., 2015). Children are not immune to the influence of these factors, especially girls. They are circumcised at the age of six and are allowed to get married young (late teens); once married off they usually drop out of school (Olanrewaju, et al., 2015). This impacts negatively on the children's education OVCs inclusive (Olanrewaju, et al., 2015).

In Kenya, particularly Nyanza still holds the culture of fishing (Nyambedha, et. al., 2001). The OVC boys are normally sent by their caregivers to join relatives or acquaintances on the island so that they could learn to catch or trade in fish (Nyambedha, et. al., 2001). Fishing then becomes a full time occupation for OVC boys that does not allow them time to attend school. While at fishing children are not paid equal salaries as their adult counterparts despite the fact that they do similar, and in some cases, more work (Nyambedha, et. al., and 2001). For the young boys also to get work and earn every day, they sometimes have to give in for sexual favours in return for the day's work. The money they make from fishing is also taken as fee for their training. On completion of training, they begin earning, and they send some of their earnings to support their families who live on the mainland. Many of them however, are not paid directly; instead the earnings are sent to their families and only a small portion awarded as an allowance (Nyambedha, et. al., 2001).

Use of narcotics at the time of fishing is very high as the OVC boys seek to enhance their strength. Moreover, OVC boys are lured by older women using sexual favours to cohabit with them. This practice where an older woman keeps a boy is popularly referred to as '*weko*'. OVC boys engaged in this practice perceive a sense of family where the woman cooks and provides comfort in otherwise difficult and lonely surroundings. In actual fact this is often a parasitic relationship because the underage OVC boys provide financial support and sexual companionship for the women (Nyambedha, et. al., 2001).

On the other hand OVC girls are also sent to the islands for example Remba island by their families ostensibly to visit relatives; but only, as part of elaborate plans to marry them off to fishermen (Nyambedha, et. al., 2001). These girls arrive with the anticipation of a short stay, sometimes just for the school holidays, but eventually find themselves stranded on the islands without support to return to school (Nyambedha, et. al., 2001). The relatives then arrange for them to be employed as domestic servants or barmaids so that they can make enough money to return to school. It is seldom possible to return to school because most girls find themselves lured or coerced into premature sexual activity or marriage in order to make a living. Those who are not married may eventually engage in prostitution popularly known as '*del kelo*' (directly

translated as “body earnings”). Other than this there are few legitimate ways to make a living, the common one is domestic servants (Nyambedha, et. al., 2001).

Puffall, et al, (2014); Nyamukapa, et al, (2003); Bicego & Johnson, (2003) indicate that OVC girls more than OVC boys have repeatedly been found less likely to attend or finish school as well as being married off at an early age as soon as they reach puberty hence, they have higher dropout rates, and are more likely to perform poorly in school as factors such as cultural stereotyping come to play. While Nyambedha, et. al, (2001) state that fishing culture affects the education of the OVC boys and girls who go out in search of extra income and end up in prostitution. However, these scholars have not put into consideration the stereotype of the caregivers towards the supporting NGOs which could also affect access to education by these OVCs.

2.3 Economic Factors and Access to primary Education by OVCs

Economic status is often measured as a combination of education, income and occupation, and is commonly conceptualized as the social standing or class of an individual or group (Aikena & Barbarin, 2008). When viewed through a social class lens, privilege, power, and control are emphasized (Aikena & Barbarin, 2008).

According to Aikena & Barbarin, (2008) an examination of economic continuous variable reveals inequities in access to and distribution of resources, low economic status and its correlates; such as lower education, poverty and poor health, which ultimately affect our society as a whole especially among the OVCs (Aikena & Barbarin, 2008). Aikena & Barbarin, (2008) further state that inequities in wealth distribution, resource distribution and quality of life are increasing in the United States and globally. Society therefore, benefits from an increased focus on the foundations of economic inequities and efforts to reduce the deep gaps in economic status in the United States and abroad (Aikena & Barbarin, 2008).

In South America, UNICEF/UNAIDS and USAID (2004) acknowledged that OVCs still are likely to be inconsistent in school attendance despite the support they get through NGOs and national governments. Similar opinion has been echoed by Save the Children, an NGO about OVCs in the UK (Save the children, 2005). According to

Department for International Development (DFID) (2010), the cost of education, monetary and non-monetary, continues to be a burden on households and a barrier to education in many parts of the world. DFID argues that the barriers of uniforms as well as indirect costs in accessing education; makes households opt not to send their children to school, and they state that OVCs are the most unlikely to be schooled. Besides the cost such as school fees, OVCs find it hard to attend school due to the extra costs of school exercise and textbooks, and other charges that hinder them from attending school regularly (DFID, 2010). This therefore, raises the concern of why despite several attempts to assist the OVCs; they are slightly less likely to be enrolled in school than their non-orphaned, non-vulnerable peers.

In Sub-Saharan Africa caregivers in most rural areas, especially the very old survive on meager resources and therefore, they cannot regularly facilitate transport costs to school for the OVCs under their care; this therefore, jeopardizes OVCs' access to school consistently despite the other support they get from the NGOs particularly for those who attend schools that are miles away from home, (Education for All handbook, 2001). In Africa economic difficulty, partially causes the irregular attendance and low completion rate of primary education especially among the OVCs (MoEST, 2008). This could be partly due to the caregivers not being able to pay for OVC's education. This could also be attributed to the expectation that parents or caregivers should provide other supplies that are not catered for by either the government or other support agencies like the NGOs (MoEST, 2008).

According to Bicego et al. (2003) Africa has one of the lowest education completion rates in the world. The low transition rate into secondary schools is partially a result of caregivers not being able to pay for OVCs education. Primary schools are rarely free. Even in countries where universal primary education is guaranteed by the government (such as Uganda), pupils must pay additional fees imposed by the schools (Bicego et al., 2003). In other countries, pupils must pay for tuition and other school-related expenditure such as books, uniforms, and multiple fees for buildings, maintenance, desks, and so forth (Bicego et al., 2003).

In Kenya, according to UNICEF (2007), OVCs do not access primary education because of poverty and low income status of the households. UNICEF (2007) revealed

that the cause of educational disparities were related to the cost of education and in order to access education, OVCs must overcome a host of different barriers that stand between them and their educational goals (UNICEF,2007). In many countries across the world, the greatest barrier of these OVCs is probably the presence of primary school fees, which severely restricts the ability of families and caregivers to enable OVCs go to school. This is because the supporting organizations do not offer 100% support in terms of school fees payment and or other school supplies like provision of school uniforms among others (UNICEF, 2007).

According to Nyambedha, et. al.(2001) poverty is one of the primary causes that affect OVCs access to education as even where school fees have been abolished, families have difficulty in meeting the direct and indirect cost of primary education which currently poses as a major barrier to access primary education in many parts of Africa. Relatively expensive text and exercise books and school uniforms as well as keeping the uniform clean may add additional weekly financial burden on a meager family's income. This sentiment has also been echoed by (MoEST, 2003). Moreover, OVCs experience food insecurity, shortage of clothing and inability to pay for medical care. These OVCs are exposed to myriad of ill-health problems including malnutrition, malaria and reproductive health care needs, which forces them to enter into the highly exploited labour market resulting to their inability to continue primary education. The fortunate OVCs who continue to attend school often cannot concentrate on education as they are hungry and or malnourished (Nyambedha, et. al., 2001).

In Nyanza for example, OVCs participate in two forms of labour, the first is at household level and the second is outside the household (Nyambedha, et. al., 2001). In the former OVCs stand some chance of attending school while in the latter they are almost completely deprived of any chance to attend school (Nyambedha, et. al., 2001). Exploitative child labour is therefore, common outside the household and is largely defined by traditional gender roles (Nyambedha, et. al., 2001). Boys take up activities such as cattle rearing, fishing, hunting, tilling of land, weeding, harvesting, etc. while girls undertake activities such as collection of water and firewood, cooking, cleaning of utensil, taking care of children, cattle rearing, weeding and harvesting, fish trading, etc. Many of these work causes physical injuries, which also affect their education

because they may lead to illness which in turn may lead to absence from school (Nyambedha, et. al., 2001).

UNICEF (2006) indicated that in Kenya, girls' aid is often sought for more often than boys, to contribute to the family income. OVC girls are more likely to seek for employment in eating houses, nightclubs and grocery stores where they are again at high risk of sexual abuses and exploitation and of subsequently becoming HIV infected (UNICEF, 2006). In border areas, these vulnerable girls are employed as cheap domestic workers in order to secure income for education or to support their family (UNICEF, 2006). However, the more money they make, the more they deviate from the initial reason for employment-saving money to pay education fees. Hence making it difficult for them to attend school regularly (UNICEF, 2006).

According to Adato and Bassett (2008), cash transfers have demonstrated a strong potential to reduce poverty and strengthen children's education, health, and nutrition, and thus can form a central part of a social protection strategy for families affected by HIV and AIDS. These social transfers are regular and often are in the form of cash, provided by the state as part of a social contract with its citizens. They include child support grants, orphan care grants, disability grants, social pensions, and transfers to poor households, among others. Their objective is to alleviate poverty, provide social protection, or reduce economic vulnerability. Some cash transfers may be unconditional; others are conditional, aimed to promote particular behaviors, such as school attendance or regular health checkups (Adato & Bassett, 2008).

Kenya's efforts to develop a cash transfer program have also benefited from the support of several international research initiatives and organizations (Adato & Bassett, 2008). Cash transfer program in Kenya has played a key role in reducing poverty in industrialized nations for more than 50 years, but until the past decade, cash transfers were thought to be unaffordable or impossible to deliver in poorer countries (Adato & Bassett, 2008). Since the 1990s, however, large-scale cash transfer schemes have been launched in a growing number of developing countries, including Brazil, Colombia, Honduras, Mexico, Nicaragua, and South Africa. Increasingly, these schemes are being seen as a right of citizenship, and evidence is growing that they can help tackle hunger, increase living standards, and improve the education and health of the poorest families ((Adato & Bassett ,2008).

Akresh and De Walque (2008) and Stewart (2001), state that civil wars negatively affect educational outcomes because, during violent conflict, children are either removed from school or are prevented from attending school to take part in child soldiering in order to spread fear and reduce resistance amongst local populations. Children in armies are used as fighters, porters, messengers, cooks and are often forced to provide sexual services. Study indicates that armies find that children are easy to use in battles, easy to manipulate, adventurous, anxious to impress, quick to learn fighting skills, may present moral challenges for their enemies, and are less costly to maintain (Akresh & De Walque, 2008).

Akresh and De Walque (2008) further state that fear of violence affects the economic well-being of individuals and that households will not engage actively in sourcing for the needed resources for their livelihood. This therefore, plays an important part in explaining the removal of children from schools during violent events because of fear of physical attacks for example a recently reported fighting strategy in Afghanistan has been the direct targeting of school children on their way to or from school where more than 100 children were killed in this way between 2006 and 2008, as well as sexual violence which is likely to hinder the ability of children, although not exclusively girls, to enrol in schools (Akresh & De Walque 2008). In such contexts of fear and terror, households may attempt to protect vulnerable members by keeping them at home or sending them away to relatives and friends in more secure locations ((Akresh & De Walque 2008).

According MoEST, (2008) even though universal primary and secondary education is guaranteed by government, pupils OVCs inclusive must pay additional fees imposed by the schools for example tuition or remedial fees and other school related expenditures like books, uniforms, other levies such as for building maintenance, desk purchase, among others besides the support they are accorded by the supporting organizations. This therefore, results to limited access to education among these supported OVCs because their caregivers cannot afford to pay these additional costs.

Nyambedha, et. al.(2001) and UNICEF, (2006) equally state poverty as a primary cause that affect OVCs access to education even where school fees have been abolished. This pushes most of the OVCs to take part in labour to sustain themselves in

school. They further assert that economic stress has a big impact on school attendance of all children and that this impact may be more pronounced in the case of OVCs. However, they have not exposed if there are any sustainable mechanisms that have been put by these supporting agencies and stakeholders to ensure that the supported OVCs stay in school till they finish their education cycle. This therefore indicate that poverty to a larger extent will still be an impediment to education access especially among the OVCs if sustainable mechanisms have not been put in place. These OVCs still be forced to stay out of school occasionally to look for money in order to supplement the bit that is not covered by the supporting agencies.

2.4 Psychological Factors and Access to primary Education by OVCs.

Psychological well-being is when individuals have the competencies and capacities to deal with life's demand and manage relationships well, enabling them to understand their environment, engage with it, make choices, and have hope for the future (Nginya, *et al.*, 2016).

According to Nginya, *et al.* (2016) Psychological well-being covers many aspects of a child's life including; appropriate emotions, relevant thoughts or cognitions, mental health, developmentally appropriate spirituality and morality, positive relationships with family, friends and community, positive engagement with the broader social environment (Nginya,*et al.*, 2016).

Children's psychological well-being affects every aspect of their lives especially the OVCs, from their ability to learn, to be healthy, to play, to be productive and to relate well to other people as they grow (Nyamukapa,et al.,2003). Nyamukapa,et al.(2003), further state that there is increasing scientific evidence that OVCs in general, suffer increased psychological distress in Sub-Saharan African settings (Nyamukapa,et al.,2003).

In South America, studies have shown that OVCs more than other children, have higher rate of inconsistency in education access, and are more likely to perform poorly in school as psychological factors such as stress, hunger and anxiety may well affect their ability to perform well. (Puffall, et al., 2014; Chuong, 2012; Bicego & Johnson, 2003). Save the Children (2005) indicates that violent conflicts around the world

involved around 300,000 children, both boys and girls, under the age of 18. Estimates from 2005 suggest that of the approximately 300,000 child soldiers involved in combat worldwide, 40% of them are OVC girls (Save the Children, 2005). These OVC boys and girls exposed to conflict may experience severe psychological effects that continue long after the war is over and this will affect their educational outcomes as well. The OVCs may become depressed and socially withdrawn, leading to lower schooling performance or to leave their studies prematurely (Save the Children, 2005).

According to UNICEF (2009), in reviewing the working paper of UNICEF/USAID (2008), they quote in their findings based in India that stigma was one of the major reasons OVCs were dropping out of school. Also through the same study, it was discovered that stigma and discrimination by insensitive teachers was a major education barrier to the OVCs (UNICEF, 2009). International Human Rights Commission (2004), stated that OVCs affected by HIV and AIDS could be denied access to school or mistreated by some insensitive teachers because of the stigma associated with HIV/AIDS infection (International Human Rights Commission, 2004).

Subsequently (UNICEF, 2009) further states that psychological and emotional well-being of the OVCs also counts in the sense that those in households affected by HIV or chronic diseases face a lot of stigma and discrimination attached to the condition. Being an OVC, they face a lot of rejection from friends and ridicule from classmates due to lack of understanding of the disease. This results to higher levels of anxiety, depression and anger, an activity which eventually affects their performance in school (UNICEF, 2009).

In Africa, especially Sub-Saharan region there are approximately 15.1 million OVCs as a result of HIV and AIDS (UNICEF, 2007) while Southern and Eastern African countries continue to be the epicentre of the HIV epidemic, despite concerted efforts by a range of stakeholders to further prevent its spread and mitigate its impacts (UNICEF, 2007). According to Mupawaenda (2001), a study on the impact of HIV and AIDS on the education sector in Africa revealed that many OVC boys and OVC girls are taking on parental responsibilities as adult caregivers in the family become bed ridden with AIDS related sicknesses or other chronic diseases (Mupawaenda, 2001).

A phenomenal increase in the number of households headed by OVCs causes a lot of psychological stress and also suggests that a significant number of them are affected through erratic school attendance, poor concentration and behavioural disturbances besides the scholastic support they get from the government and other supporting NGOs (Mupawaenda, 2001). Unlike OVC boys, OVC girls are taken out of school to assist with household chores and care for younger siblings when one or both parents die prematurely. This interferes with their access to education (Mupawaenda, 2001).

A study in Zambia showed that children whose mothers have died are likely to move house as a result of the mother's death and are less likely to access school or if they do, are likely to lag behind. This causes emotional distress among the affected OVCs. (UNAIDS/UNICEF/USAID, 2004). However, this disparities in grade progression is not uniform as has been found in several countries including Botswana, Niger, Ghana, Kenya, Tanzania and Zimbabwe (World Bank, 2005).

According to Polcari, Rabi Bolger & Teicher(2014) other OVCs live in child headed households where they have to fend for themselves, they suffer stress and trauma in addition to the loss of parental love, care and protection of their inheritance as a result of chronic illness and parental death. Traditionally, the OVCs would have been absorbed into the extended family systems, however, this traditional social safety net is under severe threat as families struggle to feed, clothe and provide them with shelter as well as access to basic education (Bhargava&Bigombe, 2000; Nyambedha, et al., 2001). In return, OVCs have been faced with numerous psychological challenges with evidence showing that there is emotional distress behaviour among them (Nyambedha, et. al., 2001).

In Kenya the psychological trauma experienced by OVCs begins way before their parents' die of AIDS or other causes (Landis, 2003). Increasing number of psychologically traumatized OVCs, especially OVC girls, are being pulled out of school system to provide care for ailing parents and siblings. OVC boys are supposed to take up the responsibility of the father when he falls sick (Nyambedha, et. al., 2001). This is particularly the case with fishing communities where boys will have acquired the livelihood skills at a very early age and will therefore be able to take over from their fathers. The trauma continues after parental death (Nyambedha, et. al., 2001).

Uncertain future, denial, fear and stigma compound the stress of OVCs; but they are unable to express their feelings of grief, anger and fear, which trigger behavioural problems such as aggression (Landis, 2003). The local schools do not put much consideration on addressing the psychological trauma faced by the OVCs and instead only concentrate on academic performances (Nyambedha, et. al., 2001).

Immediately after losing both parents almost all OVCs experience stress of isolation and end up being separated by other siblings (Landis, 2003). OVCs are usually taken in by extended family members if those relatives can afford to care for them (Nyambedha, et. al., 2001). Often they are passed around from household to household within the extended family. Every time a child moves from one home to another the likelihood of abuse increases, (Landis, 2003). Usually orphaned children are not consulted or given any chance to choose the kind of relative they would wish to live with (Nyambedha, et. al., 2001). The stress of losing parents and then being separated from brothers and sisters increases the sense of uncertainty and insecurity about their future life as well as reduces their ability to cope with new external environment (Nyambedha, et. al., 2001).

Additionally, Nyambedha, et. al., (2001) asserts that in most cases the work of OVCs is extended to teachers' houses including cooking, collection of firewood and water (Nyambedha, et. al., 2001). The girls who are selected to undertake this work are usually the older ones, and are particularly susceptible to abuse (Nyambedha, et. al., 2001). Often the OVC girls are made pregnant by either very close relatives or their own teachers who could have protected them (Nyambedha, et. al., 2001). In contrast, teachers do not allow the pregnant girl OVCs to attend the classes and force them to leave the schools (Nyambedha, et. al., 2001). Similarly, care providers often exploit and abuse OVCs emotionally, physically and sexually (Landis, 2003). Additionally, in the labour market OVCs are the easy victim of sexual harassment and prostitution (Landis, 2003).

The Kenyan constitution (2010) emphasizes on the right to free and compulsory education. However, Government of Kenya, (GOK) and UNICEF (2009) indicated that HIV and AIDS had wide spread psychological side effects on the OVCs which led to infringement of the right of the child to participate in learning. The study established

that OVCs are subjected to psychosocial impacts such as fright, stigma, anxiety, despair and uselessness (UNICEF, 2009). All these affect their learning experiences hence infringing on their right to education (UNICEF, 2009).

UNICEF (2009) further states that for effective attendance and participation of a child especially the OVCs in education in Kenya, their psychological well-being should be taken care of. Therefore, it is worth noting that the relationship between the OVCs and the caregiver or parent is vital (UNICEF, 2009). This is because the caregiver will be able to share closely with the OVCs on the distresses they are experiencing that might cause them to absent themselves from school regularly; thus the closer the biological tie the greater the chance that the OVCs will go to school consistently, regardless of poverty levels (UNICEF, 2009). Study conducted across 10 countries in Sub-Saharan Africa also found out that living with more distant relatives was the primary factor in low orphans' enrollment in school (UNICEF, 2009).

According to Parker & Aggleton (2003), OVCs face myriad of challenges in their quest to attain education. As such HIV and AIDS related stigma continues to alienate learners from integration in schools, for the reason that they are different from others. This has led to withdrawal, poor performance and eventually dropout of the school system (Parker & Aggleton, 2003). MoEST (2003) indicated that biological issues like menstruation also affect the girls' access to education especially for OVC girls in primary school, since there is the added cost of proper sanitation needs during their menstruation period which the caregiver might not be able to afford. Therefore, when they do not have sanitation necessities like the sanitary towels they opt to stay at home for the whole period until their menses are over (MoEST, 2003). The 4-7 days monthly add up to 3 months out of class. This definitely affects their performance and transition to the next level in the long run (MoEST, 2003).

Additionally, (UNICEF, 2009) state that OVCs in Kenya mostly absent themselves from school because of anti-social behavior. Once OVCs are enrolled in primary school, it is important for the teachers to understand whether their experiences differ depending on their orphan status (UNICEF, 2009). For example the OVCs might miss school more often than non-OVCs because of family hardship, discrimination, and or unfriendly learning environments therefore, are likely to be affected psychologically

especially if they don't have money to pay for required levies or having insufficient food at home (UNICEF, 2009).

(UNICEF, 2009) further state that psychological and emotional well-being of the OVCs also count in the sense that those in households affected by HIV or chronic diseases face a lot of stigma and discrimination attached to the condition. Being an OVCs, they face a lot of rejection from friends and ridicule from classmates due to lack of understanding of the disease. Mupawaenda, (2001); Polcari, Rabi Bolger & Teicher(2014), further state that in Africa a study on the impact of HIV and AIDS on the education sector revealed that many OVC boys and OVC girls are taking on parental responsibilities as adult caregivers in the family become bed ridden with AIDS related sicknesses or other chronic diseases. They suffer stress and trauma in addition to the loss of parental love, care and protection of their inheritance as a result of chronic illness and parental death

According to UNAIDS/UNICEF/USAID, (2004); Nyambedha, et. al., (2001); Parker & Aggleton (2003) and Landis, (2003) the psychological trauma experienced by OVCs begins way before their parents' die of AIDS or other causes. Increasing number of psychologically traumatized OVCs, especially OVC girls, are being pulled out of school system to provide care for ailing parents and siblings. They further state that children whose mothers have died are less likely to access school or if they do, are likely to lag behind. These OVCs face myriad of challenges in their quest to attain education which causes emotional distress among the affected OVCs. As such HIV and AIDS related stigma continues to alienate learners from integration in schools, for the reason that they are different from others. This has led to withdrawal, poor performance and eventually dropout of the school system. For effective attendance and participation of a child especially the OVCs in education, their psychological well-being should be taken care of. However, all these scholars have mentioned contributing factors to psychological trauma that affects the OVCs, but they have not mentioned if there are structures that have been put in place within the school systems to support these OVCs in overcoming the challenge on Stigma and discrimination that comes as a result of their orphan status.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology the researcher employed in order to obtain data needed for the study. The methodology focuses on the study design, the study area, study population and sampling procedures and techniques. It also captures the sample size, data collection methods and instruments, data analysis and data presentation.

3.2 Research Design

This study employed descriptive design. The major purpose of descriptive research is description of the state of affairs as it exists at present. The main characteristic of this method is that the researcher has no control over the variables, he can only report what happened or what is happening (Kothari, 2004). Descriptive designs allowed the researcher to give a description of the socio-cultural factors determining primary school education access by OVCs in Malanga zone Siaya County, economic factors determining primary school education access by OVCs in Malanga zone Siaya County as well as the psychological challenges faced by OVCs in accessing primary school education in Malanga zone, Siaya County.

3.3 Study Area

The study was carried out in Malanga zone which is located in North Gem sub-location, Siaya County. Siaya County is one of the six counties in the Nyanza region. It borders Busia County to the North West, Vihiga and Kakamega counties to the North East, Kisumu County to the South East and Homa- Bay County across the Winam Gulf to the South. It approximately lies between latitude 0° 26' South to 0° 18' North and longitude 33° 58' and 34° 33' east. Appendix III shows the location of Malanga zone in Kenya (Siaya County Integrated Development Plan 2013 – 2017)

Malanga zone neighbours Regea to the North, Nyabeda to the west and Lundha to the south and Maliera to the East with a population of 29,628 inhabitants who are majorly Christians (Kenya Population and Housing Census, 2009). Malanga zone is rural based

and has the highest number of OVCs-4782(Area Education Annual Report). It also has the highest number of NGOs supporting OVCs compared to other zones (Nyawara, Kambare, Bar Kalare, Komuor, Sirembe) who have none (Area education Officer's annual report, 2008) yet these supported OVCs do not access education consistently. Inconsistency in access by these supported OVCs are still reported by MoEST, (2008) on the yearly report which stated that Malanga zone had the highest number of supported OVCs not consistent in access to primary education (128 OVCs from Dorcas Program, 85 from FHI program and 30 from Amani program). This prompted the need to carry out the study in this region based on the identified gap

3.4 Study Population

The study population comprised of 602 OVCs supported by the three organizations namely Family Health International (FHI), Amani program and Dorcas program from where a sample size was drawn. The three projects have 207 OVCs supported by FHI, 45 OVCs supported by Amani program and 350 OVCs supported by Dorcas program respectively. The study also targeted 1 Area Education Officer and 10 primary school head teachers from primary schools supported by the three NGOs.

3.5 Sampling Procedure and Sample Size

The sample size for this study was 235. This number was derived using Krejcie and Morgan (1970) formula for small population. The formula is given by:

$$S = \frac{X^2 NP (1 - P)}{d^2 (N - 1) + X^2 P (1 - P)}$$

Where:

S = the required sample size

X^2 = the table value of chi-square for one degree of freedom at the desired confidence level (0.05) which is equal to 3.841 (or 1.96^2)

N = the population size, Where $N < 10,000$

P = the proportion of the population, assumed to be .50 since this would provide the maximum sample size.

d = the degree of accuracy expressed as a proportion (.05).

Applying the formula, a population N of 602 gave a sample size of:

$$S = \frac{3.841 \times 602 \times 0.5 (1-0.5)}{0.05^2 \times 601 + 3.841 \times 0.5(1-0.5)} = \frac{578.0705}{2.46275} = 234.73$$

Therefore, the sample size for the study was 235 OVCs. The 235 OVCs were stratified randomly according to the three organizations. Each of the 235 OVCs from the 3 stratum contains (34% for FHI, 58% for DORCAS and 8% for AMANI). The OVCs were then sampled proportionately as follows.

The proportionate sample for Family Health International to be interviewed was derived as follows

$$207/602 \times 100 = 235 \times 34\% = 80 \text{ OVCs}$$

The proportionate sample for Dorcas Organization to be interviewed was derived as follows

$$350/602 \times 100 = 235 \times 58\% = 136 \text{ OVC}$$

The proportionate sample for Amani Organization to be interviewed was derived as follows

$$45/602 \times 100 = 235 \times 8\% = 19 \text{ OVC}$$

The researcher then used the school's register of orphans and vulnerable children supported by the three organizations using the List of OVCs as a sampling frame to randomly pick 80 OVCs from 207 OVCs for FHI organization, picked 136 OVCs from 350 OVCs for DORCAS organization and finally picked 19 OVCs from 45 OVCs for AMANI organization respectively. The three organizations had different sampling interval depending on the proportionate allocation, the starting point was determined

by a table of random numbers. This enabled the researcher to give the respondents an equal chance of being selected, therefore, minimizing gender bias in the research.

The sampled OVCs were then later on followed to their respective primary schools and identified by the head teachers. These were the 10 primary schools supported by the three organizations. The head teachers of these schools also acted as the key informants. Other key informant included Area Education Officer. The head teachers and the Area Education Officer were arrived at using purposive sampling.

3.6 Data Collection Methods

Data was from one source which is primary data. In primary sources, the study employed the use of open and closed ended questionnaires to collect quantitative data from the sampled respondents both male and female OVCs and Key Informant Interviews to collect qualitative data from the Area Education Officer and the 10 primary school head teachers.

3.6.1. Semi structured interviews

In this method, open and closed ended questionnaires (Appendix 1) were administered to 235 OVCs. This helped gather both quantitative and qualitative data from them. Since the study was concerned mainly with variables that cannot be directly observed, this method was ideal since such information is best collected through questionnaires and it is done within a short time (Gupta, 2009).

3.6.2 Key Informant Interviews

A Key Informant Interview schedule (Appendix 2) was used to gather qualitative data from the 10 primary school head teachers and 1 Area Education Officer in charge of Malanga Zone. It allowed for probing where there was need to seek clarity on an issue. Interviews make it possible to obtain required data to meet specific objectives of the study (Gupta, 2009).

3.7 Pilot Testing of the Study

A pilot study was carried out on members of the relevant population, but not on those who form part of the final sample. This is because it may influence the later behaviour of research subjects if they have already been involved in the research, (teijlingen & Hundley 2001). A total of 45 respondents were interviewed (40 OVCs and 5 primary

school head teachers) using open and closed ended questionnaires and Key informant Schedule. The pilot testing was done in order to test the instruments whether or not the questions are understood and can be answered

3.8. Data Analysis and Presentation

Quantitative data was collected and analyzed by using Statistical Package for Social Scientists (SPSS) version 20 and presented by use of tables in form of frequencies and percentages. Qualitative data was analyzed through thematic analysis which involved identification of recurring themes and coding them. Qualitative data was presented in textual descriptions.

3.9 Ethical Considerations

Permission to proceed with the study was granted by the Department of Sociology and Anthropology, Maseno University. The study observed ethical issues as far as data collection was concerned. The researcher obtained informed consent from the participants, the participants were informed that their participation was voluntary and that confidentiality was to be observed by ensuring that the respondents do not write their names on the tools. The researcher also ensured that data collected is analyzed and presented professionally.

CHAPTER FOUR

STUDY FINDINGS AND DISCUSSIONS

4.1. Introduction

This chapter presents the findings and discussions on the analyzed results of the study on access to primary education among OVCs in Malanga zone Siaya County-Kenya.

4.2. Demographic Characteristics of the Respondents

This section covers the respondent's age, and orphan status. These demographic characteristics helped in understanding OVCs under the study in line with the socio-cultural, economic, and psychological factors determining access to primary education. There were three categories of respondent's interviewed using various techniques. The OVCs interviewed were 235, 10 primary school head teachers and 1 Area Education Officer.

Table 4.1: Distribution of OVCs by orphan status

Orphan status	Frequency	Percent
Mother only	77	32.8
Father only	54	22.9
Total orphan	104	44.3
Total	235	100.0

From Table 4.1, 67.2% are partial orphans, who had lost either father or mother while 32.8% were total orphans (lost both parents). The high rate of orphan hood has been attributed to the high HIV and AIDS prevalence in Siaya County, which stands at 24% (Kenya Aids Indicator Survey, 2012).

Table 4.2: Distribution of OVCs by Age

OVC by age	Frequency	Percent
17 years	63	26.8
16 years	74	31.5
15 years	14	5.9
14 years	17	7.2
13 years	15	6.4
12 years	19	8.1
11 years	15	6.4
10 years	18	7.7
Total	235	100.0

From Table 4.2, the OVCs whose ages were 15 years and above are 151 representing 64.2% while the OVCs within the primary school going age were 84 representing 35.8%. From the analysis, it can therefore be interpreted that 64.2% of the OVCs were already above primary school going age and had spent more years than required in primary school.

4.3 Socio-Cultural factors determining access to primary education among the OVCs in Malanga zone.

This section discusses findings of objective one, which aimed at investigating the socio-cultural factors that determine access to primary school education among OVCs in Malanga zone. To gather more information on access to education among OVCs; primary school head teachers and Area Education Officer were interviewed on the following key areas of the study.

4.3.1 Family background

Feedback from the OVCs and key informants indicated that family background of the OVCs greatly influences their regular access to primary school education. This can be attributed to maternal or paternal orphan status as indicated in Table 4.1. OVCs with mothers only at 32.8%, OVCs with fathers only at 22.9% and Total orphans at 44.3%.

Primary head teacher 1 noted that:

In Malanga zone there is improvement in enrollment and attendance rate of the OVCs in our schools despite the challenges of orphan status like widowers will try to take their children to school but they are normally not keen on their children's education especially when they have remarried, while widows mostly try to educate their children no matter the circumstance...child headed households as well exposes OVCs to extreme stresses since they have to fend for themselves and their siblings hence sacrifices their education in search of food and how to get the needed school supplies to sustain them in school. This lowers their attendance.

The above opinion and finding indicate that family background of OVCs highly determines whether a child goes to school and is in tandem with views of scholars like is also Ainsworth et al. (2005), states that OVCs education can be negatively impacted by either the loss of a parent or having an HIV-positive parent (Ainsworth, Beegle, & Koda, 2005). Loss of a father may result in OVCs dropping out of school, while maternal death has been associated with OVCs not enrolling in school, delaying school attendance, lower educational attainment, being at a lower grade for their age and poor performance in school (Ainsworth, Beegle, & Koda, 2005; Evans & Miguel, 2007; Nyamukapa & Gregson, 2003).

4.3.2 Cultural Influence on OVCs access to primary education

The study was interested in getting some of the cultural influences that may jeopardize OVCs access to primary education in Malanga zone. Area Education Officer noted that:

The cultures like “arita” that is, when someone dies in the community both boys and girls would go to the funeral site and stay overnight, this would affect school attendance of both boys and girls however these days they are restricted from staying overnight... girls would also be married off at an early age and as a result they would drop out of school. However, at present these practices are dying off in malanga zone, with the upholding of modern practices. A lot of

sensitization on benefits of education for all children is being offered to the caregivers by supporting NGOs in this community. As a result the enrollment rate in our schools has fairly improved.

Primary head teacher 3 emphasized that:

There is one organization the FHI who does caregiver mobilization. They offer a lot of sensitization trainings and talks on benefits of educating the girl child just like the boy child. As a result, the caregivers are now enlightened on the benefits of educating all children OVC inclusive. Therefore, cases of early marriages are now dying off.

This finding contradicts the views of Bhargava, et al.,(2006), UNICEF (2001) which portrays that communities value boy's education over girls' and that it is even worse for cases of girl OVCs who do not have anyone to advocate for them to access primary school education. The study findings shows that time have changed and several educational partners have come up to advocate for girls' education as much as boys'. The finding therefore, indicates that in Malanga zone cultural beliefs and practices is no longer a factor that affects OVCs access to primary education.

In as much as Burchardt, Le Grand and Piachaud (2002) state that, an individual is socially excluded in case the individual is not participating for reasons beyond his or her control, and he or she would like to participate. The areas of activities where one could be socially excluded constitute, accessing education, social interactions with family, friends and community. The findings of this study did not indicate that the OVCs were excluded in line with family interactions. Although a lot of literature talks about preferential treatment of boys to girls in malanga zone this was not a problem.

4.4 Economic factors determining access to Primary Education among OVCs in malanga zone.

This section discusses findings of objective two, which aimed at exploring the economic factors that determine access to primary school education among OVCs in Malanga zone. To gather more information on access to education among OVCs; primary school head teachers, Area Education Officer and the 235 OVCs were interviewed on the following key areas.

Table 4.3: Distribution of OVCs by class attendance

OVCs level of attendance	Frequency	Percent
Regular attendance	50	21.3
Irregular attendance	185	78.7
Total	235	100

Table 4.3, shows that 78.7% OVCs have been attending classes irregularly compared to 21.3% who have been attending regularly. Regular attendance would be defined as being in school throughout the term maybe being absent for few days in a term while irregular attendance would be defined as missing out on school for more than one month. These absenteeism rates were presented as the number of days a student was absent compared to the number of days in the academic term. This analysis therefore, shows that a bigger percentage of the OVCs are still experiencing myriad challenges as presented in Table 4.4 that hinder their regular access to education despite the support they get from the supporting NGOs.

Table 4.4: Causes of OVCs irregular class attendance

Causes	Frequency	Percent
Distance to school	23	9.8
Poor performance	32	17.9
Illness	31	13
Inadequate school supplies	62	26.4
Taking care of sick caregivers	22	9.4
Taking care of siblings	23	9.8
Ridicule from fellow pupils	42	13.7
Total	235	100

The findings in Table 4.4, indicates that OVCs still face myriad challenges which cause them not to access education regularly. This can be seen especially on

inadequate school supplies rated at 26.4% followed by poor performance rated at 17.9% which majorly caused the OVCs to be absent from school.

The finding is in tandem with the views of Bhargava and Bigombe, (2002), Foster, (2002), Nyambedha et al., (2001), who mentioned that OVCs are exposed to a lot of challenges which hinder them from accessing primary education especially on inadequate school supplies. This finding, therefore, indicates that economic factors have not been adequately addressed even with the support from the government and the supporting NGOs in Malanga zone.

In addition, during the data collection process it was noted by the key informants that despite the support accorded to the OVCs by the supporting organizations (FHI, AMANI and DORCAS Organizations), they still miss out on school because of lack of needed school supplies such as uniform, tuition fees, maintenance fee coupled with need for food since they cannot sit in class on an empty stomach.

Primary head teacher 2 noted that:

The attendance and participation of these OVCs is fairly low in our schools...These supporting NGOs do not offer 100% support to the sponsored OVCs and as a result they are still sent home to get other levies that the organizations do not support like maintenance fee, remedial fees among others...harsh school environment especially ridicule from other pupils, for being an AIDS orphan also stigmatizes most of the OVCs. Some children call them with names like “nyathi ja ayaki” especially for known cases and once they feel out of place, they opt to miss out on classes...taking care of siblings for the case of child headed households also exposes the OVCs to a lot of stress therefore, they cannot regularly attend classes since they have divided attention on taking care of their younger siblings and school work.

Area Education Officer noted that:

The enrollment rate of OVCs in our schools is fairly low. Most caregivers prefer to take their own children to school other than the OVCs under their care. This affects OVCs enrollment rate... OVCs attendance, participation and transition to next level is determined by a number of factors like for example if the OVCs do not have the required books and are also required to pay tuition fees among others, if the supporting NGOs do not offer support on these line items, they will be sent home quite often to get the needed school supplies. Therefore the more they stay back at home; they miss on daily lessons which will eventually translate to poor performance at the end of the term. This eventually affects their transition to the next class...Distance from home to school for some of the OVCs is also an issue. Some OVCs have disciplinary

cases in their schools as a result their caregivers resolve the issue by transferring them to another school which is very far from their dwelling. The thought of making these long trips to school every other day from Monday to Friday discourages most of them hence miss out on regular attendance...Taking care of sick caregivers too affects the OVCs regular attendance since they have to take up on the roles of the caregivers of providing for the family especially if the caregivers are bedridden, ensure that the caregiver has taken their medication and food. All these affect their attendance and participation

All these highlighted reasons pointed to economic factors that are still affecting the OVCs. When OVCs are sent home often, they normally seek other means of sustaining them in school hence lag behind and are forced to repeat class. Age also catches up with most of them as shown on Table 4.2 where 64.2% are already above schools going age. This finding, therefore, contradicts the study by UNESCO (2008) which stated that formal schooling begins at the age of six, with compulsory and free basic education running through to the age of 14.

This finding concurs with the views of other scholars for example UNICEF, (2007), MoEST, (2003) and Aikens and Barbarin, (2008), who stated that OVCs do not access primary education because a number of factors hinder OVC's access to basic education for example the cost of education in relation to the income of a household; and that in order to access education, OVCs must overcome a host of different barriers that stand between them and their goals like the presence of primary school fees, school uniform, taking up the responsibilities of the late parents like fending for their siblings, ridicule from other pupils.

This finding is also in line with the theory of social exclusion as espoused by (Vrooman & Hoff, 2013). They stated that poor or disadvantaged members of society lacked adequate resources with which to achieve acceptable standards of well-being and with which to participate in the activities of society.

Primary school head teacher 4 noted that:

In Kenya, Malanga zone inclusive, primary school education is not free as indicated by the government. There are additional fees like remedial or tuition fee, motivation fee for teachers and exam fees which are set by the school management committees. These additional levies are beyond the means of most of the families. However, the caregivers must come in to supplement payment

of these additional levies despite the support that is accorded to them by other NGOs. Failure to which, it forces the school to send the OVCs home until the levies are paid. The OVCs are therefore, forced to sacrifice their education in search for fees and other school supplies like books and uniform through casual labour within the community... Perhaps it is because of the introduction of free primary education in which the caregivers misunderstood the government to be paying all the expenses hence became reluctant to pay fees.

The introduction of free primary education by the government contradicts scholarly review on government policy, presented by Draft National Educational for All work plan (2008-2013), which states that parents are still expected to shoulder part payments such as examination fees and other levies as approved by the school management committee and district education board.

The above sentiment indicates that OVCs are still not consistent in access to primary education because the caregivers still need to come in and supplement on what has not been offered by the government and other supporting NGOs. The finding is also in agreement with the scholarly views as presented by UNICEF/UNAIDS & USAID, (2004) who acknowledged that OVCs still are likely to be inconsistent in school attendance despite the support they get through NGOs and national governments.

Additionally, the above reaction equally show that economic support has not been adequately addressed as it concurs with the views of Bhargava & Bigombe (2002), Aikens and Barbarin (2008), DFID (2010) who stated that, for OVCs to overcome the challenge of irregular attendance in primary school as well as other levels of education, there was need to give OVCs all the needed school supplies, because government subsidies on exercise and text books, is not enough and also the supporting NGOs do not offer 100% support.

Additionally primary school head teacher 7 emphasized that:

OVC girls in Malanga zone are vulnerable and are likely not to attend school regularly because they lack necessities like proper school uniform and sanitary towels. Therefore, during their menses they would prefer to stay back at home until their menses are over to prevent them from embarrassing themselves as well as the boys in their class because of fear of soiling their uniform. This mostly forces them to engage in casual labour to generate extra income to help them buy the sanitary towels. This sometimes exposes them to sexual abuse and exploitation by young men who offer them free handouts in return for sex and the end product turns out to be bitter...I mean unplanned pregnancies.

This view indicates that despite the economic support offered by the government and the supporting NGOs, these entities also need to factor in the provision of sanitary towels for the girls. Adolescence is a crucial stage of life and one that is challenging for most girls because of its physical and psychological changes. Most girls especially the OVC girls are not able to afford proper sanitation materials to support them during menstruation (African Population and Health Study Centre, 2010). Therefore when they stay back at home during their menses they miss out a lot on what others are taught in school every month and this affects their regular attendance and performance in the long run.

These findings are in line with social exclusion theory as espoused by Bergham (1995) who contends that social exclusion is a multidimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live. It means being unable to access the basic things in life such as a home, close friends and regular company, important services like education, shops, church, hospital and play grounds.

4.5 Psychological challenges determining access to primary school education by OVCs in Malanga Zone.

This section discusses findings of objective three, which aimed at examining the psychological challenges that affect the OVCs in relation to access to primary school education in Malanga zone. To generate more information, the following sub sections were explored as shown in sections 4.5.1 and 4.5.2.

4.5.1 Challenges affecting OVCs in line with education access

The study wanted to establish what challenges the OVCs experience and how they affect their access to education. During the process of data collection as shown on Table 4.4 (mothers only at 32.8%, fathers only at 22.9% and total orphans at 44.8%) the OVCs faces a lot of psychological challenges as a result of taking care of sick caregivers, long distance to school, ridicule from fellow pupils as well as taking care of their younger siblings while others are in school.

Primary school head teacher 5 noted that:

The state of orphan hood makes the male and female OVCs' position in classroom most vulnerable. When either or both parents pass on, the OVCs who are left behind are normally devastated especially if they are younger... These OVCs are often forced to sacrifice their education to attend to bedridden caregivers either mother or father. They have to find casual jobs to help them raise money to support medical care for the bedridden caregiver, raise money for food and money to pay for other levies that are not being paid for by the supporting NGOs. All these affect the psychological well-being of the OVCs.

Additionally primary school head teacher 6 noted that;

OVCs face a lot of rejection from friends and ridicule from classmates due to lack of understanding of the orphan status. This results to higher levels of anxiety, depression and anger, an activity which eventually affects the OVCs performance in school. School may then become less appealing for them because the OVCs emotional reactions may overwhelm him or her causing withdrawal, feel shame or dwell on their impending situation once the parent(s) or relatives who is taking care of them is suffering or has died from AIDS or other causes. Therefore, their concentration and work at class will obviously suffer even if the OVC boy or OVC girl child is being supported by an NGO. Unfortunately, sometimes the teachers and other pupils may not be sensitive to the needs of the OVCs and as a result they start absenting themselves from school which affects their access to primary education.

The above sentiments indicate that OVCs still experience psychological challenges like ridicule and rejection from pupils; poor social amenities like latrines which should be addressed adequately to enable them attend school regularly and even concentrate in their class work. The sentiments also concur with the views of Landis, (2003) and Nyambedha, et. al., (2001) who stated that in Kenya the psychological trauma experienced by OVCs begins way before their parents' die of AIDS related deaths or other cause. Immediately after losing both parents almost all OVCs experience stress of isolation and end up being separated by other siblings (Landis, 2003). The stress of losing parents and then being separated from brothers and sisters increases the sense of uncertainty and insecurity about their future life as well as reduces their ability to cope with new external environment (Nyambedha, et. al., 2001). These feelings of uncertain future, denial, fear and stigma compound the stress of OVCs but they are unable to express their feelings of grief, anger and fear, which trigger behavioural problems such as aggression (Landis, 2003)

Area Education Officer noted that:

School facilities like latrines also affect access to primary education by the OVCs. Most of the primary schools in the rural setup have poor latrine facilities, which pose health hazards to the children especially the girl child. Most of the children do not have shoes and the mostly affected lot is the OVCs. Therefore, whenever they are sent home to get shoes they take long to come back to school since the families cannot afford the shoes as a result of their meager income. This eventually affects their access to education and also affects them psychologically when they cannot get back to school while others are in school learning. Therefore, even if they get support like school fees and books without shoes, they are still affected psychologically and access to their education will be jeopardized.

The above opinion emphasizes that distance to school and poor social amenities and equally affects the psychological well-being of the OVCs in school. These sentiments are also in line with the theory of social exclusion as espoused by (Kneale, 2012), who stated that ensuing poverty, emotional and psychological trauma, and its resulting disease may result in catastrophic damage to lives, health, and psyche. These findings therefore, indicate that psychological well-being of the OVCs has not been looked at adequately. The above sentiments also agree with findings on Table 4.4 which echoed that OVCs still get challenges despite the support they are accorded by the NGOs. This affects the female and male OVCs alike.

4.5.2 Stigmatization and Discrimination

OVCs experience stigma and discrimination from other pupils in their schools because of their orphan status (known cases of those made orphans as a result of HIV related deaths.) as indicated on Table 4.4. These actions increases the rate of absenteeism by the OVCs because they feel out of place and withdrawn.

During the data collection process Area Education Officer noted that:

It emerged that within the schools there is often stigmatization and discrimination based on myriad of challenges the OVCs experience. Some of the OVCs are orphaned as a result of deaths caused by AIDS, thus there arose discrimination and stigma due to lack of understanding of the disease among the pupils. The OVCs normally senses vulnerability in their companion since they are picked on as victims. Unfortunately, sometimes the teachers and other pupils may not be sensitive to the needs of these OVCs. Therefore, without protection the school may become less appealing for the OVCs and as a result they opt to absent themselves from school.

Primary school head teacher 10 asserted that:

In Malanga zone some of the OVCs who are HIV positive find it very difficult concentrating, attending and participating in class. This is because these OVCs equally feel neglected and uncared for by their friends. Therefore, there is still low attendance of OVCs in this region due to stigma and discrimination. However, we have some HIV sensitization programs which we hope will minimize the stigma...one of the supporting organizations (FHI) have also introduced mentoring clubs within the schools they operate in. Both boys and girls from class 4 onwards are being taught life skills and how to be assertive in life, they have also introduced programmes on HIV and AIDS awareness that target primary schools in order to minimize stigma.

Additionally primary head teacher 8 noted that:

Harnessing good relationship with the teachers by the caregivers is also key. When teacher-parents or caregivers relationship is below average, it is difficult to understand the challenges that the OVCs go through despite the fact that the parents or caregivers participate in school functions and pay levies.

The above verbatim quotations concur with UNICEF/USAID (2008) and UNAIDS (2011) reports which indicate that, stigma and discrimination continue to accompany the HIV and AIDS epidemic. Children are not immune to stigmatization OVCs inclusive. In cases of stigma, OVCs begin to be rejected early as their parents fall ill with AIDS. Some OVCs may be teased because their parents have AIDS, while others may lose their friends because it is assumed that proximity can spread the virus. According to UNICEF (2006) OVCs are even less likely to be in school and more likely to fall behind or drop out due to stigma and discrimination, limiting their abilities and prospects for a better life. However, the findings indicates that it is not only stigma and discrimination that affects the OVCs psychologically as indicated by other scholarly review such as UNICEF, (2006),UNICEF/USAID (2008) and UNAIDS (2011) but also the state of social amenities within their schools, lack of some school supplies, rejection by other pupils, insensitivity by some teachers and pupils, caring for sick and dying caregivers and taking on family responsibilities at the cost of their education, which also affects the OVCs psychologically. This indicates that there is still need to address the psychological well-being of the OVCs adequately hence enabling them to access and enjoy learning like their non-orphaned peers

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the main findings of the study, followed by the conclusions arising from the findings and the recommendations for policy actions aimed at enhancing OVCs access to primary school education and subsequent levels. The chapter further explores areas of further study envisaged in contributing towards enhancing access to primary school education by all OVCs.

5.1 Summary of the Findings

The study findings in line with objective one established that cultures such as preference of boy's education to girls' is no longer an impediment in OVCs' access to education in Malanga zone since the supporting NGOs conduct a lot of sensitization to the caregivers on the benefits of education for all children both boys and girls OVCs inclusive. Therefore, cases of early marriages are dying out. The NGOs also support both the boy and girl OVC to access educational benefits both at primary level and secondary.

Secondly, the study findings in line with objective two established that economic factors such as need for payment of additional levies like remedial fees, maintenance fees and teachers motivation fee that are not taken care of by either the government or the supporting NGOs have not been adequately addressed. In as much as lots of support have been offered by the government like free primary education and support from NGOs, OVC still do not access primary education consistently due to lack of some school supplies and levies that the government does not take care of. Additionally primary education is not free as findings indicated; there are other levies that are being charged by the schools like maintenance fees, motivational fees, remedial fees which the government does not take care of as well as the NGOs who do not offer 100% support. Therefore, OVCs still are being sent home to get these levies hence continued irregular attendance which jeopardises their access to education.

Finally the study findings in line with objective three established that it is not only stigma and discrimination that affects the OVCs psychologically as indicated by other scholarly review but also other factors like the state of social amenities within their schools, lack of some school supplies, rejection by other pupils, insensitivity by some

teachers and pupils, caring for sick and dying caregivers and taking on family responsibilities at the cost of their education. All these affect their psychological well-being too. This finding therefore, indicates that there is still need to address the psychological well-being of the OVCs to allow them enjoy learning.

5.2 Conclusions

Socio cultural factors are no longer a major determinant of OVCs access to primary education in Malanga zone since a lot of sensitization has been done to the caregivers by the supporting NGOs as presented by the findings. The caregivers are now aware of the importance of educating both boys and girls OVC inclusive.

Secondly, economic factors have not been addressed adequately since OVCs are still being sent home regularly to meet some of the school needs that are not being offered by the government or the supporting NGOs. Hence, the OVCs are still being excluded in line with education access as supported by the social exclusion theory by Townsend, (1979).

Finally, there are still myriad psychological challenges like poor social amenities, ridicule and rejection from other pupils that affect OVCs besides stigma and discrimination. Inadequate access of school supplies affect OVCs psychologically when they are sent home for them, lack of proper sanitation in schools affect all children OVCs inclusive, taking care of dying or bedridden caregivers also affects the OVCs psychologically. All these need to be addressed so that the OVCs can settle psychologically and enjoy learning as other non-orphaned children.

5.3 Recommendations

The study recommends stronger follow up on collaborative approaches by government and other players in support of education, to prioritize emphasis on sensitization on benefits of education for all OVCs inclusive. This can be done through civic and rights awareness campaigns aimed at educating communities on child rights and child protection in line with access to education.

The NGOs should also work with local mass media organisations to promote the development of Information Education and Communication (IEC) strategies aimed at encouraging positive behaviour change on child rights and the right to education in particular, address economic factors which is a key determinant of OVCs' access to education.

Secondly it is also worthwhile to note here that the existing government support towards OVCs is just a drop in the ocean. The Ministry of Education introduced the Kenya Education Sector Support Programme (KESSP) framework to develop a coherent and coordinated mechanism between the government and development partners at micro, macro and meso levels to enhance effectiveness of FPE (MOEST, 2005). Although KESSP is a comprehensive plan for the implementation of education in Kenya, only 3 of the 23 investment programmes relate directly or indirectly to OVC.

Most of these investment programmes are under-resourced and uncoordinated and still in the embryonic stage as policies are being developed (UNESCO, 2005). Another key challenge is resource constraints and donor dependence to run any social protection programme (UNESCO, 2005). The study therefore, recommends stronger collaborative measures by government and other players in support of education to prioritize addressing the economic factors as per the developed policies so as to sustain the OVCs in school.

Further the study recommends that the Ministry of Education and other supporting agencies like the NGOs to work with CBOs within the communities to help sensitize caregivers on behaviour change to eradicate stigma and discrimination in schools on OVCs' made orphans as a result of HIV related deaths and other chronic illnesses. External agencies like NGOs should upscale services on addressing psychological challenges through life skills education and material support to improve on the social amenities in the schools where they offer sponsorship to OVCs. This will allow friendly environment for the male and female OVCs to access education as required, enjoy learning, and hence cope psychologically in school.

5.4 Suggestions for Further Study

With the promulgation of the Constitution Kenya 2010, there is need to investigate the effect of the roll out of the constitution in the counties and how the new devolved structures have affected the economic and social mobilization of OVCs' support activities at the community level.

Organizing the potential informal sector with ever in-flowing income generating activities to support the ravaged social safety nets for supporting the OVCs as the

African concept of child ownership is communal based. This also would be an interesting area for further research.

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APPENDICES

APPENDIX I: SEMI STRUCTURED QUESTIONNAIRE FOR ORPHANS AND VULNERABLE CHILDREN

Date _____

Hello. My name is Donnavane Akinyi Ondego. I am a student carrying out a study on the socio-cultural, economic and psychological factors determining access to primary education among the OVC in Malanga zone; as a requirement for completion of a Master of Arts (Social Development and Management of Maseno University). I seek your indulgence to ask you a few questions to aid this study. I request you give responses freely as any information gathered will be confidential. Kindly respond to all the questions. Thank you very much. Shall we proceed?

If Yes Sign.....

No.....**end session**

1. How old are you?

- a) 10-15 years
- b) 16-20 years
- c) Above 20 years

2. Who do you live with?

- a) Mother Only
- b) Father only
- c) Caregiver
- d) Child-headed household

3. Which program are you enrolled in?

FHI

DORCAS

AMANI

4. Have you ever been absent from class since you were enrolled in the program?

Yes

No (If no skip to question 10)

If yes what are some of the reasons for missing classes?

- Lack of school supplies (school uniform, books, tuition fee)
- Poor performance in class
- Sickness
- Distance from home to school
- Ridicule from fellow students
- Taking care of sick caregiver
- Taking care of younger brothers and sisters

5. How many days last week did you attend school?.....

6. How many days last month did you attend school?.....

7. How many times last term did you miss class?.....

8. How long do you take to walk from your home to your school?

- 10 minutes' walk
- 30 minutes' walk
- Over 30 minutes' walk

THANKS FOR YOUR PARTICIPATION IN THIS STUDY

APPENDIX II: KEY INFORMANTS INTERVIEWS

Date _____

Hello. My name is Donnavane Akinyi Ondego. I am a student carrying out a study on the socio-cultural, economic and psychological factors determining access to primary education among the OVC in Malanga zone; as a requirement for completion of a Master of Arts (Social Development and Management of Maseno University). I seek your indulgence to ask you a few questions to aid this study. I request you give responses freely as any information gathered will be confidential. Thank you very much. Shall we proceed?

If Yes Sign.....

If Noend session

1. What is the current Orphans and Vulnerable Children enrolment in primary schools?
2. How can you rate the attendance, participation and transition rates of these orphans and vulnerable children compared to other pupils?
3. What are some of the encountered challenges reported by the orphans and vulnerable children in line with access to primary education?
4. How does the family background affect the orphans and vulnerable children's access to primary education?
5. How does culture influence access to primary education among the orphans and vulnerable children?
6. Do the orphans and vulnerable children attend classes regularly?
7. What are some of the reported reasons for irregular attendance by the orphans and vulnerable children?
8. How does parental and other Non-governmental organization's involvement in support towards the orphans and vulnerable children's education affect their access to primary education?

THANKS FOR YOUR PARTICIPATION IN THIS STUDY

APPENDIX III: MAP INDICATING MALANGA ZONE IN SIAYA COUNTY.

