

A study of the relationship between school dropout and AIDS orphans in Oshana region.

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DECLARATION

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ABSTRACT

We do not know if there is a relationship between school dropout and being an AIDS orphan in Oshana region. This research seeks to investigate why some orphaned children drop out of school. Despite government and Non-governmental agencies' support, cases of orphans abandoning education still abound.

The research instrument for data collection was done through qualitative and quantitative methods followed by triangulation of two tools: a questionnaire and focus group discussions. The information gathered were analysed using the SPSS data analysis software as well as through coding of qualitative data. This study combined the two approaches to gain a more complete picture of the situation of orphans and school dropout.

It was found that many orphans still face many challenges and to some continuing with schooling is just a luxury they can ill afforded. Lack of parental love and support, weak to non-existence of guardian support, domestic problems, food security, poor awareness of GRN support interventions, poor psychosocial support and working to earn income ranked amongst the highest reasons some orphans drop out of school.

The concerns of majority of life skill teachers towards the well-being of AIDS orphans have greatly ameliorated the self-worth and schooling of orphans.

OPSOMMING

Dit is onduidelik of daar 'n verband is tussen staking van skoolstudie en MIV-weeskinders in die Oshana gebied van Namibië. Die doel van hierdie navorsing was om te bepaal waarom sekere MIV-verwante weeskinders hulle skoolstudies onderbreek of staak.

Inligting is versamel deur middel van beide kwalitatiewe en kwantitatiewe metodes en die resultate van die studies is daarna met mekaar vergelyk. Vir die studie is 'n vraelys en fokusgroep onderskeidelik gebruik. Die inligting wat verkry is, is deur middel van die SPSS dataontledings-sagteware ontleed.

Daar is bevind dat baie weeskinders steeds baie uitdagings te bowe moet kom ten einde hulle skoolloopbane te voltooi. Daar is 'n gebrek aan ondersteuning deur die ouers; 'n swak huislike ondersteuningstelsel; huislike probleme; gebrek aan die sekuriteit van gereelde voeding en swak psigososiale ondersteuning. Kinders moet ook dikwels werk om inkomste aan te vul.

Onderwysers in lewensvaardighede by die skole slaag egter daarin om hierdie probleem suksesvol aan te spreek en die selfwaarde van die kinders positief te beïnvloed. Verdere voorstelle ter verbetering word in studie gemaak.

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Chapter1 Introduction

1.1 Background and rationale

Of the children orphaned by AIDS throughout the world, 95% have occurred in Africa, where the numbers of orphans will continue to rise throughout the next decade reaching 40 million (Geoff & John 2000). With an overall population of roughly 2.1 million, Namibia has an estimated 250,000 orphaned and vulnerable children (OVC) (Demographic and Health Survey [DHS], 2006–2007). Many of these children have been affected by HIV/AIDS. About 60% have been orphaned by AIDS (UNAIDS/WHO, 2008). Oshana region is one of thirteen regions in Namibia; it is home to approximately 14. 2% as noted by Namibia Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief (August 2009)

Namibia Research Situation Analysis (2009) found that Oshana region is home to one of the highest HIV/AIDS prevalence in Namibia, as a result, death rate is also one of the highest in the country; this has undoubtedly as observed by Mchombu, (2009), given rise to a high numbers of orphans in the region, about 14773.

The working definition of an AIDS orphan adopted in this study follows Mchombu, (2009) definition of an orphan. An orphan is a child less than 18 years who has lost one or both parents and/or whose primary caregiver has died.

In this study, no distinction is made between AIDS orphans and orphans from other causes. Eric (2003) and Asemota, (2007) separately observed that since 1995, the major cause of death in Namibia has been HIV and AIDS. Ministry of Health and Social Services Estimates and Projections (2008), recorded that 9,200 people in 2003/04 were estimated to have died due to AIDS in a country of about two million people. Herbert, Lucy & Braam, (2009); reported that since 1995, the major cause of death in Namibia has been HIV and AIDS. UNICEF, (2004) Observed that in five of 11 countries (including Namibia) mostly affected, AIDS is the cause of parental death more than 50 per cent of the time. UNICEF as cited in van Niekerk, A. A and Kopelman, L. M: Ethics & AIDS in Africa 2008; over 80 % of orphans in worst affected countries will be due HIV/AIDS by 2010. The high number of AIDS orphans in Namibia was summed up in a publication by Republic of Namibia, Ministry of Gender Equality and Child welfare, Namibia National Plan of Action for Orphans and

Vulnerable, volume 1, 2007 recorded that “Most of Namibia’s orphans acquire their status as a result of HIV and AIDS”

In the majority of cases, orphans are cared for by family members. In the absence of parents, grandparents and other extended family members often assume the role of caretaker; the United Nations Children’s Fund (UNICEF) estimated that around 60 % of OVC in Namibia are being raised by their grandmothers (UNICEF, 2007). Extended families often face financial and other burdens as they strain to meet the needs of the children in their care. Free external support is available to households with OVC. But, as Namibia’s 2006–2007 DHS reported, forms of this support reached only a small share of OVC households: 11 % received what the DHS categorizes as social/material support; 4 % received school-related assistance; 2 % received emotional support; and 2 % received medical support. More recently, however, there has been an increase in the number of OVC households that receive another form of assistance: economic support through state-awarded child grants. The number of grants awarded has risen from 86,550 in 2007 to 118,089 as of September 2010.

Table 1 HIV Prevalence by Sentinel Sites (2000, 2002 and 2006) HIV/AIDS in Namibia (2006)

Sentinel Sites (and Region) HIV Prevalence (2000 – 2006)			
Region	2000	2002	2006
Caprivi Region	33%	43%	30%
Oshana Region	28%	30%	29%
Khomas Region	31%	27%	24%

According to Kinghorn, (June 2002), orphaned children in general have less access to education and health care; have more indicators of psychosocial distress, and faces greater degrees of child neglect, abandonment, and abuse when compared to non-orphans. United Nations Joint Program on HIV/AIDS (2008) observed that; “neglect of millions of children affected by HIV/AIDS (orphans) is fuelling school drop-out across East and Southern Africa”

Cases and his colleagues as cited by Linda R. (2003) argued that orphaned children who are fostered are at a distinct disadvantage in that they are less likely to attend school than co-resident in the household.

In spite of the supports from Namibian government and non-governmental organisations, some orphans still could not continue with their education. School dropout indicators include but are not limited to; orphans that are much older than their current grades, orphans that lack emotional and material support, persistent work (domestic or commercial) after school and food insecurity at homes.

At independence, education was identified as one of the principal means of achieving socio-economic development of the country. The nation's commitment to education is clearly laid out in Namibia's Constitution, which makes education a right of all Namibians, and makes primary education compulsory. Over the years the commitment of government towards the achievement of this goal is seen in the allocation of the highest percentages of the national budget to the education ministry since independence.

Children, including AIDS orphans are therefore expected to take advantage of government huge investment in education. An orphan dropping out of school directly negates government noble idea and tends to perpetuate poverty and deprivation of a section of the population that is already marginalised. If Namibia is to achieve vision 2030, no section of the population is to be left behind therefore every effort need to be made to explore and solve all tendencies that have the potential to keep orphans out of school.

Republic of Namibia, Ministry of Gender Equality and Child welfare, Namibia National Plan of Action for Orphans and Vulnerable, volume 1, 2007 reported that, despite the evident intentions to ensure that AIDS orphans are not deprived of schooling because of their financial position, in practice there are still some OVC who do not attend school either because they cannot afford the school development fund contribution, the boarding fees or the school uniform or because they are required to stay at home to care for a sick parent. In practice, the exemption procedure for AIDS orphans and other poor children is rarely used due to lack of awareness.

Catholic Aids Action (CAA) and Church Alliance for Orphans (CAFO) are two Faiths based organisations operating in the communities to serve the interest of AIDS orphans, other

vulnerable children and people living with HIV and AIDS. Every year thousands of AIDS orphans and other poor children are registered and provided with educational needs like: school fees, school uniform, psychosocial support, a nutritious meal per day and scholarships to keep AIDS orphans and other poor children at school.

1.2 Research problem

We do not know why orphaned children drop out of school. Despite government and Non-governmental agencies' support, cases of orphans abandoning education still abound. This issue may not be unrelated to emotional, lack of parental love and support, resource deprivations cause children to suffer when they lose one or both parents.

1.3 Research question

Why do AIDS orphaned children drop out of school in Oshana Region of Namibia? This research will attempt to find answers to this seemingly silent problem that is affecting the already disadvantaged section of the population's access to education.

1.4 Significance of study

Knowing the indicators that predicates AIDS orphans drop out of schools in Oshana region will serve as warning bells to government officials to develop measures that will curb or completely eradicate issues leading to orphans dropping out of schools.

This research will contribute to sensitising school principals, school management and the community at large about the possible reasons responsible for orphans' dropping out of school. A further benefit will be that information why orphans dropout of schools will be added to the existing body of knowledge.

Education mitigates the impact of HIV and AIDS on families and communities, and even as a "social vaccine" against HIV infection. Orphans completing their education are thus essential both to fulfilling governments' human rights obligations and to combating the HIV/AIDS pandemic. This study can serve as a catalyst for orphans to complete their education and hence helps to improve the quality of their lives and improves the opportunities for gainful employment.

1.5.1 Aims of the study

To identify the indicators preceding AIDS orphaned children dropping out of schools in Oshana region in order to develop tools to reduce school dropout.

1.5.2 Objectives

To establish indicators for school dropout from principals / teachers perspectives

To establish indicators for school dropout from learners perspectives

To make recommendations to stakeholders on how to reduce school dropout amongst orphans

Chapter 2 Literature Review

2.1 Introduction

In sub-Saharan Africa, there are more than 12 million children orphaned by AIDS, not including the millions of children whose parents are terminally ill. While overall school enrolment rates have risen to approximately 66% in the continent, AIDS-affected children have been systematically left behind. According to GECW volume 1 of (2007), there are about 250 000 orphans in Namibia. When children become orphaned, it is a new beginning

for which no one, none the least children are prepared for. For a majority of these orphans this could mean going to stay with a member of extended families, grandparents, foster parents, and child headed homes (Namibia Research Situation Analysis (2009)

Dropout from school or failure to enrol is the grossest manifestation of impacts of orphans on education. According to Kinghorn, A., (June 2002), international evidence indicates that orphans tend to have lower enrolment rates than children with both parents alive and their disadvantage can be substantial – around 30% lower or worse. Impacts seem to vary widely, depending on social, economic and cultural circumstances. Household income may be a stronger predictor of non-enrolment than orphan status per se. Kinghorn, A.,(June 2002) also reported that poverty forces many children to drop out of school. He reported that girls are more likely than boys to drop out of school or be forced to stay home because of financial limitations.

In Namibia, there is limited data on orphan drop out and attendance rates. However, there are strong indications from qualitative work and the school survey that a significant number of orphans are affected by drop out. In a research conducted by Human Right Watch (2005), twenty nine percent of the learners sampled knew children who had dropped out for over a month after a parental death and 26% knew of permanent drop outs after parental death.

Among teachers, 11% said that parental death was an important reason for dropping out of school. Anecdotal reports of good learners who had dropped out after parents died were common. As reported in Human Rights Watch (2005), previous survey found that significant numbers of drop outs, independent of HIV/AIDS, are due to factors associated directly or indirectly with levels of parental support, a cause for concern.

Children leave school to perform household labour or to bereave their parents' death. Many cannot afford school fees because their surviving parent is too sick to earn a living or their grandmother or foster parents cannot afford school development fees and uniform. Dropping out of school exposes orphans to a lifelong cycle of poverty and abuse. Children who drop out of school face a high risk of sexual exploitation, hazardous labour, and living in the street. Hasnain, M., in *Cultural Approaches to HIV/AIDS Harm Reduction in Muslim Countries* (2005), reported that, effective counselling and education have been shown to change sexual behaviour and reduce the risk of HIV transmission even in high risk groups.

Orphans have reduced demand for education in several ways. The loss of wage earners in the family can reduce it to poverty. Supporting the direct and indirect costs of education becomes increasingly difficult as medical and funeral expenses absorb family resources. Human Rights Watch (2005, p 10), mentioned that surveys in highly AIDS-affected areas in numerous countries have found that orphans are less likely to attend school than non-orphans; less likely to be at the appropriate grade given their age; and more likely to have their schooling interrupted. In 2003, based on demographic data from thirty-one countries, and reported by Human Rights watch (2005), UNICEF concluded that “orphans are less likely to be in school and more likely to fall behind and dropout”.

However, it is not just the lack of financial resources that will keep orphaned children out of school. Even if orphaned children enter school, the chances of them completing their education are slim, this is due to the fact that many children will need to work or care for sick adults. They may also be ostracized, discriminated against and suffer from stigma when it is known that their family members have HIV/AIDS. Some children who are HIV positive will also be too ill to attend school.

Providing care and support for orphans has emerged as one of the biggest challenges Namibia faces today, as the growing numbers overwhelm available resources. As reported by GECW Ministry, 128000 OVC on GRN social grant and application for inclusion in the program is ever growing. The number presented above does not include the children who are directly supported by NGOs notably, Catholic Aids Action and Church Alliance for Orphans.

AIDS, fuelled by poverty levels, is one of the main contributors to orphans incidence in Namibia.

2.2 Many literatures facts support schools and teachers' perspective on AIDS orphans dropping out of school. Some of the reasons are presented below:

2.2.1 Schools are ill-equipped

Faced with an increasing burden of children affected by AIDS, many schools in sub-Saharan Africa are taking modest steps such as establishing "AIDS Clubs," introducing HIV-prevention education, and providing occasional counselling to orphans and other vulnerable children. However, in most cases documented by Human Rights Watch (2005), schools proved ill-equipped to address the complex hardships faced by orphaned children.

2.2.2 Lack of parental support weakens the ability of children to stay in school.

Geoff & John, (2000) and Human Right Watch (2005) separately found that Child-headed households were cited as a cause for orphans dropping out of schools. Regular attendance in school proved next to impossible in this case, unless the household was receiving significant charitable support. It was reported in Human Right watch (2005) that "the first-born of five children in Kenya, said she lost her mother to HIV/AIDS when she was seventeen. Her mother had just given birth when she died, and she dropped out of school to care for her baby sister and three other siblings"

Inability to afford school fees and or school uniform and other prohibitive costs such as textbooks, and examination fees preclude orphaned children from attending school. Indeed, numerous children identified inability to pay for school fees or related costs as the proximate cause of their withdrawal from primary school. Lukuolo H in an interview with Human Right Watch said "I'm selling water, so I can supervise and support my younger siblings who still attended school" he dropped out when his parents were sick and never returned to school.

Poor household income in AIDS affected homes has direct impact on school attendance. A World Bank study reported that school attendance by students 15-20 years old was cut in half in households that lost an adult female in the United Republic of Tanzania (World Bank, 1995). Mutanagadura as cited in Richter, L. (2003), in another study from Zimbabwe found that 31% of households interviewed had a child who was not attending school following the death of the mother. This result was confirmed by Kasawa as cited in Richter, (2003); another

study in Zambia, which found that 55 per cent of AIDS-affected households in the Mansa district were unable to meet the costs of their children's education because of AIDS.

The educational situation of orphans varies from one country to another. According to Eric, (2003), the effects of poverty are such that in sub-Saharan Africa, children aged five to fourteen who had lost one or both parents were less likely to be in school and more likely to be working more than 40 hours a week than children with both parents.

2.2.3 Lack of support to community-based organizations

Consistently among the children interviewed, Human Rights Watch (2005) found that children's first line of defence when their parents or guardians proved unable to support their education were community-based organizations, churches, and women's groups that provided care and support to orphans on extremely limited budgets. Often staffed by people who were themselves poor and AIDS-affected, these organizations were essentially meeting an obligation to protect vulnerable children that had been left unmet by governments. While sometimes funded by governments or international donors, community-based organizations faced a range of burdens ranging from sudden suspensions of funding, arbitrary funding bottlenecks, and lack of legal capacity to make decisions on behalf of children in their care. Catholic Aids Action is an example of a community based organization attending to the needs of AIDS orphans, other poor children and people living with HIV and AIDS. CAA reached out to 18521 orphans in 2011 with psychosocial support, provided school uniform to 6778 orphans and vulnerable children and on monthly basis provided one nutritious meal to average of 1689 orphans. CAA currently has 40 learners directly benefiting from its scholarship programme.

This is a noble community based intervention, however due to reduction in donor funding, these activities are set to gradually die down

2.2.4 Poor health and malnutrition

AIDS Orphans and vulnerable children stand an increased chance of being malnourished and receiving inadequate medical care. A close correlation was reported between child morbidity and the quality of parenting. Fostered children in West Africa experienced higher mortality than other children because of poorer care, malnutrition and reduced access to modern medicine. It might be expected that the health of orphans, especially those in the care of elderly and adolescent caregivers would be worse than other children; substitute caregivers may be uninformed about good nutrition, oral rehydration treatment for diarrhoea and the recognition of serious illness observed Eric, (2003). Children that are malnourished have reduced resistance / defence against many common infectious diseases. Thus when they become sick regularly their school work falls behind and eventually dropped out of school. Thus, poverty and attendant malnutrition and ill health become barriers to attendance and educational quality.

2.2.5 Cruel and impersonal child care

Children affected by HIV/AIDS may be subjected to impersonal and abusive child care through exploitative family and community care; poorly chosen and supervised foster care; and long term institution-based rearing. Some care givers favour the education of their own children over the education of AIDS orphans in their care.

A statement by an AIDS orphan quoted by Human Right Watch (2005) summed up the fate of some AIDS orphans. “I didn't have time to sit and study at home, because I was always working. I wasn't even allowed to turn on the light late at night. I didn't have time to concentrate on my studies. I had to wake up at 5:00 a.m. for school, and it was an hour's walk. I went to a different school from my aunt's kids. They were already in school when I arrived, so I had to register myself. My aunt just didn't want me going to school”

In general, and without considering associated effects such as pre-existing home conditions, separation and bereavement, impersonal and abusive care is associated with a range of psychological disorders, including a reduced capacity for affection and compassion, acting out and more aggressive coping styles. Richter (2003, p, 24)

2.2.6 Migration

Richter (2003, p, 10), observed that, migration has been identified as an important family and community coping mechanism in the face of the HIV/AIDS epidemic. This is especially so in

Southern Africa. Migration occurs for several reasons and people move both within and between rural and urban areas. Some identified forms of migration include 'going-home-to-die', rural widows moving to town to seek work or the help of relatives, and potential caregivers and dependents moving between kin households to achieve the most optimum care arrangements for all concerned. Children are frequently relocated; adolescents are particularly affected by migration, children of school going ages might not find schools in their new locations; in some cases the new foster parent is unable or unwilling to sponsor the education of these orphaned children.

2.3 From learners' perspectives, some factors which they identify as indicator for school dropout among AIDS orphans are presented below.

2.3.1 Stigma and Discrimination

Stigma and discrimination associated with the HIV/AIDS epidemic lead to irregularly school attendance and eventual dropout from school. The stigma associated with HIV/AIDS is causing AIDS affected learners being taunted by their peers. Human Right watch (2005) reported an instance involving an eight year old boy whose school fees were subsidized by The AIDS Support Organization (TASO) in Uganda, "I was known as 'The son of AIDS,' and teachers and students would call me 'TASO Child.' . . . When we were sharing desks, the kids wouldn't want to sit next to me. . . ."

2.3.2 Peer pressure

In addition to the emotional difficulty of losing a parent, children orphaned by AIDS are sometimes teased by classmates for being orphans or for "having AIDS." Human Right watch (2005) reported that, Charles W., who was orphaned at age eight and had his school fees subsidized by The AIDS Support Organization (TASO) in Uganda, said that his classmates and teachers nicknamed him "TASO Child" and treated him differently from other children. Charles also recalled; "My classmates, they knew my parents had died, they caused problems for me. I was segregated. I was known as 'the son of AIDS,' and teachers and students would call me 'TASO Child.' . . . When we were sharing desks, the kids wouldn't want to sit next to me. . . ."

Osborn (2007) reported that increased emotional strain, common amongst the orphaned and vulnerable, may lead to risky behaviours, including exchanging sex for food or shelter and using drugs and alcohol. These are ingredients that proximate school dropout among AIDS orphans.

2.3.3 Children as caregivers in the home

In every country visited, Human Rights Watch (2005) documented numerous cases of children dropping out or falling behind in school when their parent or guardian became ill and unable to care for them due to HIV/AIDS. In Uganda, Martin P. said he lost his father to HIV/AIDS when he was twelve and his mother four years later. When his mother was sick, he and his sister took turns leaving school to care for her. When Mother was sick, it was us who were looking after her. . . . I left school for one term and then went back. Then my sister left school for one term, and we traded back and forth like that. But even when I was in school, it was not good, because my mind was back with my mother, and it was not easy to concentrate on my studies.

Chapter 3 Research Design and Methods

3.1 Introduction

This chapter describes the design and method used in this research. The study adopted both quantitative and qualitative research approaches because of the nature of the topic. Data was collected from teachers, school children and learners who dropped out of school concurrently using focus group discussions and questionnaires. The quantitative data was analysed using SPSS while coding was used to analyse the qualitative data. Qualitative research approach, using case study method which attempt to understand and describe given research problem or topic from the perspectives of the local population it involves was used in this research. The choice of the research design and data collection methods was based on the research objectives.

3.2 Research design

Christensen et. al. (2011) describe a research design as an outline, plan or strategy that specifies the procedure to be used in seeking an answer to the research question and a way of handling some difficulties encountered during the research process.

3.2.1 Qualitative research

The researcher intended to gain insight into the links between being an orphan and the tendency to drop out of school. Gain insight into the support systems that are available to assist orphans in coping with the challenges of being an orphan. There is also the need to understand the resources and measures that could have assisted to keep learners who dropped out school. Since the qualitative approach enables the researcher to explore particular description, depth of understanding and social construction of reality; describe and understand particular group and individuals in particular context, this researcher choose to use it for part of the research (Christensen et. al. 2011).

Christensen (2011) defines qualitative research as research relying primarily on collection of qualitative data (non-numerical data, such as words and pictures). Burns & Grove (2001) concur, describing qualitative research as a systematic, interactive, subject approach used to describe life experiences and give them meaning. The researcher used a qualitative approach in this study based on Christensen's (2011) definitions, and the major characteristics of the qualitative research; these characteristics are (1) qualitative data, (2) personal contact and insight (3) empathetic neutrality and mindfulness.

3.2.2 Quantitative research

Quantitative research seeks to answer questions of how much and how many and is concerned with relationship (especially causal relationships) between variables (Polit & Beck, 2004). It often takes the form of experiment, quasi-experiment or non-experimental design. Non experimental research design includes descriptive research that investigates situations, and relationships in variables without manipulation of independent variables (Polit & Beck, 2004). It usually seeks to establish causal relationships between two or more variables, using statistical methods to test the variables, using statistical methods to test the strength and significance of the relationship (Christensen, 2004).

The research approach adopted using an attitudinal questionnaire as a measuring instrument in order to find out from both teachers and learners why orphans drop out of schools; whether the provision of HIV/AIDS linked support systems and resources have an effect in promoting positive attitudes in orphans. The questionnaire was also used to determine teachers' perspectives of school dropout amongst orphans.

This study combined the two approaches to gain a more complete picture of the situation of orphans and school dropout. Qualitative research complements the quantitative methodology, by providing detailed information on orphans as well as school dropout. What orphans felt about and experienced when a parent died due to HIV/AIDS. Folch-Lyon & Trost (1981) noted that while quantitative methods are suited to identifying 'how' individuals behave, qualitative methods are better equipped to answer the question 'why'.

Firestone (1987) noted that when the two methods have similar results, the findings are more robust and one can be more certain that the findings are not influenced by methodology.

3.3 Research population

The researcher was guided by the research objectives in Chapter 1 to target the three populations, to give answers to the topic, from the perspective of professional teachers, orphans that are still at school and orphans who already dropped out of school.

The purpose of the study was explained to the accessible population and they were willing to describe their experiences and express their inner feelings with regard to school dropout and orphans. A sample was obtained from the accessible population of teachers, school going orphans and orphans who dropped out of school.

3.4 Sampling criteria

According to Polit & Hungler (1999), the researcher should be specific about the criteria that define who are included in the population. The selection criteria for inclusion in this study were based on the three populations of the study as follows:

3.4.1 Sampling criteria for teachers

Two Life Skills teachers and a principal each of the sampled schools provided ample insight into the situation of orphans at the different schools. They had to be primary school or junior secondary teachers; they have taught life Skills as a subject for at least two years; they work directly with orphans at the school in addition to their willingness to participate in the exercise. The respondents for the questionnaire had to be able to self-administer the instrument and return it to the researcher through the respective headmaster of the school.

3.4.2 Sampling criteria for school children

The children had to be in primary or junior secondary school, be in grade 7 or 8 and not older than eighteen (18) years. This is because orphans are generally defined as children under 18 who have lost one or both parents and or a care giver. The cut age of eighteen is also of significance, an eighteen years old learner still in a junior secondary school, may likely be an orphan who is behind in his or her grade. This is also the most vulnerable age for an orphan; he or she is completely dependent upon direct or indirect support for survival and or schooling (UNICEF February 2005). Consent for the children to participate was first discussed with the children and if they accepted the parents or guardians were asked to give and sign consent forms.

3.4.3 Sampling criteria for orphans who dropped out of school

The children in this category are boys and girls under 18 years who are not attending school. It was difficult to have a good number of them at a particular time; the researcher administered the focus group discussion on one on one basis. This has the advantage of

protecting the identity of the participants. These are mostly street kids, children hawkers, domestic workers and gardeners.

3.5 Ethical Approval

Ethical permission to conduct this research was obtained from University of Stellenbosch, Ethical committee.

The permission to conduct this research at upper primary and junior secondary schools was obtained from the Permanent Secretary of the Ministry of Education, Windhoek. Permission to visit schools in Oshana region was given by the Regional Director of Oshana Region. Permission was granted by the principals of the respective schools. Although learners were randomly selected from a pool of orphans, they were informed that their participation was voluntary and that they were free to withdraw from the exercise at any point without any consequence.

Guardians of all learners who participated gave consent for their ward to participate in the research.

3.6 Psychosocial Support

Psychosocial Support a process of meeting a person's emotional, social, mental and spiritual needs was availed to different degree of participants' needs. This was by means of counselling to ALL children that participated in the questionnaire. Bereavement counselling and how to deal with death and dying were conducted in a short session before the questionnaires were handed to the participants. It was apparent that all Life Skills teachers had previously discussed a related topic in their counselling lessons. Psychosocial Support helped to build resilience in the children.

3.7 Focus group Interview

It was difficult to have all identified orphans who dropped out of school in one venue for the interview. Interviews were conducted on one on one basis. Interview questions were both in English language as well as the local language. Mrs Liina Kuushomwa read and interpreted

the questions in the vernacular language were necessary. All interviewees responded in some level of English language. The researcher and his assistant took notes which helped the researcher to check the accuracy of the information collected from all interviewees.

All participants were taken through a session of bereavement counselling and how to deal with death and dying. The level of acceptance of their situation was assessed before the commencement of interview session. Only eight orphans who dropped out of school were interviewed. Though more orphans were identified, some moved to deep villages to stay with grandparents or to herd cattle in inaccessible hinterland. Others were not comfortable talking about their situations as AIDS orphans.

Chapter 4 Results

4.1 Results and Discussion

In this chapter, the information obtained from the research questionnaire and focus group discussions are analysed and interpreted. Firstly, the findings resulting from the questionnaire are presented followed by the findings resulting from the focus group discussions. Bar charts are provided for all statements of the questionnaire. A comparison discussion follows for the findings from the two instruments guided by the relevant objective.

The tables presented below, contains information obtained from records of the nine schools where questionnaires were administered. Only grade 7 and 8 were considered in this report.

4.2 Tables 4.1 and 4.2 showed the number of learners in grade 7 and 8 of the sampled schools. The percentages of AIDS orphans in each grade are presented. The number of learners per grade who dropped out of school is presented alongside number of AIDS orphans who dropped out of school from all schools that participated in the research.

The percentage of orphans who dropped out of school in 2009 and 2010 were considered. 52.9% orphans in grades 7 and 8 of the schools dropped out of school in 2009 while 41.7% dropped out in 2010. Some individual schools have worse percentages of orphans who dropped out of school in the two years under consideration.

Table 4.1 Percentage of school dropout amongst grade 7 and 8 orphans in participating schools in Oshana region in 2009

Schools 2009	Grade	Learners	Orphans	% of orphans	Left school	Orphans	%
Ambili CS	7	112	38	33.9	2	1	50.0
Andimba TYT SSS	8	57	17	29.8	0	0	0.0
Iihenda SSS	8	180	48	26.7	6	4	66.7
Mvula JSS	8	71	29	40.8	0	0	0.0
Nangolo SSS	8	65	25	38.5	1	1	100.0
Olukol JSS	8	102	2	2.0	5	1	20.0
Olukolo PS	7	100	38	38.0	2	1	50.0
Oluno PS	7	75	22	29.3	0	0	0.0
Oshitayi PS	7	110	52	47.3	1	1	100.0
		872	271	31.1	17	9	52.9

Schools 2010	Grade	Learners	Orphans	% of orphans	Left school	Orphans	%
Ambili CS	7	80	36	45.0	1	0	0.0
Andimba TYT SSS	8	56	15	26.8	0	0	0.0
Iihenda SSS	8	138	52	37.7	9	4	44.4
Mvula JSS	8	103	36	35.0	3	1	33.3
Nangolo SSS	8	46	27	58.7	1	1	100.0
Olukolo JSS	8	74	18	24.3	4	1	25.0
Olukolo PS	7	113	39	34.5	3	2	66.7
Oluno PS	7	81	22	27.2	0	0	0.0
Oshitayi PS	7	89	32	36.0	3	1	33.3
		780	277	35.5	24	10	41.7

Table 4.2 Percentage of school dropout amongst grade 7 and 8 orphans in participating schools in Oshana region in 2010

4.3 Demographic information of participants according to the questionnaire

Nine schools were randomly selected to participate in this study. Thirty questionnaires were distributed to each of the nine schools. A total of two hundred and seventy questionnaires were distributed; only one school failed to complete the questionnaires due to examination commitments. Two hundred and forty, representing 88.88% responses were completed and returned.

Orphans at schools who responded to the questionnaire are fairly balanced in gender. 45% male and 55% females completed the questionnaires. 37.5% and 62.5% males and females respectively of orphans who dropped out of school participated in the focus group interview. 70.4% Principals and Life Skills teachers who completed the questionnaires are females while the remaining 29.6% are males.

4.4 Analysis of results

Because of the nature of this research, triangulation which is the use of multiple data sources, research methods and theories to cross-check and corroborates data and conclusion was adopted. Information gathered from the three population groups were used to arrive at the conclusion presented in this report.

4.4.1 Lack of support as a key drop out indicator

As shown in Table 4.3 and Figure. 4.1, lack of parental love/guardian support 32.6%, work (to earn income) 23.6%, relocation of guardian 13.5% and Domestic problems 12.4% which jointly accounted for 82.1% were identified by principals and Life Skills teachers as strong indicators leading to orphans dropping out of school. Allemano, E., (2003) observed that, a growing number of literature is bringing to light the plight of AIDS orphans; their weakened educability due not only to health and nutritional problems but also due to lack of parental support weakens the ability of AIDS orphans to stay in school. A paper presented by Hallfors, Cho, Rusakaniko, Iritiani, Mapfumo and Halpern in the American Journal of Public Health; (2011). They observed that providing orphans with a universal daily feeding program; school fees and uniforms, reduced school dropout by 82% over a period of two years

Table 4.3 Indicators of school dropout

	Comments by principals and teachers	Number	%
1	Too old for grade	7	7.8
2	failure	1	1.1
3	Lost interest	1	1.1
4	Domestic problems	11	12.4
5	Lack of parental love/guardian support	29	32.6
6	To work (earn income)	21	23.6
7	Discipline	1	1.1
8	Child headed home	4	4.5
9	Substance abuse	1	1.1
10	Relocation of guardian	12	13.5
11	Sickness	1	1.1
		89	100.0

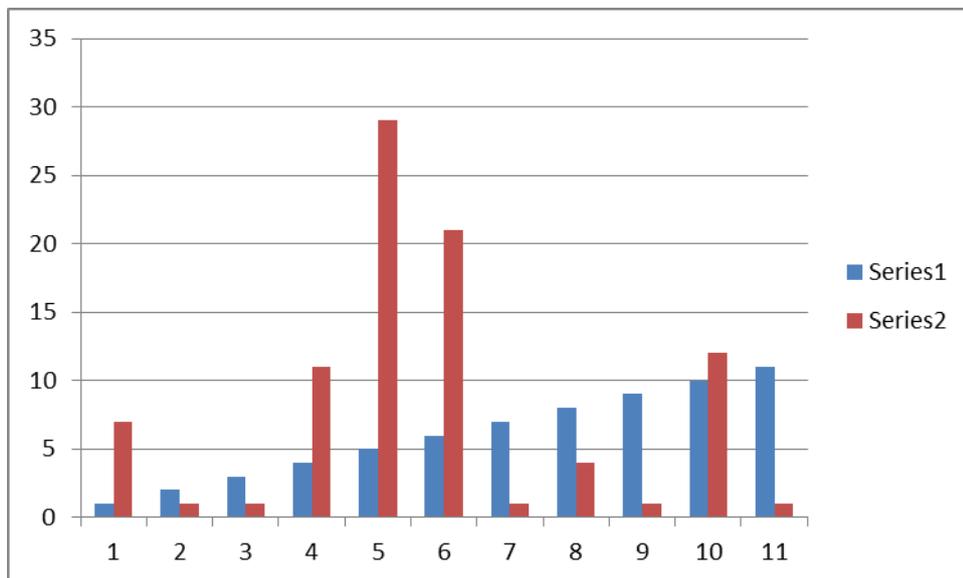


Figure 4.1 Chart 1 Bar chart showing indicators for school dropout

AIDS orphans attending school also identified lack of support as a major indicator for orphans to drop out of school. 69.2% 240 respondents agreed to strongly agree that many AIDS orphans left school for lack of support.

These four indicators as indicated in 4.4.1 were found to be significant in regression analysis. Figure 4.2 which represents upper primary and junior secondary schools responses on the importance of support to AIDS orphans as an indicator for school dropout. The result shows a 69.2% strongly agree to agree in support of the importance or support to keep AIDS orphans in schools.

A continuation of the trend was also picked up in the focus group interview.

100% of orphans who dropped out of school identified lack of support as a key indicator fuelling orphans school dropout in the Oshana region.

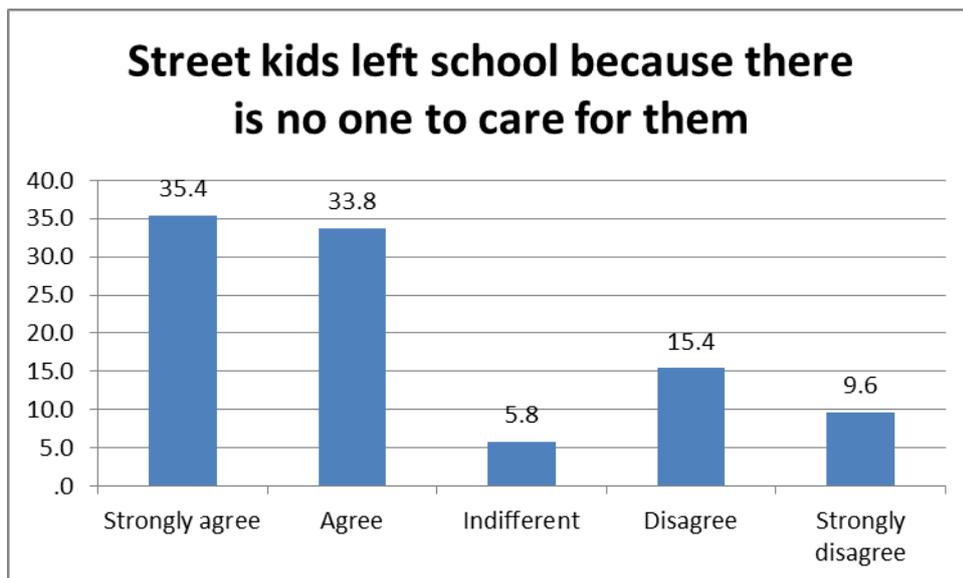


Figure 4.2 Street kids left because there is no one to care for them

The poor support AIDS orphans get from their guardians was reflected in their level of happiness. Figure 4.4 shows a combined 68% from the subjects in upper primary and junior secondary schools responded strongly agree to agree that orphans are not always happy in their new residences after the death of their parent/s. This state of affairs makes orphans very vulnerable and at the risk of irrational decisions, which might include dropping out of school. 100% of out of school AIDS orphans responded in the affirmative that lack of support is a major drop out indicator.

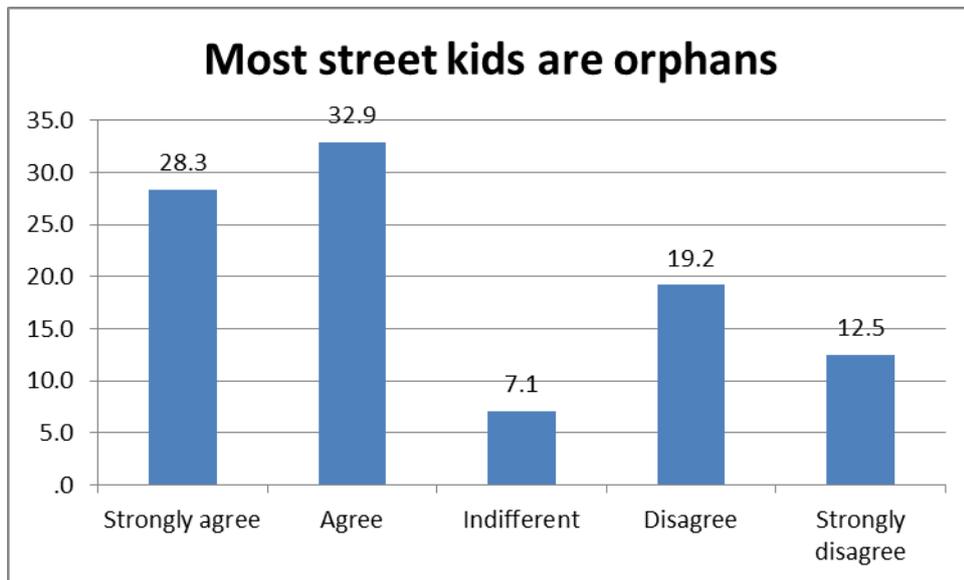


Figure 4.3 Most street kids are orphans

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.532	.157		9.765	.000	1.223	1.841
	Most street kids are orphans	.908	.121	1.035	7.476	.000	.669	1.147

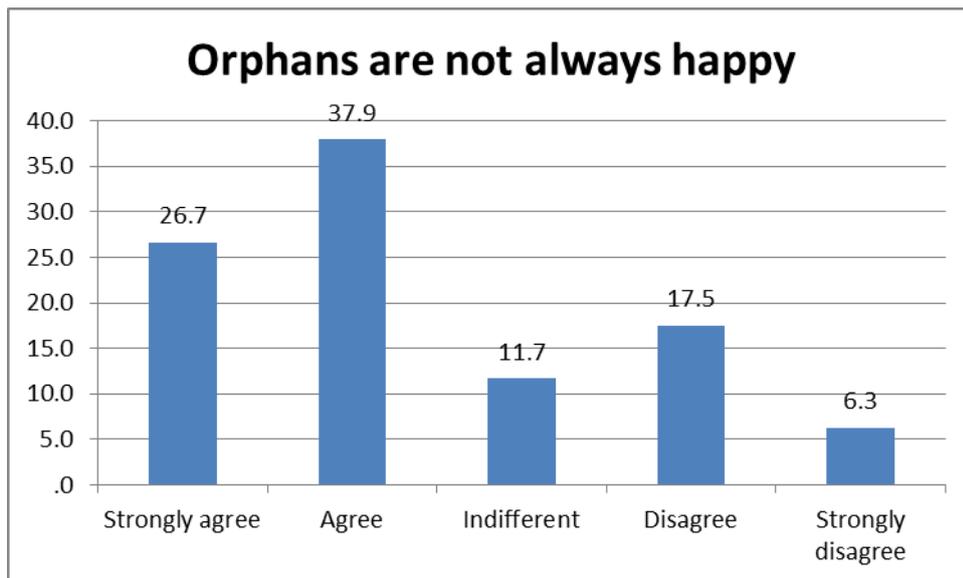


Figure 4.4 Orphans are not always happy

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.532	.157		9.765	.000	1.223	1.841
	Orphans are not always happy?	-.965	.127	-.964	-7.610	.000	-1.215	-.715

4.4.2 Poor Psychosocial support

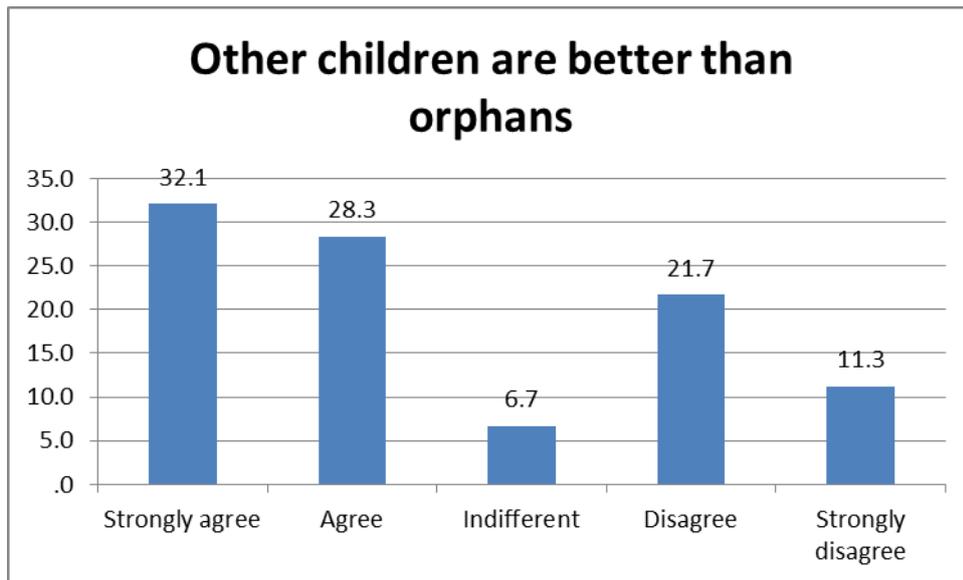


Figure 4.5 Other children are better than orphans

Self-worth of AIDS orphans came out strongly as an indicator of school dropout. Figure 4.5 shows a combined 60.4% of the participants agree that other children are better than they are. This state of inferiority combined with discrimination and stigmatization associated with HIV and AIDS proved to be one of the reasons AIDS orphans dropout of school. One hundred percent of AIDS orphans who dropped out of school also agree that less self-worth is a strong indicator. Phenomena of stigmatisation and discrimination affect the ability to learn of many AIDS orphans or pupils whose families are affected by AIDS. This is in agreement with the findings cited by Kinghorn, A (2002) psychosocial problems; these are due to stress, grief, self-stigmatization, neglect and abuse, social isolation and discrimination. Kinghorn (2002) further pronounced that studies and informants have often noted that impacts are often worse when children are separated from siblings.

In this research and as depicted in Figure 4.6 it was found that 47.5% of upper primary and junior secondary schools respondents are not staying with their siblings. 7.5% of respondents remain neutral.

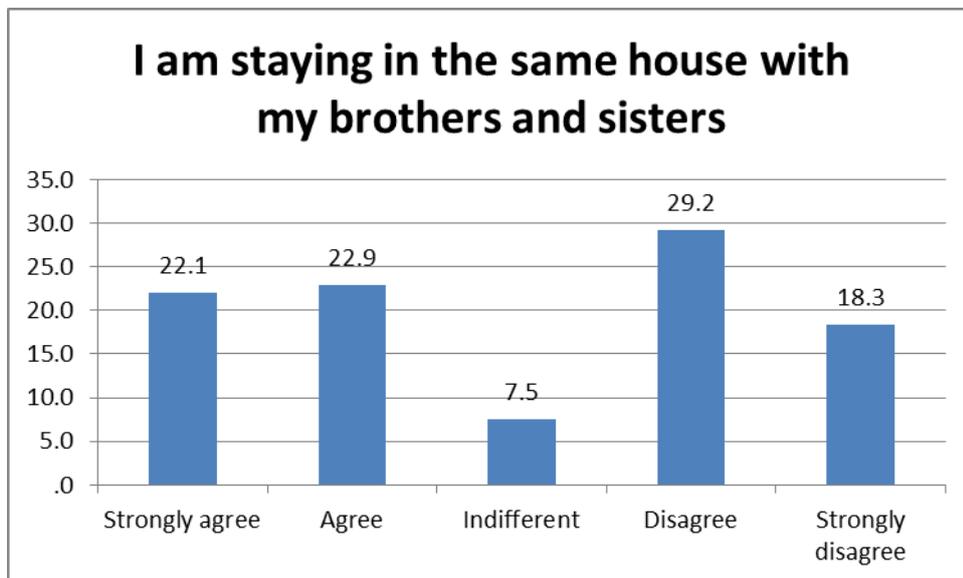


Figure 4.6 I am staying in the same house with my brothers and sisters

Non-physical maltreatment of children from AIDS affected families were most commonly cited, and included avoidance, teasing and neglect. Indications of inability to deal with psychosocial problems, such as lack of motivation, bad behaviour, social problems or substance abuse, though not specific to orphans, were frequently cited as reasons for drop out by teachers.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.532	.157		9.765	.000	1.223	1.841
	I am staying in the same house as my brothers and sisters	.311	.077	.371	4.054	.000	.160	.462

AIDS orphans are also very lonely people; 63.3% of 240 upper primary and junior secondary schools subjects confirmed this assertion. This is not uncommon in a situation where there is discrimination and stigmatization

AIDS orphans feelings of loneliness were captured in Figure 4.7; a cumulative 63.3% of all AIDS orphans in upper primary and junior secondary schools participants agree that AIDS orphans sometimes feel very lonely. It also came out as a strong indicator amongst AIDS orphans that participated in the focus group interview. 100% of them concurred it was a contributory reason why they left school. This is in conformity with Cluvera, L., Gardner, F. & Operarioc, D; in Poverty and Psychological health among AIDS orphaned children in Cape Town, South Africa (2007) who cite various journal articles by different authors. In a journal article cite by Cluvera et. al, Bhargava (2005) and Cluver, Gardner, & Operario, (2008) separately reported peer relationship difficulties among AIDS orphans in sub-Saharan Africa. The difficulties in forging relationships are supported by the findings of other researchers and cited by Cluvera et. al include Nyamakapa et. al., (2008) who asserted that evidence suggests that AIDS-orphaned children are at particular risk for psychological distress compared with non-orphans. Makame, Ani, & McGregor, (2002) and Sengendo & Nambi, (1997) found raised rates of depression. Atwine, Cantor- Graae, & Bajunirwe, (2005) and Pelton & Forehand, (2005) documented higher levels anxiety in AIDS orphans than non-AIDS orphans. (Cluver, Gardner, & Operario, 2007; Makaya et. al., 2002) separately reported on the high post-traumatic stress amongst AIDS orphans.

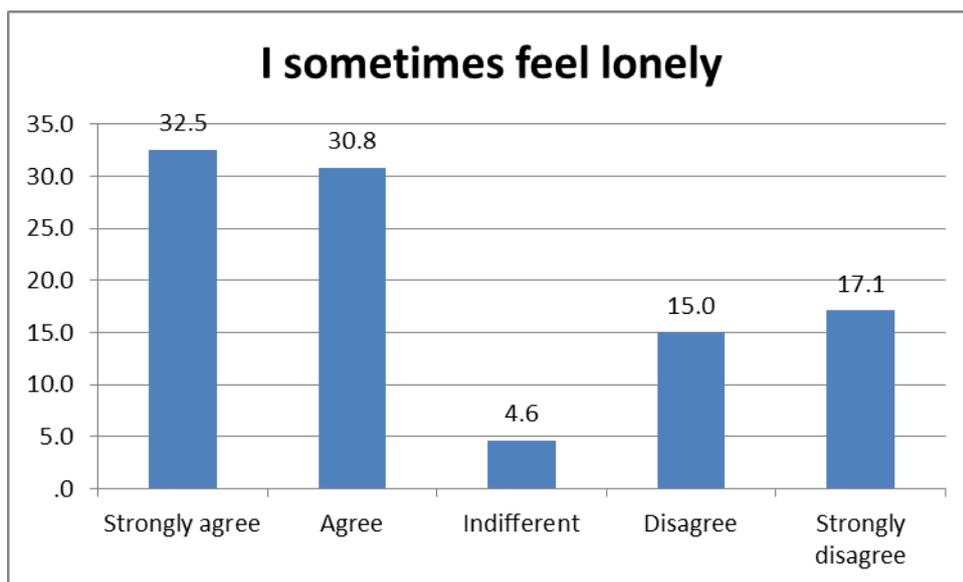


Figure 4.7 I sometimes feel lonely

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.532	.157		9.765	.000	1.223	1.841
	I sometimes feel lonely	-.698	.123	-.767	-5.668	.000	-.940	-.455

The need for psychosocial support for AIDS orphans cannot be emphasised enough. In a report published by, Republic of Namibia: Ministry of Gender Equality and Child Welfare, annual report (2010) MGECW provided psychosocial support to 2114 orphans and vulnerable children in 2010 out of over 120 828 registered OVC a mere 1.75% of children in need. Only 110 OVC were reached with psychosocial support in Oshana region.

100% of upper primary, junior secondary school AIDS orphans and AIDS orphans who dropped out of school agreed that if there is one thing they wish to have is the return of their late parents. Leena who dropped out of school in grade 8 recalled that:

“I sit alone and cried when I think of the ways my mother used to support me and when I realised that she is never coming back”

“I wish that my mother will come back to life”

4.4.3 Food insecurity (Hunger) at homes was also identified as a major indicator for AIDS orphans to drop out of school. United Nations Development Assistance Framework 2006-2010 (UNDAF) Namibia observed that recent figures indicate that some 40% of Namibians are living below the income poverty line and are exposed to chronic food insecurity. High and rising levels of food insecurity compound the already pathetic conditions of AIDS orphans. Although Namibia is one of the few African countries that provides old age pensions and grants for OVC and for people with disabilities, many do not receive their entitlements, usually due to lack of awareness or geographical or social factors (MGECW 2007)

All participants in the focus interview confirmed that hunger was a contributory factor why they left school. 75% of AIDS orphans who dropped out of school never heard of the availability of social grant to assist orphans with their education.

The effects of hunger on school participation were reported by Republic of Namibia, Ministry of Gender Equality and Child welfare, Namibia National Plan of Action for Orphans and Vulnerable, volume 1, 2007. It says “Feeling hungry and being unable to concentrate at school is a common experience among AIDS orphans and other vulnerable children”

Although school feeding programme is in place at some selected schools, they are only operational during weekdays and when schools are in session. They are closed during weekends and school holidays.

Figure 4.8 shows that, 42.1% upper primary and junior secondary school AIDS orphans, agreed that hunger is a factor promoting school dropout.

Principals and Life Skills teachers responded 23.6% of the time that orphans work to earn an income in order to feed themselves.

An AIDS orphan who got this grant but still dropped out school recalled that:

“I am registered to get social grant to enable me continue my schooling, but when the money is collected, it is used secure food for the whole family”

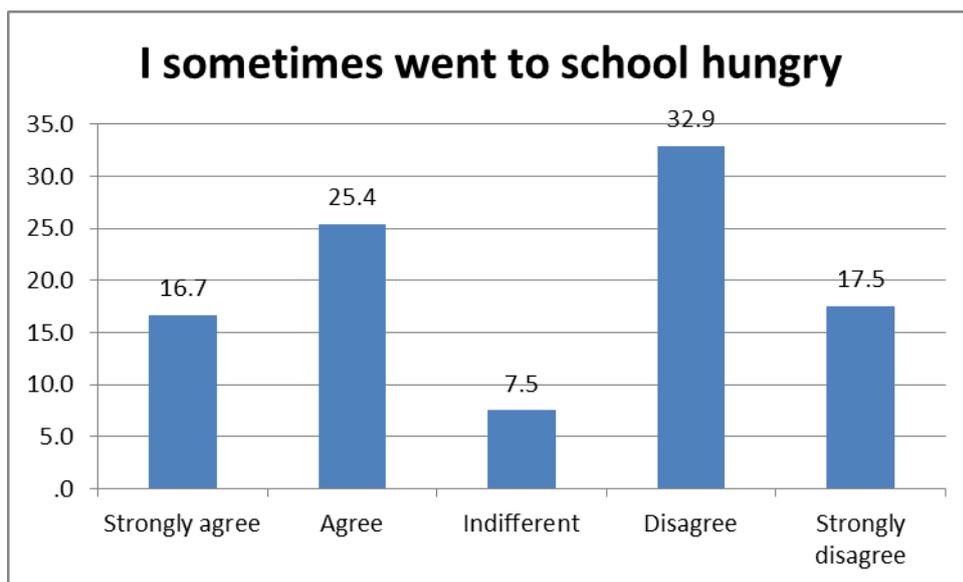


Figure 4.8 I sometimes went to school hungry

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.532	.157		9.765	.000	1.223	1.841
	I sometimes went to school hungry	-.698	.123	-.767	-5.668	.000	-.940	-.455

4.4.4 Working to earn an income

According to Andrews et. al. (2006, pp. 274-275), Barnett & Whiteside (2006, pp210 – 235), UNICEF (1999, pp 3 – 6) as cited in Lucy Edwards – Jauch in AIDS and Family Structures (2010) AIDS orphans dropout of school because they cannot pay fees, they have to engage in income generating activities or replace adult labour. This observation was captured in the responses of all the participants who identified income generating activities among AIDS orphans as an indicator for AIDS orphans to drop out of school. School principals and Life Skills teachers agreed 23.6% of the times that income generating activities amongst AIDS orphans are an indicator for school dropout.

Upper primary and junior secondary schools AIDS orphans only responded 29.1% of 240 responses that an income activity is a strong indicator; this is captured in Figure 4.9. This is expected as they are being looked after by a caregiver. With AIDS orphans who already dropped out of school, an income generating activity ranked among the top reasons why they dropped out of schooling. 100% of them agreed that hunger while sitting in the class leads to many other things. When they go to motor parks to carry passenger luggage to earn income for food, their school home work is left unattended which overtime leads to failing your grades and eventual dropout.

Despite the evident intentions to ensure that AIDS orphans are not deprived of schooling because of their financial position, in practice there are still some OVC who do not attend school either because they cannot afford the school development fund contribution, the boarding fees or the school uniform, working to earn meagre income or because they are required to stay at home to care for a sick parent. In practice, the exemption procedure for AIDS orphans and poor children is rarely used due to lack of awareness as reported by GECW, volume 1, (2007)

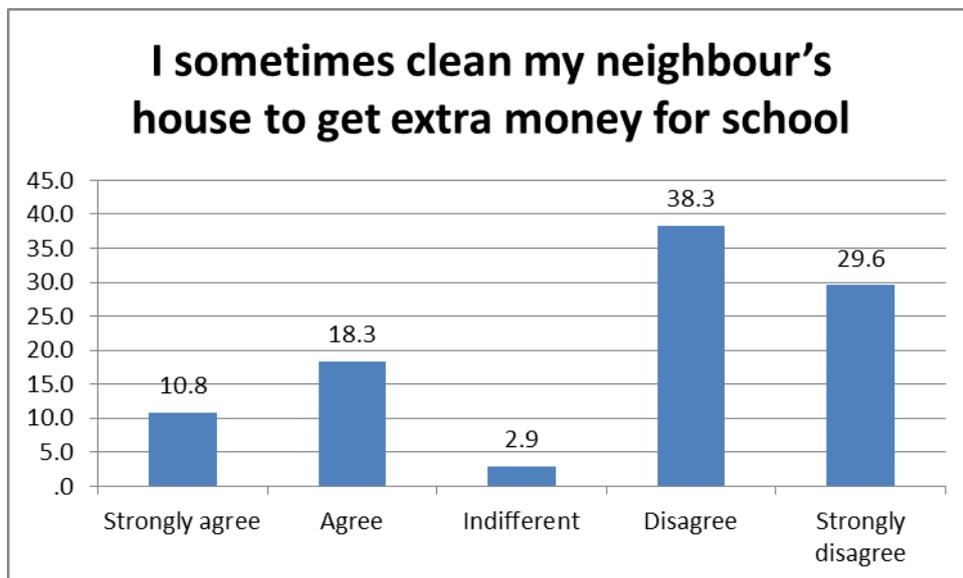


Figure 4.9 I sometimes clean my neighbour's house to get extra money for school

4.4.5 Too old for current grade

One hundred and eighteen AIDS orphans, representing 49.2% of the respondents in grades 7 and 8 are found to be older than 16 years which is above the average age of 15.5 years. The grades under review started school when they were 6 years old. Making allowances for late starting and repetition, all participants should not be older than 15 by the time they reach grade 8. Though the grade average of 15.5 was already higher than the expected average, 118 AIDS orphans are well above the grade average.

This is found to be in line with literature findings that showed that AIDS orphans do fall behind their grades when they leave school to mourn their deceased parents. Human Right Watch (2005) reported that recent surveys from Kenya, South Africa, and Tanzania show that orphans are less likely to be at an age-appropriate grade, as they leave school to perform household labor or to bereave their parents' death.

Principals and Life Skills teachers identified old age 7.8% of the time, among AIDS orphans as an indicator for school dropout. The average age of AIDS orphans in this study who dropped out of school was found to 18 years. Three years older than the average age of the class when they left school. The older they become, the more complex are their needs and the higher the tendency to drop out of school.

Guarcello, L., Iyon, S., Rosati, F., & Valdivia, C.A. (October 2004). The influence of orphanhood on Children's Schooling and Labour: Evidence from Sub Sahara Africa. These authors concluded that, in many AIDS affected contexts, orphans are less likely to be at their proper educational level than non-orphans of the same age. Double orphans appear to be at the highest risk,

Interview report of two orphans who dropped out of school

The names used in the interview section of this research are not the real names of the respondents. This is done to protect the identity of the respondents.

Pombili is 19 years old male orphan who dropped out of school in 2009 mid-way through grade 9. His father died when he was 8 and his mother died in 2007. His grandmother took him in along with his younger siblings. Meeting their daily food need became a challenge and Pombili spent more and more time out of school to clean neighbours' home in return for food and small cash. He eventually dropped out of school because of hunger and inability to meet his basic needs.

Pombili remarked that "I was always shy to play with my class mates as they were too young. When we play and one of the kids cried, the teachers always blame me. During holidays I went to look for work in a shop and I decided not to go back to school

Tuli has faint knowledge of her father who died when she was only six. Her mother died in 2010 when she was in grade 8 and sixteen years old. She never went back to school afterwards. With the assistance of the Life Skills teacher and the school principal, Tuli was registered for government social grant to continue with her studies. Unfortunately Tuli fell pregnant shortly afterwards and the hope of going back to school died away.

Chapter 5 Conclusion and Recommendations

5.1 Conclusion

The common impacts of HIV/AIDS on orphaned children include deepening poverty, food insecurity, reduced access to health services, increased chances of dropping out of school, deteriorating housing, worsening material conditions, and loss of access to land and other productive assets. Psychosocial distress is another impact on children and families, and it includes anxiety, loss of parental love and nurture, depression, grief, and separation of siblings among relatives to spread the economic burden of their care.

From the result of this research, it can be concluded that there are clear indicators or warning signs leading up to the eventual dropping out school amongst AIDS orphans and other vulnerable children. The indicators identified in this research are by no means exhaustive but serves as a guide to community members, school authorities and other stake holders in early

identification of conditions leading up to school dropout amongst AIDS orphans and indeed other children in distress.

The role of school principals and Life Skills teachers is paramount in early identification of these signs. The need for psychosocial support for AIDS orphans cannot be emphasised enough. All upper primary, junior secondary school AIDS orphans and AIDS orphans who dropped out of school agreed that there is need to assist orphans to come to terms with their situation.

5.2 Recommendations

School dropout among AIDS orphans in Oshana region requires the combined efforts of all to eradicate it. Government of Republic of Namibia (GRN) has laudable policies in place to enhance the education of all orphans. There are always challenges either in the implementation or the scope is too narrow to have the desired effects.

Scale up psychosocial support and caring environment; AIDS orphans need help coping with great challenges like the loss of a parent, separation from siblings. Government and NGOs should help support the healing process and help children build resilience. MGECW provided psychosocial support to 2114 orphans and vulnerable children in 2010 out of over 120 828 registered OVC a mere 1.75% of children in need. There is a clear need to scale up service delivery to reach more needy children in Namibia and Oshana region in particular.

Majority of AIDS orphans interviewed are unaware of social grant to support their education. More need to be done in the area of publicising GRN interventions to meet the needs of all needy children. Local counsellors, traditional leaders, the community, schools and all stake holders should be actively involved in the identification and referral of needy children to relevant authority for support.

Social grant to support educational needs is sometimes diverted to other crucial family needs. GRN may consider sending AIDS orphans and other needy children to a boarding school to guarantee food security.

GRN should offset the economic impact of AIDS on orphans. Exemption from school fees should be monitored and enforced or special indigent scholarships targeting AIDS orphans and other needy children should be considered to keep orphans from leaving school for want of resources to pay fees and their general upkeep.

5.3 Research limitations

The trauma of reliving a painful experience like the death of a parent was too much for many orphans to participate in the focus group interviews. Fewer than expected AIDS orphans who already dropped out of school participated in the focus group interview; many who initially volunteered to participate in the interview withdrew after the first session of psychosocial support. More time is required for children to build up resilience before they can freely talk about their experience.

Some schools could not be reached due to the perennial flooding problems in the Northern part of the country. This greatly reduce the wide spread and variability of the schools, learners and teachers that participated in the research.

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Addendum A

In all statistical analysis that follows, an alpha level of 0.05 was used for all tests.

Multiple Regression 2009

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.619 ^a	.383	.367	.976

a. Predictors: (Constant), Most street kids are orphans, I am staying in the same house with my brothers and sisters, House work is preventing me from doing my school work., I am afraid of HIV/AIDS, Orphans are not always happy? , I know an orphan not attending school

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	138.014	6	23.002	24.144	.000 ^a
	Residual	221.986	233	.953		
	Total	360.000	239			

a. Predictors: (Constant), Most street kids are orphans, I am staying in the same house with my brothers and sisters, House work is preventing me from doing my school work., I am afraid of HIV/AIDS, Orphans are not always happy? , I know an orphan not attending school

b. Dependent Variable: Orphansleftschool

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.532	.157		9.765	.000	1.223	1.841

Orphans are not always happy?	-.965	.127	-.964	-7.610	.000	-1.215	-.715
House work is preventing me from doing my school work.	-.418	.102	-.482	-4.111	.000	-.618	-.218
I am staying in the same house with my brothers and sisters	.311	.077	.371	4.054	.000	.160	.462
I know an orphan not attending school	-.385	.108	-.464	-3.571	.000	-.598	-.173
I am afraid of HIV/AIDS	.413	.102	.472	4.054	.000	.212	.614
Most street kids are orphans	.908	.121	1.035	7.476	.000	.669	1.147

a. Dependent Variable: Orphansleftschool

Addendum B

Multiple Regression 2010

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.648 ^a	.420	.398	.987

a. Predictors: (Constant), Most street kids are orphans, I am staying in the same house with my brothers and sisters, Other children are better than orphans, House work is preventing me from doing my school work., I sometimes feel lonely, I sometimes went to school hungry, I know an orphan not attending school, Orphans are not always happy? , It is difficult to get what I want

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	162.322	9	18.036	18.525	.000 ^a
	Residual	223.928	230	.974		
	Total	386.250	239			

a. Predictors: (Constant), Most street kids are orphans, I am staying in the same house with my brothers and sisters, Other children are better than orphans, House work is preventing me from doing my school work., I sometimes feel lonely, I sometimes went to school hungry, I know an orphan not attending school, Orphans are not always happy? , It is difficult to get what I want

b. Dependent Variable: Orphansleftschool

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound

1	(Constant)	1.519	.161		9.440	.000	1.202	1.836
	Orphans are not always happy?	-.842	.127	-.812	-6.650	.000	-1.092	-.593
	It is difficult to get what I want	.477	.121	.545	3.945	.000	.239	.715
	I am staying in the same house with my brothers and sisters	.638	.086	.735	7.447	.000	.469	.807
	I know an orphan not attending school	-.649	.113	-.756	-5.731	.000	-.873	-.426
	I sometimes went to school hungry	-.698	.123	-.767	-5.668	.000	-.940	-.455
	I sometimes feel lonely	.276	.104	.325	2.668	.008	.072	.481
	Most street kids are orphans	.694	.139	.763	4.988	.000	.420	.968

a. Dependent Variable: Orphansleftschool

Addendum C

Consent to participate in research

Primary Investigator: Anthony Ishola Contact Tel: 081 2438603 or 065 240259

The purpose of the research is **a study of the relationship between school dropout and AIDS orphans in Oshana region.**

Orphans not attending school are requested to participate in a focus group discussion to determine if being an orphan is a reason why they dropped out of school. The participation of your child or ward is entirely voluntary. The research will maintain an anonymous status of participants in the focus group and names of participants will not be used for any reason. Please be assured that all information given to me will be kept confidential and will be used only for the purposes of completing my thesis.

I being, the parent / guardian of, have read the consent request and understand the purpose of the research. I have had the opportunity to ask questions and understand that my child can change his / her mind or I can choose to withdraw my child at any time during the focus group discussion. I agree voluntarily to let my child participate in the focus group discussion.

Date Signature of consenting parent/guardian

Date Signature of Researcher

Addendum D
Letter to schools

P. O. Box 479
Ondangwa
Oshana Region
Namibia
7 July 2011

The Headmaster

.....

Ondangwa
Oshana Region

Dear Madam

RE: Request for School Learners' participation in research

My name is Anthony Ishola a student with the University of Stellenbosch, South Africa. I am carrying out a research as part of my thesis entitled **“A STUDY OF THE RELATIONSHIP BETWEEN SCHOOL DROPOUT AND AIDS ORPHANS IN OSHANA REGION”**.

I would like to request learners from your school who are registered orphans to participate in the research by answering the attached questionnaires individually.

Participating learners receives only one of questionnaire. I have provided an envelope in which the questionnaires can be dropped after completion. I will return to collect the questionnaires after one week.

Please be assured that all information given to me will be kept confidential and will be used only for the purposes of this research. The questionnaires are in an anonymous format and I would like to request for learners to answer all questions truthfully.

**I being, the foster parent / guardian of,
have read the consent request and understand the purpose of the research. I have had the opportunity to
ask questions and understand that my child can change his / her mind or I can choose to withdraw my
child at any time during the exercise. I agree voluntarily to let my child to complete the questionnaires.**

Date Signature of foster parent/principal

Date Signature of Researcher

Thanking you in advance for allowing this research to take place.

Yours sincerely

Anthony Ishola

Addendum E

Dear Respondent/Participant

Re: A STUDY OF THE RELATIONSHIP BETWEEN SCHOOL DROPOUT AND AIDS ORPHANS IN OSHANA REGION

In partial fulfillments of the requirements of the Master of Philosophy Degree in HIV/AIDS Management from the Africa Center of HIV/AIDS Management at Stellenbosch University. I am carrying out a study with the above title. The information you will supply is for academic purposes and will be treated with confidence. The purpose of this study was to gather baseline information on the relationship between school dropout and orphans in Oshana region.

Through the questionnaire I intend to ask the following research question

1. What factors contribute to school dropout amongst orphans in Oshana region
2. What measures if any can be taken to ameliorate the challenges

AIMS OF THE STUDY

This research project seeks to advance reasons why orphaned children dropout of schools in Oshana region in order to develop tools to reduce school dropout.

OBJECTIVES:

To establish reasons for school dropout from teachers perspectives

To establish reasons for school dropout from learners perspectives

To make recommendations to stakeholders on how to reduce school dropout amongst orphans

Please feel free to contact me should you have any questions or you need clarification. Thank you.

Yours sincerely



REPUBLIC OF NAMIBIA
OSHANA REGIONAL COUNCIL

DIRECTORATE OF EDUCATION
Aspiring to Excellence in Education for All

Tel: 065 - 229800
Fax: 065 - 229833
E-mail: imanuelaipanda@hotmail.com
Enquiries: Immanuel S. Aipanda
Reference 12/1/10/3

Private Bag 5518
Oshakati, Namibia

Inspectors of Education
Principals of Schools
Oshana Region

Dear Colleagues

Permission to conduct research in schools

Mr Ishola Anthony Shannuolu is hereby allowed to conduct his research in schools in our region. The research is about the relationship between school dropouts and orphans in Oshana region. Attached to this writing is letter from the Permanent Secretary which clearly spells out the conditions. Our office also stands by those conditions.

Kindly accord him the necessary co-operation and assistance he may require.

Yours sincerely


Mrs Dutte N Shinyemba
Regional Director



All official correspondence should be addressed to the Chief Regional Officer



REPUBLIC OF NAMIBIA

MINISTRY OF EDUCATION

Private Bag 13186, WINDHOEK

Enquiries: GD Enssle
Tel: 061 293 3220
Fax: 061 293 3219
Email: genssle@mec.gov.na
Ref: 12/1/10/3

22 June 2011

Mr. Ishola Anthony Shanuolu
P. O. Box 479
ONDANGWA

Dear Mr. Ishola

**SUBJECT: REQUEST TO CONDUCT RESEARCH STUDY IN SCHOOLS,
OSHANA REGION – YOUR SELF**

1. Your letter dated 20 June 2011 is hereby acknowledged and has reference.
2. The Ministry of Education has carefully studied your request and has no objections. Hence, the Office of the Permanent Secretary hereby grants you permission to carry out your research study in schools of the said region.
3. However, you are reminded to take into considerations the following conditions:
 - that the final decision lies with the Oshana Education Directorate and should be approached to grant you approval before you visit schools;
 - learning and teaching activities should not be interrupted; and
 - schools and participants must be informed well in advance.
4. By copy of this letter, the Oshana Education Directorate is made aware of this request and its blessings from my office.
5. The Ministry would like to wish you all the best in your research study.

Yours sincerely


Mr. Alfred M. Ilukena
PERMANENT SECRETARY

cc: Oshana Education Directorate

23/06/11
Date

Addendum F

Focus group discussion with orphans who dropped out of school

(Ookundathana naanona yoothigwa mboka ya etha po osikola.)

A STUDY OF THE RELATIONSHIP BETWEEN SCHOOL DROPOUT AND ORPHANS IN OSHANA REGION

(Ekonakono oku konakona ekwatathano lyoku etha po osikola kwaanona yoothigwa moshitopolwa shaShana.)

GROUP DISCUSSION WITH AIDS ORPHANS WHO DROPPED OUT OF SCHOOL

(Oonkundathana naanona yoothigwa mboka ya etha po osikola)

Location and Date (Ehala nesiku) _____

Number of Participants (Omwaalu gwaanona yakutha ombinga)_____

Time of day(Ethimbo) _____

Moderator: My name is Anthony Ishola. My role here is to facilitate this group discussion—to keep things moving and to be sure everyone here gets a chance to talk.

My partner is Mrs Liina Kushomwa, her role is to facilitate discussion in the local language (Oshiwambo).

Omuwiliki: Edhina lyandje ongame Anthony Ishola. Oshilonga shandje osho ku wilika oonkundathana ndhika, noku mona kutya kehe gumwe okwa mona ompito yo ku tya sha. Nguno tu li naye oye meme Liina Kuushomwa, oshilonga she osho ku wilika oonkundathana melaka lyOshiwambo.

Let's start out by having everyone introduce him or herself, giving your nickname only, your age, and how long you've been out of school.

Natu tamekeni ano nokutumbula omadhina getu, kehe gumwe ta tumbula ashike oshilukadhina shaye, oomvula dhoye nuulethimbo mboka wa kala wa etha po osikola.

1. What was your last grade at school?
Ondondo ya hugunina koskola?
2. How old were you when you left school?
Oomvula dhoye?
3. What is your gender?

Omumati / Omukadhona?

4. What is the most difficult thing in being an orphan?
Uudhigu uunene owuni mokukala othigwa?
5. If you are to wish for one thing, what will it be?
Ngele oto ihalele oshinima shimwe, oshinipo?
6. Why did you drop out of school? 1 = No one took you to school?
Omolwashike wa etha po osikola? 1 = Kapena ngu tafalandje koskola?
7. Why did you drop out of school? 2 = was it due to hunger?
Omolwashike wa etha po osikola? 2 = Omolwa ondjala?
8. Why did you drop out of school? 3 = No money / lack of support?
Omolwashike wa etha po osikola? 3 = kapena oshimaliwa / kapena omakwatho?
9. Why did you drop out of school? 4 = to earn an income to support myself?
Omolwashike wa etha po osikola? 4 = opo ndimone iiyemo yoku ikwatha mwene?
10. Does your guardian provide you with everything?
Omutekuli gwoye ohe ku gwanithile po tuu oompumbwe dhoye?
11. Do you plan to go back to school?
Owu na edhiladhilo lyokushuna mosikola?
12. Do you receive social grant?
Oho mono omakwatho kuza kepangelo nenge pamwe piili?
13. Did you receive assistance from Life Skills teacher?
Omakwatho okuza kaalongi guukalinawa?
14. Who are you staying with?
Owa kala nalye megumbo?
15. What do you need to go back to school?
Otopumbwa shike opo ushune koskola

Addendum G

Orphans (learners) questionnaire

I am Anthony S Ishola a student with the University of Stellenbosch, South Africa, carrying out a research for my thesis entitled **“A STUDY OF THE RELATIONSHIP BETWEEN SCHOOL DROPOUT AND AIDS ORPHANS IN OSHANA REGION”** I would like you to freely volunteer to complete the following questionnaire as truthfully as possible. Please be assured that all information given to me will be kept confidential and will be used only for the purposes of this research. The questionnaire is in an anonymous format and I would like to request you to answer all questions truthfully. Thank you for taking your time to answer these few questions.

How long have you been a learner at this school? years

How old were you in your last birthday? years

What is your gender?

At which school were you before coming to this school?

.....
.....

What do you like about this school?

.....
.....

What is the most difficult thing in being an orphan?

.....
.....

If you are to wish for one (1) thing now, what will it be?

.....
.....

Please write down your date of birth: (24 July 1994)

	Please place a tick in the column that best state how you feel	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
1	There are many orphans in my school					
2	Orphans are not always happy?					
3	I get what I want easily					
4	My life is a challenge as an orphan					
5	I have enough time for my school work					
6	It is difficult to get what I want					
7	I am worried I might fail my grade?					
8	My guardian treats me with respect?					
9	I have my hospital card					
10	Other children are better than orphans					
11	House work is preventing me from doing my school work.					
12	I am staying in the same house with my brothers and sisters					
13	My guardian gives me all that I need					
14	Schooling is very difficult for me					
15	I always have time to do my school work					
16	I know an orphan not attending school					
17	I am afraid of HIV/AIDS					
18	I sometimes clean my neighbour's house to get extra money for school					
19	My class mates knows that I am an orphan					
20	My Life Skills teacher knows that I am an orphan					
21	I am staying with my grand parents					
22	I am ashamed to be an orphan					
23	I sometimes went to school hungry					
24	I know a child whose parents are always sick					
25	My Life Skills teacher cares about my school					

	work					
26	I sometimes feel lonely					
27	My guardian is my brother or sister					
28	I attended this school last year					
28	Most street kids are orphans					
30	I was sick sometimes but there was no money to go to the clinic					
31	My guardian always supervise my school work					
32	Street kids left school because there is no one to care for them					

I became an orphan in: Year..... Month..... Date.....