

Stakeholders' Perceptions on Effectiveness of Counseling Services in Enhancing Gender Equity in Access to Education

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ABSTRACT

Gender disparities in access to education remain a major challenge in Rumonge District, raising questions about the effectiveness of school-based counselling services in promoting gender equity. This study explored stakeholders' perceptions on effectiveness of counselling services in enhancing gender equity in access to education. Using a mixed-methods approach, data were collected through surveys with students and interviews with headteachers and key informants. This study was guided by the health belief model and Liberal theory which explain how counselling influences learners' access, retention, and progression in education. Findings indicated that counselling positively affected educational outcomes, the majority of students represented by 62.4% had positive perceptions of the effectiveness of counselling services in promoting gender equity in access to education. Counselling was critical in addressing barriers such as early pregnancy and socio-cultural pressures affecting girls as addressed by key informants; however, stakeholders highlighted that its effectiveness was limited by shortages of trained personnel, irregular services, and inadequate facilities. Strengthening professional capacity, institutional support, and resource allocation is essential to maximize the role of counselling in enhancing gender equity in education.

Key words: Counselling services; Gender equity; Access to education; Stakeholder perceptions; School-based interventions.

INTRODUCTION

Education is an undeniable right of everyone and is of utmost importance to an individual and to society as a whole (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2017). Education is important in promoting and eliminating inequity and disparity human transcendence and growth as well as that of the individual and the state (Shavkidinova and Suyunova, 2023). In the era of globalization, the advantages of education are even greater as it facilitates the growth and improvement of the economy (Upadhyay, 2022). However, issues of funding and financing of education are likely to suffocate the attainment of this right and equity of opportunity (Sebu, 2023). The transformative impact of education sought globally, economic development, social mobility, and progress towards the sustainable development goals are all benefits for societies and individuals (Emruli and Tairi, 2023).

Reproductive health policy is useful for addressing the educational challenges faced by young people, especially young girls. Scholars also recognized the importance of aligning reproductive health policy with educational programs in the pursuit of gender equity (Gillespie *et al.*, 2022; Irene, 2023). Effective policy provides adolescents with access to counseling services, thereby reducing the school dropout rate associated with teenage pregnancies. Such policy creates a supportive environment in which all adolescents, regardless of gender, can participate in productive school activities.

Providing effective counseling services has been the cornerstone of the reproductive health policy concern as it also mitigates some inequities for girls. World Health Organization (2014) signifies that adolescent-friendly counseling services improve school retention rates and reduce risky behaviors. In addition, Laine (2018) noted that counseling assists adolescents in making better decisions and therefore reduces the risk of unintended pregnancies. Furthermore, Gillespie *et al.* (2022) identified the key role that effective counseling plays in helping girls resist the marriage trap and remain in school. Eze *et al.* (2023) highlighted that counseling also removes stigma and facilitates discussions on reproductive health. Unfortunately, the impact of counseling is undermined by lack of trained counselors and cultural taboos, particularly the absence of services in remote areas. (Bizuneh, 2022).

Counselling services have become integral to reproductive health strategies focused on promoting equity in education, particularly for girls. Fazel *et al.* (2014) noted that school-based counselling improves psychosocial functioning, reduces dropouts, and enhances decision making ability. In the same manner, Chilambe *et al.* (2023) found that counseling services have been recognized as vital in the elimination of gender inequality in education through the provision of psychosocial support to both girls and boys. They assist students in dealing with problems like gender-based violence, stigma, discrimination, which are barriers to retention and transition in the educational system (Mbizo *et al.*, 2023). According to Chilambe *et al.* (2023) argued that community-based programs, like counseling, can decrease dropping out of school and child marriages when paired with other programs that support adolescents. Also, Eze *et al.* (2023) pointed out that counseling is best practiced when rooted in the school system, as this empowers the service providers with the tools to dismantle stigma and foster an inclusive environment. Though, there are still drawbacks to the counseling system in place like underdeveloped infrastructure, stigma, and cultural ignorance (Sentamba & Nsavyimana, 2025), which negatively influences the effectiveness and the reliability of counseling (chilambe *et al.*, 2023; Mbizo *et al.*, 2023).

A review of the literature regarding the Sub-Saharan Africa (SSA) indicated that school counseling programs improved attendance by reducing symptoms of anxiety and depression. The two are commonly associated with poor performance in academic (Tareke, Asrat Yirdaw, *et al.*, 2023). Likewise, the low middle-income countries (LMIC's) region also presented studies on adolescents and showed how psychosocial counseling affected their educational performance positively (Grande *et al.*, 2023). Meta analyses, more specifically to the Sub-Saharan region, also showed that these school-based depression programs are affordable and impactful on the student's wellbeing as well as their overall level of happiness (Olisaeloka *et al.*, 2024). Furthermore, counseling empowers adolescents to make informed educational and career choices while protecting and improving their mental wellbeing.

In contrast, Bergstrom & Özler (2023) found that no category of interventions is positively effective in delaying pregnancies and reducing child marriages among adolescent girls in their study, Improving the Well-Being of Adolescent Girls in Developing Countries within 15 interventions researched on. Although the targeted provision of sexual and reproductive health services, such as subsidies for family planning and the expansion of employment opportunities for women appear promising.

In educational settings, perceptions greatly influence how gender equity interventions are structured and how they gain acceptance. Research from sub-Saharan Africa illustrates how positive perceptions of an intervention by community and school stakeholders lead to greater adoption and school attendance. In contrast, stigma, cultural resistance, and conflicting perceptions among stakeholders tend to undermine effectiveness (Mohammed *et al.*, 2024; Okeke *et al.*, 2022). Psychological support and counseling services are reported to aid student retention when they are well-designed, delivered systematically, and staffed by appropriately trained personnel. Reviews and evaluations of school-based psychosocial and counselling interventions have consistently demonstrated positive effects on attendance, reduced attrition rates, and improved mental health.

However, these effects are contingent upon the quality of the program and the fidelity of its implementation (Tareke, Yirdaw, *et al.*, 2023). Programmatic studies showed that availability of youth-friendly contraceptive

counselling and local supply of preferred methods increases contraceptive uptake and is associated with better schooling outcomes for adolescent girls (Mohammed *et al.*, 2024).

Theoretical framework

This study's findings, interpreted through the Health Belief Model (HBM) and Classical Liberal Theory, showed that counselling influences gender equity through both behavioural and structural pathways. Students' positive perceptions reflect key HBM constructs such as perceived susceptibility, perceived benefits, reduced barriers, and strengthened self-efficacy demonstrating counselling as a critical "cue to action" that motivates better educational choices. Classical Liberal Theory further explains how counselling promotes equal opportunity by addressing gender-specific barriers affecting girls while revealing emerging disadvantages for boys, reflected in their lower completion and higher repetition rates. Implementation challenges, including limited trained counsellors, irregular services, and inadequate facilities, restrict schools' ability to provide consistent behavioural support and fair learning environments.

MATERIALS AND METHODS

Statement of Ethical Approval

The materials and procedures of this study were approved by the Egerton University institutional scientific and Ethics review committee with approval number EUISERC/APP/417/2025, and the approval from Ministry of National Education, and scientific Research in Burundi with Ref No: 610/CAB/7046/2025. All participants provided informed consent, and confidentiality was strictly maintained throughout the study.

Study Site

The study was conducted in Rumonge District, Rumonge Province, southwestern Burundi. Rumonge District, established in 2015, covers an area of 1,079 km² and had a population of approximately 352,026 people as of 2008 (MENRS, 2021). The district comprises five administrative communes Rumonge, Burambi, Buyengero, Bugarama, and Muhuta and hosts nine post-fundamental secondary schools. Its diverse social, cultural, and economic characteristics, coupled with high rates of teenage pregnancy, early marriage, and school dropout, make it an ideal setting for examining the effectiveness of counselling services in enhancing gender equity in access to education.

Target Population and Sample

The study population included students aged 13–19 years enrolled in secondary schools, headteachers, and key informants (teachers and reproductive health instructors). Seven secondary schools were purposively selected to ensure representation across socio-economic contexts, rural–urban areas, and varying levels of counselling program implementation. Using Krejcie and Morgan's table, a sample of 346 students was drawn through stratified random, proportionate, and purposive sampling. Additionally, headteachers and key informants (Reproductive Health Instructors and teachers) were purposively selected for interviews.

Data Collection Instruments

Data were collected using structured questionnaires for students, interviews were conducted with headteachers and key informants, and focus group discussions (FGDs) with 56 students (8 per school, gender-specific). Secondary school records (2018–2024) on enrollment, retention, and completion were also extracted to complement primary data. The questionnaire was developed based on existing studies and piloted among 30 students. Content validity was confirmed by education and counselling experts. Reliability testing using Cronbach's Alpha yielded a coefficient of $\alpha = .825$, indicating acceptable internal consistency. Students' perceptions were classified as positive, neutral, or negative based on their agreement with at least five of the eight items.

RESULTS

Demographic characterization

Table 1 presented the return rates of the instruments used to collect data during the study where head teachers' guide participated fully on 100%, students' questionnaires were represented by 96.8%, the focus group discussion 80.3% and for key informants represented by 66.6% as shown in the table below.

Table 1 Return Rates of the Instruments used to Collect Data during the Study

Instrument	Administered/invited for interview/ discussion	Returned interview/discussion in	Return rate in %
Students' questionnaire	346	335	96.8
Focus group discussion guide	56	45	80.3
Key informants	21	14	66.6
Head teachers' interview guide	7	7	100.00

Table 2 represented the students' characteristics participated in the study

Table 2 revealed that majority of the students who participated in the study were females (55.8%) while the males were the minority (44.2%). The results also showed that nearly half (48.6%) of the respondents were aged between 17 to 19 years while the rest were in the 13 to 14 (25.7%) and 15 to 16 (25.7%) years age. With regard to class, more than half (54.3%) of the respondents were in Grade 13 while the others were in grades 11 (21.2%), 12 (19.4%) and 14 (5.1%) respectively.

Table 2 Students' Characteristics (n = 335)

Scale	Characteristics	Frequency	Percentage
Gender	Male	148	44.2
	Female	187	55.8
Age	13 to 14 years	86	25.7
	15 to 16 years	86	25.7
	17 to 19 years	163	48.6
Level	Grade 11	71	21.2
	Grade 12	65	19.4
	Grade 13	182	54.3
	Grade 14	12	5.1

Table 3 represented the characteristics of key informants participated in interview

Majority of the Head-Teachers represented by 100% while key informants (reproductive health instructors and teachers) were represented by 66.7%. Nearly three quarters represented by 71.4% of the key informants were

male while the rest were females represented by 28.6%. With regard to age, majority of respondents (headteachers and key informants) represented by 57.1% were in the 36 to 40 years age group while remaining portion were aged between 41 to 50 represented by 23.8% and the range of 26 to 35 years of them represented by 19.0%. These results show that nearly a half of the respondents from interviews conducted represented by 47.6% had been in their current positions for between 1 to 10 years. The others had been in those positions for 11 to 20 and 21 to 30 years represented by 38.1% and 14.3% respectively. Analysis of the bio-data of these respondents showed that majority represented by 71.8% were males while the rest with 28.6% were females.

Table 3 Characteristics of the Key Informants (n = 21)

Scale	Characteristics	Frequency	Percentage
Designation	Head Teachers	7	100
	Key Informants (Reproductive health instructor + Teachers)	14	66.7
Gender	Male	15	71.4
	Female	6	28.6
Age	26 to 35 years	4	19.0
	36 to 40 years	12	57.1
	41 to 50 years	5	23.8
Number of years in current position	1 to 10 years	10	47.6
	11 to 20 years	8	38.1
	21 to 30 years	3	14.3

Internal Efficiency Indicators by Gender (2018–2022)

Perceptions on gender equity in access to education were examined by first establishing the internal efficiency status of the study area using key indicators such as enrolment rate, completion rate, repetition rate, dropout rate, and disaggregated by gender from 2018–2022 as four cohorts. The flow below presents a gender-based assessment of these indicators, showing variations in enrolment, completion, repetition, and dropouts between boys and girls.

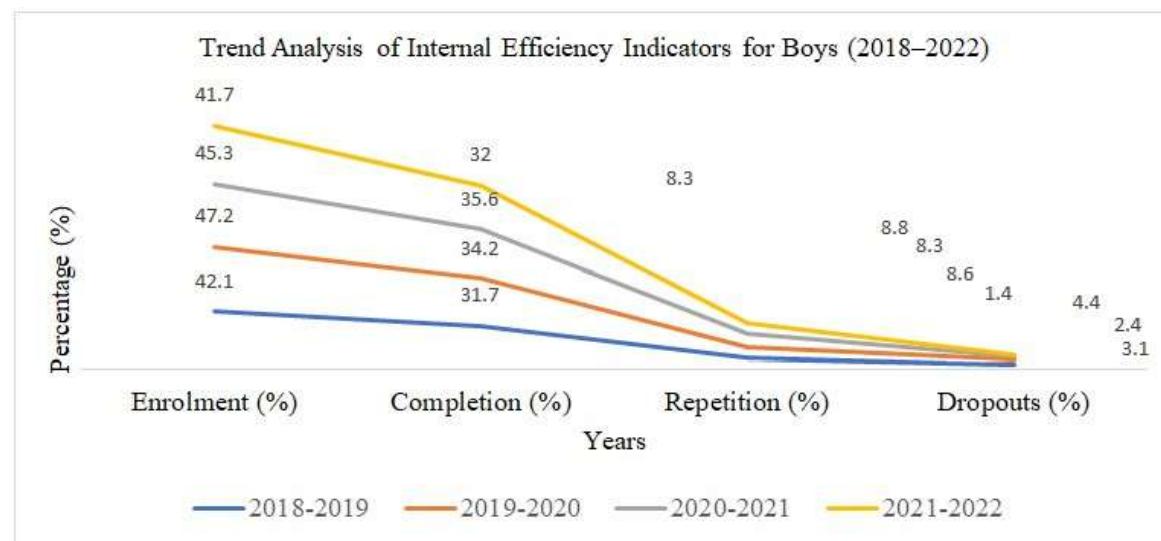


Figure 1 Trend Analysis of Internal Efficiency Indicators for Boys (2018–2022)

Figure 1 showed the enrollment metrics for boys in Rumonge District, captured between 2018 and 2022, indicate a perplexing level of retention and availability for education, demonstrated by enrollment peaks of 47.2% in 2019 and subsequent drops to 41.7% in 2022. Dropout rates were notably high in 2019 at 4.4% and later at 1.4% in 2022, showing some improvement although indicating that there is still a long way to go in reducing school dropout rates. However, what remains concerning for this region are the rather low completion rates, which ranged from 31.7% to 35.6% within the period, in addition to repetition rates which floated between 8% and 9%.

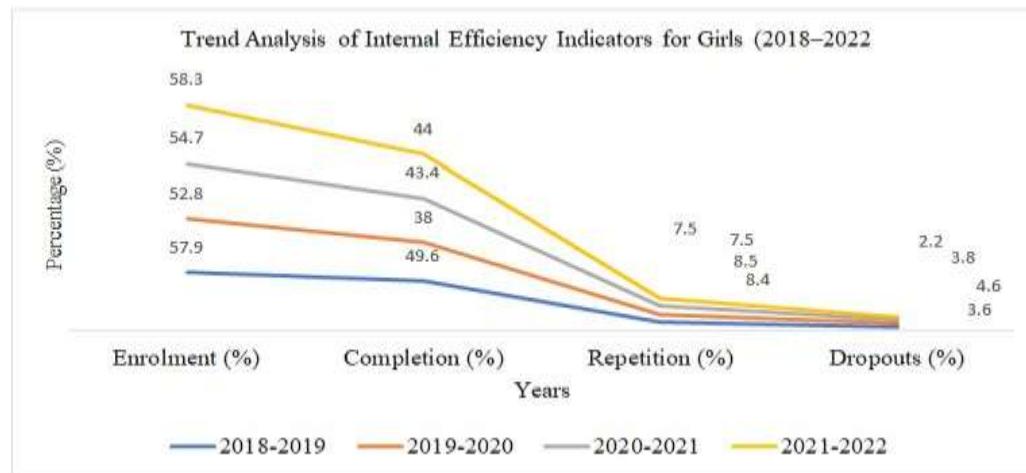


Figure 2 Trend Analysis of Internal Efficiency Indicators for Girls (2018–2022)

Figure 2 showed that girls, comparatively to boys, exhibited more favorable trends in enrollment rates, with rates between 52.8% and 58.3% of the total school population and a peak enrollment in 2021–2022. Similarly, the rate of dropout exhibited a decline from 4.6% in 2019–2020 to 2.2% in 2021–2022, with improved and added benefits of retention. The retention rate, even though a decline in 2018–2019, fluctuated with 49.6% to a low of 38.0% in 2019–2020 and a slight increase to 44.0% in 2021–2022, suggesting that progress was unsuccessful on sustained retention rates. The repetition rate of variation of 7–8% suggests a lack of efficiency on the overall picture, even if showing progress in the students.

Students' Response to items on perceptions of Effectiveness of Counselling Services in enhancing Gender Equity

The students' perceptions on effectiveness of counseling services in enhancing gender equity in access to education was determined through tallying. A respondent's perception was categorized as positive when he/she agreed with majority of the 8 items that were used to measure their perspectives, negative when they disagreed, and neutral when nowhere to stand on any of the statement, as shown below with who responded positive represented by 62.4%, Negative represented by 27.5%, and neutral represented by 10.1%.

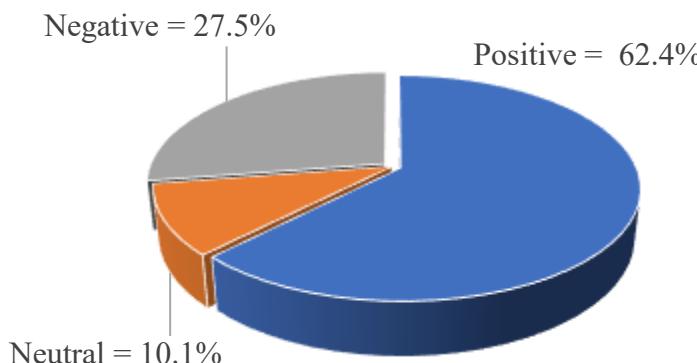


Figure 3 Students' Perceptions on effectiveness of Counseling services in Enhancing Gender Equity in Access to Education (n = 335)

DISCUSSION

From the findings of Table 1, the results indicated that the instruments return rate were high given that they ranged between 66.6% and 100.0%. In every study, low response rates and participant disinterest are common, and even more so in surveys (Holtom *et al.*, 2022). Response rates remained high and above the target due to several factors the researcher implemented to ensure the study did not suffer from low return rates. These factors included building rapport with participants, collaborating with staff, and making multiple visits when necessary. The data collected during the survey was deemed adequate for analysis as the instrument return rates was above the 60.0% recommended by Wu *et al.* (2022).

The table 2 from the findings revealed that majority of the students who participated in the study were females (55.8%) while the males were the minority (44.2%). The results suggest gender bias in access to education in favour of the girls. These results contradict those of studies carried out in Africa and Asia by Andiema (2021); Holloway and Kirby (2020); and Petrosino *et al.* (2012) which showed that the number of males enrolled in schools was higher than that of females. The observed high access to education by females could be due to gender mainstreaming programs which tend to emphasize the girl-child's participation in education such as Millennium Development Goal (MDG) number three which is concerned with women education and empowerment (Sage, 2022). It could also be due to policies and legislation enacted by the government which promote the girl child's education like the reproductive health policy in Burundi (Schwarz *et al.*, 2022). Furthermore, initiatives such as the "Zero pregnancies at school" campaign in Burundi demonstrate intentional policy interventions that increase girls' school attendance and retention, thereby reducing the possibility of bias and showing that the higher female participation is a result of policy effectiveness rather than sample distortion (MENRS, 2021; UNICEF, 2022).

Table 3 from the results also showed that nearly half (48.6%) of the respondents were aged between 17 to 19 years while the rest were in the 13 to 14 (25.7%) and 15 to 16 (25.7%) years age brackets. These results imply that there were hardly any under or over aged students in the schools which participated in the study. Institute of National Statistics of Burundi (INSBU, 2023), generally, the age of secondary school students in most education systems range between 13 and 18 years. With regard to class, more than half (54.3%) of the respondents were in Grade 13 while the others were in grades 11 (21.2%), 12 (19.4%) and 14 (5.1%) respectively.

The demographic analysis of key informants revealed that the majority were reproductive health educators, hence enhancing the relevance of their insights to this study, as they directly interact with students regarding reproductive health matters. The predominance of male participants (71.4%) signifies prevalent gender disparities in school leadership and teaching personnel in Burundi, potentially affecting the formulation of reproductive health initiatives (UNICEF, 2022). The age distribution, which is mostly between 36 and 40 years old, shows that most of the key informants who answered were in the middle of their careers and had a lot of professional experience, which makes their answers more reliable. Most of them had also been in their jobs for between 1 and 10 years, which means they had up-to-date and useful knowledge on how health and education policies were being put into action.

From the figure 1 and 2; the findings of this study revealed distinct gendered patterns in school participation and internal efficiency indicators in Rumonge District between 2018 and 2022. These patterns suggest significant inefficiencies that impede boys' sustained progression through the education system. Comparable studies have reported similar structural and socioeconomic challenges affecting male learners across sub-Saharan Africa. For instance, (UNESCO, 2020) emphasized that persistent inequalities in school enrollment and completion are linked to broader systemic barriers. Likewise, Zuze & Beku (2019) noted that boys' early entry into the labor market and the prioritization of girl-focused policies can inadvertently disadvantage male learners. Although integrated counselling services have shown potential to enhance retention for both genders (Chandra-Mouli *et al.*, 2015), the trends in Rumonge suggest that these interventions may not yet be reaching boys effectively.

In contrast, the indicators for girls showed more favorable trajectories, marked by higher enrollment rates and reduced dropout rates over the same period. The overall trend indicated relatively better educational continuity

for girls than for boys. These outcomes aligned with existing evidence that gender-responsive policies particularly those addressing menstrual and reproductive health contribute to improved attendance and participation among girls. (UNESCO, 2020) similarly reports that targeted interventions enhance school engagement for girls across the region, while Sommer *et al.* (2015) highlighted how addressing menstrual hygiene barriers substantially improves girls' educational participation. However, although girls in Rumonge appear to benefit more from existing reproductive health and education initiatives, the persistent repetition rates (7%–8%) indicate that improvements in access do not necessarily translate into higher efficiency across all indicators.

When comparing both genders, the data clearly show that girls consistently outperform boys in enrollment and completion. Although both groups recorded declining dropout rates suggesting improved retention the persistent inefficiencies affecting boys indicate that current reproductive health and education interventions are disproportionately benefiting girls. This pattern resonates with Chandra-Mouli *et al.* (2015)'s observation that program effectiveness increases when both boys and girls are equitably targeted. The situation in Rumonge therefore underscores the need for more inclusive and gender-responsive educational strategies that address the unique barriers facing boys, without undermining the gains made for girls.

The findings from headteachers indicate that most secondary schools provide counselling services, with 71.4% reporting that these services are available. According to the headteachers, counselling plays an important role in addressing gender-related challenges including discrimination, stereotyping, and gender-based violence which contributes to a more inclusive learning environment. However, its effectiveness varies considerably across schools due to financial constraints, inadequate facilities, a shortage of trained reproductive health instructors, limited time within a crowded curriculum, and students' reluctance to participate in peer-group counselling activities. These concerns were echoed by the 28.6% of headteachers who reported that "*counselling services were ineffective, emphasising the lack of professional counsellors and scarce material resources.*" In response to these challenges, headteachers recommended community sensitization, increased resource mobilisation, and the hiring or training of reproductive health instructors as key strategies for improving counselling delivery.

Perspectives from key informants, however, highlighted deeper implementation gaps. A majority (64.3%) stated that their schools did not provide counselling services, while the minority who did offer them (35.7%) described individual and group sessions centered on reproductive health and psycho-social issues for both boys and girls. Overall, key informants perceived counselling as having little or no noticeable impact on gender equity in education, noting that many students were unfamiliar with the services and programs were rarely implemented. They further reported challenges such as inadequate facilities, lack of trained personnel, and the absence of structured counselling programs. In many cases, what existed were brief advice sessions aimed primarily at preparing students for national examinations rather than comprehensive counselling interventions.

Findings from headteachers regarding gender equity further revealed that female students were generally advantaged in access to education. Four out of seven schools (57.1%) enrolled more girls than boys, two schools (28.6%) enrolled more boys, and one school (14.3%) had equal enrolment. These perceptions aligned with internal efficiency data, which indicated higher female enrolment and better progression rates. Additionally, 71.4% of headteachers affirmed that counselling was effective in preventing behaviours that lead to dropout and hinder future success, although 28.6% reiterated concerns about limited impact due to insufficient professional counsellors and irregular service delivery. Together, these perspectives suggest that while counselling is seen as a valuable tool for guiding students and reducing dropout, its potential remains constrained by inadequate staffing and inconsistent implementation.

In contrast to the key informants' skepticism, students expressed strongly positive perceptions of counselling services during focus group discussions. They viewed counselling as a mechanism that encourages responsible behaviour, motivates learners, and promotes commitment to studies, thereby enhancing gender equity in access to education. Students reported that during counselling sessions, they received advice on proper behaviour and the value of education for their future perspective consistent with evidence from Fazel *et al.* (2014) and Tareke

et al. (2023), who assert that counselling improves psychosocial well-being, retention, and academic outcomes.

The broader findings also aligned with literature on implementation challenges. Wooten *et al.* (2024) observed similar barriers in Haiti, where staff shortages and cultural attitudes hinder uptake of counselling services. Students' reports further confirmed this gap, with 83.0% indicating that counselling services are lacking in their schools. This mismatch between policy intentions and actual implementation reflects the concerns raised by Gillespie *et al.* (2022), who highlight that while counselling is strategically embedded within reproductive health policies, practical delivery remains weak. Correspondingly, Eze *et al.* (2023) advocate for stronger collaboration between schools and communities an approach reflected in headteachers' and students' recommendations for resource mobilisation, recruitment of qualified reproductive health educators, and increased community sensitization.

The students' survey on perceptions of counselling services underscores these complexities. A majority (62.4%) believed counselling effectively enhances gender equity in access to education, the findings that is consistent with internal efficiency data from Rumonge District showing declining dropout rates for both boys and girls between 2018 and 2022. Counselling is widely recognised for strengthening motivation, psychosocial support, and problem-solving skills (Eze *et al.*, 2023; Gillespie *et al.*, 2022), mechanisms reflected in improvements in girls' enrolment and reduced dropout. These trends align with the literature, including Fazel *et al.* (2014), who demonstrated that positive attitudes toward counselling correlate with academic resilience. However, the presence of 27.5% of students expressing negative perceptions and 10.1% remaining neutral suggests that counselling services are not fully responsive to the diverse needs of all learners. Persistent inefficiencies such as low completion rates among boys and high repetition rates across genders reflect the uneven delivery of counselling across schools.

Collectively, these findings reveal a mixed landscape: while counselling services are widely appreciated by students and recognised by headteachers as helpful in addressing gender-related challenges, their actual implementation remains inconsistent. The gaps echoed by key informants, coupled with internal efficiency disparities, suggest that counselling has the potential to advance gender equity in education but currently falls short due to inadequate resources, insufficient professional personnel, weak institutionalization, and limited outreach to learners. Strengthening counselling services, therefore, requires not only improved staffing and facilities but also systematic integration and consistent delivery across schools to meet the differentiated needs of both boys and girls.

CONCLUSION

The study found that although counselling services are widely perceived as beneficial in promoting gender equity in education, their implementation in Rumonge District is uneven and insufficiently tailored to the needs of all learners. Evidence from internal efficiency indicators shows that girls benefit more from existing reproductive health and counselling interventions, reflected in higher enrolment, lower dropout, and better progression rates, while boys continue to experience low completion and high repetition due to gaps in current support systems. These findings support the Gender Equity in Education Framework and highlight the need for policy-backed, gender-responsive counselling services. Stakeholder perceptions further highlighted that limited resources, inadequate staffing, and irregular delivery weaken the effectiveness of counselling services, despite students valuing their positive influence. Overall, counselling has strong potential to enhance gender equity, but this potential remains constrained by inconsistent implementation and structural limitations. Counselling services should be strengthened through increased investment in trained personnel, consistent implementation across schools, and inclusive approaches that address the unique educational challenges faced by both boys and girls.

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Author's Contribution

This study was carried out under the full responsibility of the authors. The conception and design of the study were all conducted by Anicet Bucumi, Noah Murumba Kiveu, Johnson Changeiywo, and Ogola Leo. Data collection was performed by Anicet Bucumi. Data analysis, writing, proofreading, and publication procedures of the manuscript were handled by Anicet Bucumi, Noah Murumba Kiveu, Johnson Changeiywo, and Ogola Leo.

Conflict of interest

The authors state that they have no personal, professional, or financial conflicts of interest.

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APPENDIX 1

EGERTON

TEL: (051) 2217808
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UNIVERSITY

P. O. BOX 536
EGERTON

EGERTON UNIVERSITY INSTITUTIONAL SCIENTIFIC AND ETHICS REVIEW
COMMITTEE

EU/RE/DIR/009

Approval No. EUISERC/APP/417/2025

14th April 2025

Bucumi Anicet
P.O. Box 536-20115,
Egerton- Njoro, Kenya
Telephone +254757698349
Email: anicetbucumi17@gmail.com

Dear Bucumi,

**RE: ETHICAL APPROVAL THE EFFECTIVENESS OF REPRODUCTIVE HEALTH
POLICY IN ENHANCING GENDER EQUITY IN ACCESS TO EDUCATION IN
RUMONGE DISTRICT, BURUNDI**

This is to inform you that the *Egerton University Institutional Scientific and Ethics Review Committee* has reviewed and approved your above research proposal. Your application approval number is **EUISERC/APP/417/2025**. The approval period is **14th April 2025 – 15th April 2026**

This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *Egerton University Institutional Scientific and Ethics Review Committee*.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *Egerton University Institutional Scientific and Ethics Review Committee* within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to *Egerton University Institutional Scientific and Ethics Review Committee* within 72 hours.

“Transforming Lives through Quality Education”

- v. Clearance for Material Transfer of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to *Egerton University Institutional Scientific and Ethics Review Committee*.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://etis.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,

Prof. Kennedy N. Ondimma PhD
CHAIRMAN, EUISERC
KNO/BK/



APPENDIX 2

REPUBLIQUE DU BURUNDI



Ministère de l'Education Nationale
et de la Recherche Scientifique

Bujumbura, le 11.6.2025

CABINET DU MINISTRE

N° Réf : 610 / CAB / 7046 / 2025

A Monsieur Anicet BUCUMI,
EGERTON UNIVERSITY
KENYA

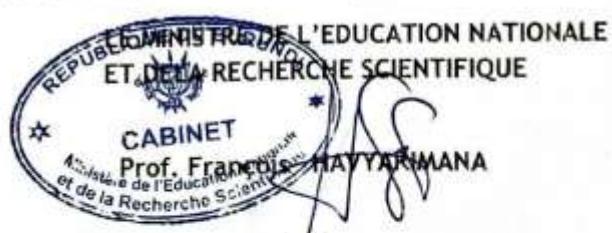
Objet : Votre demande d'autorisation de recherche

Monsieur,

Faisant suite à votre correspondance du 3/06/2025 dont l'objet est susmentionné, j'ai l'honneur de vous informer que je marque mon accord à la réalisation de votre recherche dans les écoles de la Direction Provinciale de l'Education de RUMONGE dans le cadre de votre projet de recherche intitulé « L'Efficacité de la politique reproductive dans la promotion de l'équité de genre dans l'accès à l'éducation dans la Province de Rumonge, Burundi »

Dès réception de la présente, vous êtes invité à entrer en contact avec le Directeur Provincial de l'Education de Rumonge pour fixer les modalités pratiques.

Veuillez agréer, Monsieur, l'assurance de ma considération distinguée.



C.P.I.à :

-Monsieur le Directeur Provincial de l'Education de RUMONGE

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