PERCEPTIONS OF PRIMARY SCHOOL PUPILS AND TEACHERS ON ADEQUACY OF HIV/AIDS LIFE SKILLS EDUCATION IN NAIROBI AND THIKA DISTRICTS, KENYA

BY

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A THESIS SUBMITTED IN PARTIAL FULFILMENT FOR THE DEGREE OF MASTER OF EDUCATION OF KENYATTA UNIVERSITY
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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To:

My dear parents, Samuel Muraya Turuka and Juliet Njoki Muraya for providing me with the basic education, which became the stepping stone to what I am today.

My loving husband and friend Douglas Githinji Kihungi.

And my children, Alfred Kihungi Githinji, Robert Muraya Githinji and Gerald Gikonyo Githinji, for their patience, kindness, support and encouragement.
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ABSTRACT

Formal education has been recognized as an important tool through which HIV/AIDS pandemic can be combated. This has led to the integration of HIV/AIDS education into the existing school curriculum. This study was based on the assumption that increasing levels of knowledge and awareness could lead to desired behaviour change. However, having knowledge did not seem to be sufficient without the necessary life skills. Thus, Life Skills Education was introduced to strengthen the existing HIV/AIDS education.

This study, therefore, intended to find out perceptions of primary school pupils and teachers on adequacy of HIV/AIDS life skills (HIV/AIDS/LS) education content in Nairobi and Thika districts. Specifically, this study sought to find out perceptions of pupils and teachers on the importance of teaching HIV/AIDS/LS education, the adequacy of the content, approaches in teaching of HIV/AIDS/LS education in sampled schools, problems encountered by pupils and teachers in teaching and learning process of HIV/AIDS/LS education, and suggestions on how the teaching and learning of HIV/AIDS/LS education could be improved.

Four public primary schools were purposively sampled for the study. These are Westlands, Huruma, St Georges and Kuraiha Primary Schools. The study design was descriptive research methodology, qualitative in approach and utilized case study approaches for data collection, analysis and reporting. Respondents for the study included pupils from standard six, seven and eight, teachers teaching subjects in which HIV/AIDS/LS education has been infused, and headteachers of the sample schools.
The key findings of the study were that both pupils and teachers perceived the teaching of HIV/AIDS/LS positively. In terms of rural and urban differences, schools in urban areas had better resources, got support from parents in teaching the subject, and allocated more time for teaching HIV/AIDS issues. Schools in slums and rural areas, however, had scarcity of resources and spent more time teaching examination oriented subject content, compared to discussing HIV/AIDS issues.

The study established that teaching of HIV/AIDS/LS education in the sample schools was faced with challenges. These included lack of teaching resources such as textbooks, having little time allocated for HIV/AIDS/LS lessons, overemphasis on examinable subjects, and lack of training for teachers on HIV/AIDS/LS education.

Based on the above findings, the study recommends that pupils should put into practice the knowledge acquired about HIV/AIDS. Every school should have a HIV/AIDS/LS education motto, whose reinforcement should start immediately the pupils join the school. Further, the study recommends that teachers receive training in HIV/AIDS/LS education in both in-service and pre-service. Parents in the specific schools need to be sensitized on HIV/AIDS in order to break the impasse on the taboo terminologies which put teachers at loggerheads with parents. In addition, the Ministry of Education to ensure there is monitoring and evaluation of HIV/AIDS/LS education by making it examinable.
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**ACRONYMS AND ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>AMREF</td>
<td>African Medical Research Foundation</td>
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<tr>
<td>CF</td>
<td>Compare With</td>
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<td>EC</td>
<td>European Community</td>
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<td>EFA</td>
<td>Education For All</td>
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<td>FGDs</td>
<td>Focus Group Discussions</td>
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<td>HIV</td>
<td>Human Immuno - Deficiency Virus</td>
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<tr>
<td>KNUT</td>
<td>Kenya National Union of Teachers</td>
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<tr>
<td>KIE</td>
<td>Kenya Institute of Education</td>
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<td>LSE</td>
<td>Life Skills Education</td>
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<td>LS</td>
<td>Life Skills</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MMT</td>
<td>Maslow's Motivation Theory</td>
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<tr>
<td>MoEST</td>
<td>Ministry of Education, Science and Technology</td>
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<td>NACC</td>
<td>National AIDS Control Council</td>
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<td>NASCOP</td>
<td>National AIDS Control Programme</td>
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<td>NETP</td>
<td>New Education and Training Policy</td>
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<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>RoK</td>
<td>Republic of Kenya</td>
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<tr>
<td>SCT</td>
<td>Social Cognitive Theories</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
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<tr>
<td>TSC</td>
<td>Teachers Service Commission</td>
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<td>USA</td>
<td>United States of America</td>
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<td>UNAIDS</td>
<td>United Nations Agency for HIV/AIDS</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children's Educational Fund</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Formal education is expected to have significant influence on how young people make informed decisions about their lives. This includes decisions related to important issues such as interaction with their peers, health habits, sexual behaviour and sexuality. The role of education in the lives of young people is more crucial today in the face of Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic. The United Nations General Assembly’s Special Session on HIV/AIDS (UNGASS 2002) declaration calls for vastly expanded access to information and education. Such access especially through youth-specific HIV/AIDS education programme is necessary if the youth are to develop the Life Skills (LS) required in reducing their risk and vulnerability to HIV infection. LS are skills that assist young to cope with problems by developing and using psychosocial competences. Examples of these skills are self awareness, self esteem, assertiveness, conflict resolution and creative thinking.

A report by World Bank (2002), underscored the need to start educating people at an early age across the broader spectrum of the population in a bid to impart LS to combat the spread of HIV/AIDS. Following the World Bank report 2002 and subsequent studies on the social economic impact of HIV/AIDS, countries such as South Africa and Kenya have introduced teaching of HIV/AIDS/Life Skills Education (HIV/AIDS/LS education) in their school curriculum. Life Skills Education (LSE) is a programme that promotes positive health choices, making informed decisions,
practising health behaviour, recognizing and avoiding risky situations and behaviour (KIE, 2002: 1).

By introducing such a curriculum, the hope of countries and policy-makers was that teachers, pupils and the community would develop appropriate responses to confront HIV/AIDS crises. HIV/AIDS/LS education is aimed at enabling pupils to develop knowledge, attitudes, values, and skills (including LS such as interpersonal skills, critical and creative thinking, decision-making and self-awareness) needed to make and act on the most critical and positive health-related decisions on HIV infections (UNESCO, 1995).

The role of LSE in preparing young people to respond to HIV pandemic is crucial at two levels. First, the young people need to keep themselves healthy as individuals. Second, since the young people are part and parcel of society, they should be taught LSE to give them the necessary skills and abilities to cope with HIV/AIDS pandemic to avoid social stigma and stress. Research, especially in the developing countries, shows that lack of LS and presence of social stigma on HIV/AIDS patients contribute to the spread of HIV/AIDS infections (USAID, 2003:32).

The importance of LSE in the prevention and management of HIV/AIDS cannot be overstated. First, it helps to develop a variety of skills including those of decision-making, communication, negotiation, critical thinking, and stress management and conflict resolution. Second, it promotes building of self-esteem and confidence in the learners and it helps them to learn how to relate to each other and to make well-
informed decisions. Decision-making skills are the ability to take rational actions based on adequate information, weighing the options available and appreciating the consequences of the choices made (UNAIDS 2003:22).

The effectiveness of HIV/AIDS/LS education in managing the spread of HIV/AIDS is, however, dependent on various factors within and outside the school. The important factors within the school will include perceptions of pupils and teachers in the subject, the status of the subject in the school curriculum and the availability of relevant resources. In recognition of this fact, United Nations Agency for HIV/AIDS (UNAIDS) (2004) proposes the following benchmarks for effective HIV/AIDS/LS education curriculum:

a) Recognizes the child/youth as a learner who already knows feels and can do something in relation to his/her health development and HIV/AIDS related prevention.

b) Focuses on risks that are most common to the learning group and responses are appropriate and targeted to the age groups concerned.

c) Includes not only knowledge but also attitudes and skills needed for prevention;

d) Is based on analysis of learners’ needs and broader situation assessment.

e) Have training and continuous support of teachers and other service providers.

f) Uses multiple and participatory learning activities and strategies.

g) Ensure sequence, progression and continuity of messages across the curriculum.
h) Is placed in an appropriate and effective context or subject area in the school curriculum.

i) Is coordinated with a wider school health promotion programme and

j) Contains factually correct and consistent messages.

These benchmarks provide useful guidelines for countries and school systems to use in designing curricula and developing teaching-learning materials. For any HIV/AIDS/LS education syllabus to be adequate it should reflect all or some of the above benchmarks.

Developed countries have taken a lead in institutionalization programmes to teach HIV/AIDS/LS education. In the United States of America (USA) and other countries in Europe, the programmes have been identified to be successful due to the inclusion of UNAIDS benchmarks in their curriculum (Kirby, 1994), UNAIDS (1999), and UNAIDS (1997a). These programmes are based on the UNAIDS benchmarks outlined in the preceding paragraph. Developing countries have however, been slow in this regard of developing an effective curriculum inclusive of the UNAIDS benchmarks.

In these countries, programmes have been developed with the assistance of United Nations International Children’s Emergency Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), and World Health Organization (WHO).

Review on the European Commission (EC) workshop on LSE in Africa by Casey and Thorn (1999) showed that effective programme:
• Promote acquisition of specific skills and development of social norms for healthy behaviour. Program that focus on sexual health are now considered to be better than narrow concepts of disease prevention.

• Take an interest in listening to problems of young people and identify, whether they are related to HIV infection or not. Young people’s perspectives and needs, as well as their equal participation in learning must be respected.

• Emphasize clear behavioural values and norms. Programmes that are narrowly focused on reducing sexual risk-taking behaviour and a few specific behavioural goals are more likely to make a positive impact; and

• Provide structural and environmental circumstances that are enabling and supportive of such behavioural change (Tiendrebeogo, Meijer & Engleberg, 2003).

The same workshop showed that the least effective programmes:

• Promote abstinence only, rather than providing a range of options;

• Focus on technological intervention (e.g. use of condoms) and dodge the more difficult issues of how to discourage early teenage sexual activity;

• Tend to suggest or imply that students should make their own decisions rather than giving them clear guidance; and

• Restrict discussion to adult concerns. This rarely reflects the reality in which young people live, and therefore such programmes are lacking interest for young people. (Tiendrebeogo, at al, 2003).

In Africa, the Dakar Framework for Action for Education for All (EFA), adopted by the International Education Community during the World Education Forum (Dakar,
Senegal- April 2000), draws attention to the urgent need for Africa to combat HIV and AIDS if EFA goals are to be achieved. Gains made by governments in terms of access, quality and retention are seriously threatened by HIV/AIDS pandemic and its impact on the demand for, and inculcation of education. EFA goals and the Millennium Development Goals (MDGs) for education “cannot be achieved without urgent attention to HIV/AIDS” (UNAIDS, 2002: 8). This is because children infected with HIV at birth do not live to enrol in school while many children drop out of school when they become orphans or attend to the sick family members.

Kenya has been recognized as one of the countries trying to reverse the trend of HIV prevalence among her people (UNAIDS, 2005). The HIV prevalence rates in Kenya have reduced due to usage of preventive mechanisms such as condoms, delay in early marriages as well as individuals having fewer partners. The recognition of the impact of HIV/AIDS on educational development has led to various policy responses from the government. Among such policies has been the broad acceptance and institutionalization of issues related to HIV/AIDS in the school curriculum.

Specifically, Sessional Paper No. 4 of 1997, on HIV/AIDS, aimed at providing a policy framework within which Aids prevention and control efforts would be undertaken for the next 15 years and beyond. Consequently, teaching of HIV/AIDS education was introduced in the school curriculum in the year 2000. To strengthen HIV/AIDS education, UNICEF (2002) supports Kenya Institute of Education (KIE) in preparing LSE programme materials for lower primary, upper primary and for the young people out of school. According to the Kenya Primary Education Syllabus (MoEST, 2002),

6
HIV/AIDS education is integrated in the science subject as health education from standard four to eight.

In Kenya, teachers are also dying of AIDS pandemic (UNAIDS, 2002). The Teachers’ Service Commission (TSC) report (2000) on teacher mortality indicates that teacher deaths rose from 450 per year in 1993 to 750 per year in 1999 due to HIV/AIDS (UNICEF, 2001). Similarly, a UNAIDS/UNICEF report (UNICEF, 2001) shows that 15% of the 750 HIV/AIDS related deaths per day in Kenya in the year 2000 occurred among teachers. With this kind of scenario, there is need to explore how best HIV/AIDS/LS education can be incorporated into formal school teaching to reduce incidences of ill-health and wastage of both teachers and learners.

The Education Sector Policy on HIV and AIDS in Kenya (ROK, 2004) states that, as a matter of policy, LS and HIV education should be mainstreamed into the existing curriculum and co-curricular activities at all levels of the school system. LS curricula are designed to do this by developing in the young people abilities such as negotiation skills, assertiveness, ability to cope with peer pressure, attitudes such as compassion, self-esteem, tolerance, knowledge about self-awareness and HIV transmissions (USAID, 2003). The ability by young people to discuss issues in a calm and open way so as to reach a consensus or agreement based on mutual agreement, (UNAIDS, 2003), would greatly empower the young people.

The present study was inspired by the above trend with a conviction that if the teaching of HIV/AIDS/LS education can be enhanced and be incorporated fully into formal
school teaching, the spread of HIV/AIDS and stigmatization of those People Living With HIV/AIDS (PLWHA) and affected by HIV/AIDS would reduce tremendously. This would lead to Kenya achieving her goals of having a HIV/AIDS-free society.

1.2 Statement of the Problem

Despite the rate of HIV/AIDS prevalence dropping in Kenya, the integration of HIV/AIDS/LS education is still necessary for the achievement of education policies such as EFA goals and increase the importance of education in national development. Also there are still cases of irresponsible sexual behaviour, teenage pregnancies leading to school dropouts, abortions, sexually transmitted infections/diseases (STIs/STDs) and spread of HIV/AIDS infection. This leads to absenteeism from school, low completion rate, high dropout rate and subsequently fewer qualified personnel thus ultimately hindering educational and socio-economic development of the country. The focus of this study was therefore, to find out perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/LS education content in Nairobi and Thika districts.

1.3 Objectives of the Study

This study aimed at addressing the following broad objectives of pupils and teachers from the sampled primary schools.

1. To find out perceptions of pupils and teachers on the importance of teaching HIV/AIDS/LS education.

2. To establish perceptions of pupils and teachers about the adequacy of HIV/AIDS/LS education content for HIV/AIDS prevention and control.

3. To find out approaches to teaching of HIV/AIDS/LS education in the sample schools.
4. To establish the problems pupils and teachers faced in the sampled primary schools in teaching and learning HIV/AIDS/LS education.
5. To establish pupils and teachers suggestions on how teaching of HIV/AIDS/LS education could be improved.

1.4 Research Questions

The following research questions guided the study:

1. What were the perceptions of pupils and teachers from the sampled primary schools on the importance of teaching HIV/AIDS/LS education?
2. What were the perceptions of pupils and teachers about the adequacy of HIV/AIDS/LS education content?
3. What were the approaches to teaching of HIV/AIDS/LS education in the sample schools?
5. How, according to pupils and teachers in the sample schools, would teaching of HIV/AIDS/LS education be improved?

1.5 Significance of the Study

The study findings are expected to enrich available data on the subject and raise more awareness among pupils and teachers of the sample schools. They will also provide a framework for policymakers, and curriculum developers on how to improve and modify HIV/AIDS/LS education syllabus; and provide information on how best educators can handle challenges in the teaching of HIV/AIDS/LS education.
1.6 Assumptions of the Study

The basic assumptions that guided this study were that schools were implementing the syllabus on HIV/AIDS/LS education. It was also assumed that teachers teaching HIV/AIDS/LS education had been exposed to some training through in-service and seminars, and therefore were capable of making judgments/opinions. The other assumption was that the selected sample of pupils and teachers for the study could adequately give a fair representation of the population from which it was drawn to sufficiently address the study problem.

The other assumption was that both pupils and teachers due to mass media publicity would be aware of issues related to teaching of HIV/AIDS/LS education even when active teaching was not taking place in schools. Hence would provide information. It was also assumed that the study respondents would be willing to provide information upon which the findings, conclusions and recommendations of the study would be based.

1.7 The Scope and Limitations of the Study

The study was conducted in four selected public primary schools in Thika and Nairobi districts respectively. The respondents for the study were limited to four headteachers of the selected primary schools, forty teachers teaching subjects into which HIV/AIDS/LS education has been infused in classes six, seven and eight and two hundred and forty pupils from classes six, seven and eight. Although some findings are generally applicable to all young people in primary schools in Kenya, where HIV/AIDS/LS education is being taught, some of them would not be generalized due to
their uniqueness. For example, on the one hand, primary schools in Nairobi, an urban setting, comprise pupils from different cultures, ethnic groups, races, socio-economic, classes and faith. On the other hand, primary schools in Thika District, a rural setting, provide a good contrast since they are more monoculture and agricultural.

1.8 Theoretical Framework

This study was guided by Social Cognitive Theories (SCT) by Albert Bandura (1986) and Maslow's Motivation Theory (MMT) by Abraham Maslow (1962). SCT argues that, human functioning is viewed as the product of a dynamic interplay of personal, behavioural, and environmental influences. For example, how people interpret the results of their own behaviour informs and alters their environments and the personal factors they possess which, in turn, inform and alter subsequent behaviour. This is the foundation of Bandura's (1986) conception of reciprocal determinism, the view that personal factors in the form of cognition, affect, and biological events, behaviour, and environmental influences create interactions that result in a triadic reciprocality.

In school, for example, Social Cognitive Theory contends that teachers have the challenge of improving the academic learning and confidence of the students in their charge. Using SCT as a framework, teachers can work to improve their students' emotional states and to correct their faulty self-beliefs and habits of thinking (personal factors), improve their academic skills and self-regulatory practices (behaviour), and alter the school and classroom structures that may work to undermine student success (environmental factors). SCT is rooted in a view of human agency in which individuals are agents proactively engaged in their own development and can make things happen
by their actions. Key to this sense of agency is the fact that, among other personal factors, individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions, that "what people think, believe, and feel affects how they behave" (Bandura, 1986: 25). Bandura provided a view of human behaviour in which the beliefs that people have about themselves are critical elements in the exercise of control and personal agency. Thus, individuals are viewed both as products and as producers of their own environments and of their social systems. Because human lives are not lived in isolation, Bandura expanded the conception of human agency to include collective agency. People work together on shared beliefs about their capabilities and common aspirations to better their lives.

Maslow's Theory of Motivation, on the other hand, is applicable in this study in the sense that in education the most important educational goal is for students to learn, to make this newly gained knowledge and information purposeful and meaningful to the students so that it may be retained and useful through out their lives. An essential factor involved in meeting these goals is motivation. If students are unmotivated in one way or another, it is likely that little learning will take place, or if by chance some learning should take place, it is probable that it will not be retained.

According to Maslow's Theory to education the teacher's role with regard to teacher-pupil relationships is for the teacher to have positive attitude, be a good listener, provide positive comments and feedback rather than negative, be available for students in need and listen to students, involve all students in class participation and responsibilities, organize classroom materials in a neat and appealing way. With regard
to student-student relationships Maslow argues that teachers should allow pupils to engage in class discussions, peer tutoring, and have respect from others, help pupils develop self-esteem, develop new knowledge based on background knowledge so as to help ensure success (scaffolding) and develop a classroom environment where students are positive non-judgemental among others. SCT is applicable in this study in the sense that the manner in which pupils and teachers perceive the importance of the curriculum influences their approach to the teaching-learning process of HIV/AIDS/LS education.

Bandura's (1997) key contentions as regards the role of self-efficacy beliefs in human functioning is that "people's level of motivation, affective states, and actions are based more on what they believe than on what is objectively true" (p. 2). For this reason, how people behave can often be better predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing, for these self-efficacy perceptions help determine what individuals do with the knowledge and skills they have. This helps explain why people's behaviours are sometimes disjoined from their actual capabilities and why their behaviour may differ widely even when they have similar knowledge and skills.

When the perceptions of teachers are positive, it is expected that they will take the responsibility of addressing HIV/AIDS through education by developing skills and values of the learners. If the teachers' perceptions in teaching of HIV/AIDS/LS education are negative, institutions will not take the responsibility of HIV/AIDS/LS education, as they will perceive health education as an additional burden. Tiendrebeogo et al (2003) observes that in most Eastern and Southern African Regions (ESAR),
teachers felt HIV/AIDS/LS education was not their responsibility. This might lead teachers in not preparing relevant and suitable teaching and learning materials for HIV/AIDS education, as they will perceive it as extra work.

It is anticipated that if pupils’ and teachers’ perceptions to learning of HIV/AIDS/LS education are positive, they will acquire LS to cope with body changes for example, skills for knowing and living with oneself, skills of knowing and living with others (interpersonal skills) and skills of effective decision-making (KIE, 2002). Pupils will learn skills such as self-awareness, self-esteem, coping with emotions, assertiveness, effective communication and negotiation skills. The outcome of these skills will be reduction of STIs/STDs, HIV/AIDS infection, teenage pregnancies and abortion. If, on the other hand, the perceptions of pupils and teachers in the learning of HIV/AIDS/LS education are negative, they tend to ignore the relevant knowledge and skills, and are easily influenced by their peers through misconceptions. As a result, young people will lack the LS and stigmatize those PLWHA, affected, and those with STIs/STDs and HIV/AIDS.

The schematic diagram below illustrates possible factors influencing the perceptions of pupils and teachers in the teaching and learning of HIV/AIDS/LS education in primary schools. This approach ties well with the aims and objectives of HIV/AIDS/LS education as shown in figure 1.1. Overall, positive perceptions ultimately contribute to achievement of educational objectives, at a potential level. This will include increase in enrolment and retention, labour force, participation and completion, leading to education benefits and contribution to national developmental goals.
Figure 1.1: Conceptual representation of possible factors influencing the Perceptions of Pupils and teachers in the Teaching and Learning of HIV/AIDS/LS Education in Primary Schools

**HIV/AIDS/LS education curriculum**

**Teachers' perceptions**

**Negative**
- Reluctant to talk about HIV/AIDS.
- Inadequate knowledge on HIV/AIDS.
- Overloaded school curriculum.
- Lack of adequate preparation

- Irresponsible sexual behaviour
- Teachers infected with HIV/AIDS.
- Absenteeism.
- Stigmatization and discrimination.

- Fewer qualified personnel
- Inadequate teaching
- Provide low quality education.
- Increased HIV/AIDS infections.

**Positive**
- Integrate LS in daily teaching
- Acquire the LS also.
- Provide guidance/counseling to pupils.
- Adequate and relevant teaching materials

- Reduction of HIV/AIDS infection.
- Protected sex/safe sex.
- Will care and support the infected/affected

- LS teaching in all institutions.
- Curriculum sensitive to cultural and religious beliefs, appropriate to age, gender and language of all learners.
- Teachers with skills for HIV/AIDS prevention.
- Prepare relevant and suitable teaching and learning materials.

**Pupils' perceptions**

**Positive**
- Acquire LS.
- Relevant knowledge.
- Delay onset of sexual activity.
- Develop responsible behaviour change.

- Talk about safe sex
- Avoid stigmatizing those affected/infectected
- Chill
- Acquire effective decision-making skills

- LS learning in all institutions.
- Development of peer education skills.
- Positive interpretation of relevant learning materials.
- Make effective decisions.

**Negative**
- Lack of LS.
- Misconceptions
- Lack of relevant knowledge
- Irresponsible sexual behaviour.

- Stigmatizing infected/affected
- Increased teenage pregnancies.
- STIs/STDs
- Absenteeism

- Low completion rate
- Dropouts
- Increased HIV/AIDS infections.
1.9 Definitions of Operational Terms

Adequacy: The level to which pupils and teachers think HIV/AIDS/LS education curriculum meets their needs in relation to the LS for HIV prevention. For example, how well pupils and teachers apply the skills.

HIV/AIDS Education: It is what in practice the schools are doing in terms of teaching and learning processes to implement the HIV/AIDS curriculum as designed by the ministry.

Life skills: This refers to the skills that pupils have learnt to prevent HIV infection and also to avoid stigma. Examples of these skills are self-awareness, self-esteem, assertiveness, negotiation skills and decision-making skills among others.

Life Skills Education: It is a programme that promotes positive health choices, making informed decisions, practising health behaviour, recognizing and avoiding risky situations and behaviour.

Perceptions: They are personal (individual opinions) points of view on reality and can change.

Relevance: This refers to the level and background of the pupils in relation to LSE and how they put the teachings into practice.

Sexuality: Means more than sexual feelings and sexual intercourse. It includes all the feelings, thoughts, and behaviour of being a male or a female. It is also being attractive and being in love as well as being on a sexual intimacy and physical sexual activity.
2.0 Introduction

In this chapter, literature related to the study is reviewed. First, the impact of HIV/AIDS in the school system is reviewed. Second, the role of education in influencing behavioural change. This is followed by literature on the role of the school in HIV/AIDS/LS education. Finally, a section on the issues related to the teaching of HIV/AIDS/LS education in schools is presented.

2.1 Impact of HIV/AIDS in the School System

HIV/AIDS places every system and institution under profound threat (WHO, 2002). The pandemic has negative impact on the quality of education provided. The quality of education is rapidly eroded by frequent teacher absenteeism, intermittent learner attendance and considerable trauma on educators and learners. This leads to inability to concentrate on learning activities because of concern for those who are sick, repeated occasions for grief and mourning in the community, a widespread sense of insecurity and anxiety among educators and learners (Schaeffer, 1994). This contributes to high drop out rate of pupils, thus leading to a greater difficulty in increasing school enrolment, completion rates and overall learning outcomes (Odiwour, W. H. 2000). These create adverse effects to learning.

In Africa, Kelly (2000) observes that HIV/AIDS has an impact on teacher supply and morale, on school participation, and on curriculum content. The study proposes that behavioural change is the only way to deal with the AIDS pandemic, and that the people most likely to be HIV-free are in primary and secondary school age groups. The
issue of teacher deaths due to AIDS continues to pre-occupy educational planners, managers and researchers.

In a draft synthesis report by Kelly (2000: 24) it is reported that, an estimated 860,000 children in Sub-Saharan Africa, lost teachers. Kelly concludes that HIV/AIDS appears to be in the ascendancy and has virtually overcome education, swamping it with a wide range of problems. These problems threaten to overwhelm the very fabric and structure of organization, management and provision, as we have traditionally known it. The school in an AIDS-infected world can not be the same as the school in the AIDS-free world. (ibid, 24).

Similarly, Coombe (2001: 3) states that education systems in Africa will collapse unless we change our understanding of the pandemic and respond to it. Newspapers and other media also regularly report on the seriousness of the pandemic and school in general. For example, a major article in the New York Times (14th August 2000) concluded that the African continent remains ill-prepared to deal with the effects of AIDS in education. If unchecked, the trend is expected to prove catastrophic in the near future (Onishi, 2000).

A study conducted in Kenya by UNICEF (2002) indicates that HIV/AIDS has affected teachers' participation in many ways. Teachers have been infected as well as affected by HIV/AIDS. For example, Schaeffer (1994) states that teachers, like many others, have not been spared by HIV/AIDS such that even if educational facilities are available, there may be lack of teachers to provide teaching services. While some have
been infected and are sometimes absent from school, others have died following HIV infection. The 1999 World Bank report on HIV/AIDS and the education sector policy in Kenya 2004, holds that as HIV infected teachers are more and more affected by the opportunistic infections, they will increasingly have to be absent from the classroom.

In Kenya the impact of HIV/AIDS on education is more likely to be felt in terms of reduced supply and demand of educational service, changing clientele for educational services, processes and content of education and planning for the sector. For example, a report in Kenya by (MoH, 2005) shows that the annual attrition of teachers stands at 1800 and has been attributed to HIV/AIDS related deaths. It is further noted that in Kenya, the TSC has reported that teacher deaths rose from 450 in 1995 to about 1,500 in 1999. The 1999 World Bank report on 'HIV/AIDS and the education sector in Kenya' argues that, 'while the TSC is not able to identify the cause of death, the annual number of teacher deaths is likely to continue to rise as the full impact of the pandemic is felt in the future. In one Kenyan province, 20 to 30 teachers die each month from AIDS-related causes (World Bank 1999).

2.2 The Role of Education in Influencing Behavioural Change

The emphasis on the teaching of HIV/AIDS education in schools is due to the fact that they admit children and young people between the ages of 5 and 18. They have excellent resources for delivering effective education. These include skilled teachers, a variety of learning opportunities, materials and methods, and the ability to involve parents in their children’s learning. Also as a group, primary school age children have a very low prevalence of HIV infection (Tiendrebeogo et al, 2003). At the same time,
children and young people between 5 and 14 years of age, both in and out of school, though largely worried-wells, are affected (UNICEF, 2001). Second, the period 5-15 years is relatively free of HIV infection and is seen as the “Window of hope” through which an AIDS free future generation can thrive. However, a significant number of adolescents become sexually active between the ages of 10 and 15 years. This is evident from incidences of pregnancy leading to school dropout, abortions and cases of STDs and incidences of HIV infections among the young people (Tiendrebeogo et al 2003).

Boler, T., Ibrahim, A., Adoss, R., Shaw, M. (2003) in a study investigated how HIV/AIDS education is implemented and received by schools in Kenya and India. The study gathered responses from 3,706 respondents including teachers, pupils, parents, and other stakeholders in educational community. Among its findings, the researcher notes that in both Kenya and India, young people and their families perceive HIV to be a serious threat, and that there is a strong demand for young people to be taught about HIV. The report further indicates that 87% of Indian teachers and 90% of Kenyan teachers viewed their profession as having a responsibility for teaching about HIV/AIDS. However, the study did not consider the hindrances encountered by the teachers in teaching of HIV/AIDS/LS education, which the current study, attempted to find out.

A study conducted by Klepp, NdekI and Leshabari, et al. (1997) in Tanzania reveals that educating sixth graders can foster increased exposure to and communication of information about HIV/AIDS. According to the study, educating sixth graders seemed
to have been successful in making AIDS a topic of discussion both outside and within the school setting, as pupils reported discussing AIDS with their parents, other relatives, religious leaders more frequently after the intervention. The study also reveals that there is a substantial increase in pupils’ knowledge of AIDS, more positive attitude towards PLWHA and decreased levels of fear and stigma attached to HIV/AIDS throughout the communities. The study observed that there were more restrictive subjective norms and a reduction in students’ intentions to be sexually active in the near future. However, such a study has not been carried out in Kenyan primary schools hence why the study is crucial.

The school is viewed by the community as a trusted and important place for young people to learn about HIV. But even when young people have the information they need, it is often not enough to make them act. They also need to learn “life skills,” the attitudes and negotiating capacity to put what they know in practice and to make informed choices about sex, drugs and other issues (UNICEF, 2002). Bunyi (2000) reveals that aspects of values are not found in books or documents, but learnt through social interactions in day-to-day life hence they should be practised. Students need to be aware of and fully understand the fact that classes on LSE are different from all other courses in the school curricula. This suggests that despite the school being entrusted with the role of behavioural change, there are problems and there is need to review the perceptions of pupils and teachers on the adequacy of HIV/AIDS/LSE education content which is the key concern of this study.
2.3 The Role of the School in HIV/AIDS/LS Education

Schools are institutions that are geared towards increasing students' knowledge and improving their skills. They are well fitted to educate young people about subjects such as sexuality. Different concepts are taught at different developmental stages. However, conditions in schools may not be ideal: class time is limited, teachers are often not trained in handling sensitive subjects, and considerable controversy surrounds the teaching of some subjects (Bundy, 2002). This is partly because of resistance from communities and teachers, and also due to lack of training and adequate learning materials (Bennell, Hyde and Swainson, 2002).

A study in Ethiopia revealed that a new education programme launched in 1995, based on the New Education and Training Policy (NETP), provides an opportunity to integrate HIV/AIDS into the newly developed curricula of the relevant career subjects (environmental science, basic science, biology, languages, physical education and civic education). Based on the findings of a needs assessment on HIV/AIDS education for Ethiopian primary schools, LSE is integrated starting from grade four. It reveals that among the constraints that are felt prominently in bringing about behavioural changes are lack of knowledge of LS activities and shortage/lack of materials on LS activities.

The same study reports that students are informed about HIV/AIDS, but are reluctant to change their behaviour. Their knowledge is in many ways superficial and full of misconceptions that could lead them to risk behaviour. Also, there is little actual evidence that an individual's knowledge and attitudes towards HIV/AIDS significantly shapes his/her behaviour. Control of HIV transmission requires that changes of
behaviour, if attained, be applied consistently. Hence, the need for a continuous and well-organized HIV/AIDS/LS education programme throughout schools and institutions, which must be adequate, a fact the present study examines.

A study by Coombe (2000), in South Africa reveals that schools where principals judged students to be at high or moderate risk for pregnancy or infection were least likely to offer HIV/AIDS/LS education topics. Principals' gender, age and qualifications did not seem to determine if HIV/AIDS/LS education topics were offered. The only characteristic of school principals associated with implementation of HIV/AIDS/LS education was whether the principal himself or herself had an adolescent child. In general, principals felt it is important to teach HIV/AIDS/LS education. The study reports that 22 per cent of the teachers in South Africa are trained to teach HIV/AIDS/LS education issues. However, principals may have considered general teacher training in their assessment, and it remains unclear how many teachers have actually received specific training on the HIV/AIDS/LS education curriculum and teaching methods.

In the same study, the attitude of the principals towards the issues covered in HIV/AIDS/LS education teaching was assessed. Most principals (88 %) felt that HIV-positive students should be allowed to stay in school. A study that would assess HIV/AIDS/LS education teaching in Kenya is very crucial because it may strengthen HIV/AIDS/LS education programme to combat HIV infections among young people in primary schools. The current study focuses on pupils and teachers perceptions towards the importance of teaching and learning of HIV/AIDS/LS education.
Trisano, (2000) observes that knowledge of how HIV/AIDS education is being implemented in school is sparse and often anecdotal. As a professional discipline in its own right, HIV/AIDS, sexual and reproductive health and HIV/AIDS/LS education must be fully allocated its specific time on the timetable. Bennell et al (2002) supports this position when he reported that HIV/AIDS education is not an extra option. It is neither an add-on nor something that can be picked up in spare moments of a Biology or Social Studies lesson. It is a crucial stand-alone area that necessitates separate timetabling, the support of appropriate materials, and the provision of all the backup guidance, training, teacher support structures, monitoring and evaluation that other subjects receive, thus the rationale of the present study.

HIV/AIDS/LS education in Kenya, has not been allocated specific time on the timetable but it is infused in different subjects such as; General Science, Home Science, Music, among others. This might affect the adequacy and relevance of HIV/AIDS/LS education since most teachers tend to concentrate more on the examinable subjects. Boler et al (2003) reports that 55% of Kenyan teachers from Nyanza do not have enough time to teach HIV and majority of them viewed HIV/AIDS education to be an extra burden on an already packed syllabus. The present study intended to explore and document these issues using schools in Nairobi and Thika environments.

2.4 Issues Related to Teaching of HIV/AIDS/LS Education in Schools

Sexual and reproductive health education has been a contentious issue for some time, even before the advent of HIV/AIDS. Key issues concern whether or not teaching...
young people (who are not yet sexually active) about sex will lead to increased sexual experimentation, and how the subject should be taught: either ‘fact based’ (the scientific approach) and/or ‘skill based’ (the LS approach) (Barnett, 1995). This study did not look at ways of inculcating LS for behavioural change, through co-curricular and class activities, which the current study addressed.

Schaalma (1997) argues that since the outbreak of the AIDS pandemic, most AIDS prevention activities targeting young students have been focusing primarily on transfer of knowledge, risk communication, and discouraging risky sexual practices. This approach to AIDS prevention was based on the assumption that students will act in their own interest once informed of the risk and the benefits of changing their behaviour (Moses and Plummer, 1994; Schaalma, 1997; Schaalma and Meijer, 1998; UNAIDS, 1999b). Apparently, knowledge alone without LS has not helped the youth to change their behaviour. Young people must also have the necessary skills to apply their knowledge. This realization has led to a move to a more LS approach, teaching a wide range of skills which go beyond HIV. Three equally broad categories of skills that would apply to the LS approach include:

a) Communication and interpersonal skills
b) Decision-making and critical thinking skills

The shift to a LS approach goes some way to meeting criticisms that simply increasing awareness will not lead to behaviour change (UNICEF, 2002). The current study sought to find out ways of improving the teaching of HIV/AIDS/LS education.
A study conducted by the African Medical and Research Foundation AMREF (1999) in Uganda emphasizes improved access to information, improved peer interaction and improved quality of performance in the existing school health education system. After participating in the AIDS education project, students who formed the sample in the study, reported that they were more likely to abstain from sex not out of fear of punishment, but because abstaining from sex was consistent with rational decision-making. The study argues that primary school health education programmes which emphasize social interaction methods are most effective in encouraging sexual abstinence among Ugandan adolescents. The study does not specify the class activities the teachers used to enable pupils acquire positive attitudes on school health education. The present study explored this issue.

Anderson (1999) carried out a survey in Uganda on respondents aged between 12 and 45 years. The aim was to find out people's attitudes towards AIDS and to examine their levels of AIDS-related knowledge. The study revealed that Uganda's mass AIDS education campaign had successfully raised levels of knowledge about HIV/AIDS, but misconceptions about the disease persisted. The study showed that the education programme failed to stress AIDS as a personal issue and change negative attitudes towards infected people. Fifty-seven per cent (57%) of the respondents reported that they would avoid stigmatizing an AIDS patient. The report further suggests that to achieve behavioural and attitudinal changes, the involvement of HIV carriers in education, small-scale approaches developed by target groups and role-playing with people who have AIDS are important. However, this study did not look at ways of
inculcating LS for behavioural change, through co-curricular and class activities, which the current study addressed.

A case study conducted by Ndubani (1998) in rural Zambia on the views of pupils and teachers on the teaching of HIV/AIDS education in primary schools found that although HIV/AIDS subject had been integrated into teaching subjects, it had been given less emphasis because it appeared as a topic in passing. But unlike the present study Ndubani (1998) did not find out if the integrated HIV/AIDS/LS education content was adequate. The study however, did not translate how knowledge and LS could be enhanced. The perceptions of pupils and teachers on this issue were essential in this study.

The government policy on teaching of HIV/AIDS education (RoK, 2004:14) found that a successful HIV/AIDS/LS education should take the following into account:

a) All learning institutions have a responsibility to address HIV/AIDS through education by developing skills and values, and changing attitude to promote positive behaviour that combat the HIV/AIDS scourge.

b) Curriculum that is sensitive to cultural and religious beliefs and is appropriate to age, gender, language, special needs and context on HIV and AIDS shall form part of the education for all learners at all levels.

c) LS and HIV education will be mainstreamed into the existing curriculum and co-curricular activities at all levels.

d) Teacher education curriculum (pre-service and in-service) must prepare educators to respond to HIV and AIDS within their own lives and as
professionals to build positive attitudes and skills for HIV and AIDS prevention and control among all their learners.

e) Relevant and suitable teaching and learning materials for HIV prevention will be developed for use by all institutions and workplaces.

f) All educators and learners must be given the opportunity and be encouraged to develop peer education skills and have access to relevant materials and appropriate training to support their commitment to peer education at every tier.

The above government of Kenya policy raises issues pertaining to adequacy and teaching of the current HIV/AIDS/LS education content to adequately impart LS to pupils and teachers to empower them to fight the spread of HIV/AIDS. HIV/AIDS/LS education is a relatively new concept in the Kenyan primary schools and not much has been known on how adequate it is in order to prevent HIV/AIDS pandemic (RoK, 2003). In Kenya, certain issues related to the teaching of sex and sexuality has always caused controversy

According to the Kenya primary education syllabus (KIE, 2002), the following topics on HIV/AIDS are supposed to be taught in science as health education.

Class six:  
- Importance of HIV testing
- Effects of HIV/AIDS infections on an individual, family and nation

Class seven:  
- Myths and misconceptions on HIV/AIDS
- Care and support of people infected by HIV/AIDS such as:
  - Love and care, adequate diet, hygiene and medical care
The current study sought to find out whether the above content of HIV/AIDS education was adequate.

2.5 Summary and Conclusion

The chapter has focused on the literature that relates to this study. Specifically, literature has shown that HIV/AIDS has a negative impact in the school system. This impact is felt as it is affecting the quality of education due to chronic and prolonged absenteeism for both pupils and teachers, and quantity due to dropping out of pupils, leading to a greater difficulty in increasing school enrolment, completion rates and overall learning outcomes.

Literature reviewed has also revealed that although HIV/AIDS education has been introduced and integrated in most countries its delivery has not yet been successful. Literature shows that although schools have been recognized as important avenues for teaching HIV/AIDS/LS education, the school faces a lot of challenges. These include limited class time, lack of programmes for training teachers in HIV/AIDS/LS education, lack of specified number of lessons on the timetable, lack of HIV/AIDS/LS education text books and lack of the relevant materials. Most of the studies done have emphasized on behaviour change. The present study looked at the perceptions of pupils and teachers, how life skills could be used to equip young people with knowledge, skills, attitudes and values that will empower them to deal with challenges of life. The next chapter presents the methodology adopted in this study.
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction
This chapter focuses on research methods and procedures that were used in this study. In particular, the chapter describes the research design, study location, the study population, sampling procedures, research instruments, data collection and data analysis and reporting procedures.

3.1 Research Design
The study used descriptive research methodology, qualitative in approach. A case study technique was adopted to enable the researcher to achieve, among other things, an in-depth collection and analysis of data from single cases based on four different schools each with a different background. According to Cochran (1977), descriptive research methodology enables a researcher to investigate and describe the current phenomena on focus. The approach is appropriate because it enables the researcher to describe situations, perceptions, opinions, attitudes and general demographic information that are currently affecting perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/LS education.

The justification for using qualitative approach was due to the fact that issues of perceptions or individual opinions would not be statistically captured /measured. The method also allowed the researcher to formulate open-ended questions through which a wide and deeper range of responses was sought. Quantitative techniques were applied in instances such as presenting enrolment, sampling size and groups. The study
purposively selected four schools situated in different localities. This is due to the fact that issues of HIV/AIDS/LS education are unique in each locality and cannot easily be generalized as eliciting uniform responses. Hence, the way pupils and teachers perceive issues related to teaching of HIV/AIDS/LS education may differ from one locality to another depending on where the schools are located. For this study, it was assumed that the rural-urban dichotomy may influence the respondents’ perceptions on HIV/AIDS/LS education.

### 3.2 Study Location

This study was carried out in Nairobi and Thika districts. In selecting the study sites, the main objective was to have a fair representation of the general circumstances that would influence perceptions of pupils and teachers on the adequacy of HIV/AIDS/LS education. Two schools from each district were purposively selected. These are Kuraiha, St George’s primary schools in Thika, Huruma and Westlands primary schools in Nairobi. The two schools in Nairobi were taken as a fair representation of schools in an urban setting because while Huruma Primary School is located within a low-class environment, Westlands Primary is in an affluent setting. Urban centres worldwide are generally associated with a high prevalence rate of HIV infection (NACC, 2002).

Huruma Primary School is situated right in the Mathare slums where there is a lot of alcohol brew, poverty is high and a lot of irresponsible behaviour is exhibited. This would lead to HIV infection and hence pupils in this area need a variety of LS to be able to survive the different situations that they might come across. Westlands Primary
School, on the other hand, is in the high socio-economic area where pupils are exposed to a lot of media influence, parents are often too busy due to their status and hardly get time to socialize with their children or provide the LS needed by the young for HIV prevention. Nairobi has a prevalent rate of 17% (RoK, 2002: 22). Nairobi’s centrality and cosmopolitan nature made it suitable for this study.

Thika District represented the rural setting. HIV prevalence rate in Thika is 17 per cent amongst primary school children. Child labour in the plantations accompanied by unprotected sexual practices makes HIV/AIDS prevalence in Thika District to be the highest in Central Province standing at 34 per cent (RoK: 2002: 18). Although prevalence is higher in urban areas, the absolute or total number of people infected is larger in rural areas since 80% of the population lives in rural areas. Agriculture is the dominant economic activity with large-scale and small-scale coffee and tea growing. Second, illicit brews like the hot drinks in sachets are easily available and pupils become addicted to such drinks. Some children engage in child labour and also attend school while others (5.7%) drop out. With AIDS awareness in the district standing at over 95 per cent, and prevalence still high, there is, need for pupils and teachers to learn and practice LS in schools.

3.3 Target Population

The target population was made up of all the four headteachers, standards six, seven and eight pupils and teachers teaching subjects in which HIV/AIDS education was integrated in the 4 selected primary schools.
Table 3.1: Number of Pupils in the Sample Schools (Classes 6, 7 and 8)

<table>
<thead>
<tr>
<th>Sampled Primary Schools</th>
<th>Class 6</th>
<th>Class 7</th>
<th>Class 8</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>G</td>
<td>B</td>
<td>G</td>
</tr>
<tr>
<td>Westlands Pry Sch (Nairobi)</td>
<td>81</td>
<td>55</td>
<td>62</td>
<td>72</td>
</tr>
<tr>
<td>Huruma Pry sch (Nairobi)</td>
<td>115</td>
<td>103</td>
<td>77</td>
<td>102</td>
</tr>
<tr>
<td>St Georges Pry Sch (Ruiru) Thika</td>
<td>58</td>
<td>45</td>
<td>33</td>
<td>47</td>
</tr>
<tr>
<td>Kuraiha Pry Sch (Thika)</td>
<td>42</td>
<td>37</td>
<td>55</td>
<td>49</td>
</tr>
<tr>
<td><strong>Total for boys/girls</strong></td>
<td><strong>296</strong></td>
<td><strong>240</strong></td>
<td><strong>227</strong></td>
<td><strong>270</strong></td>
</tr>
<tr>
<td><strong>Target population</strong></td>
<td><strong>536</strong></td>
<td><strong>497</strong></td>
<td><strong>474</strong></td>
<td></td>
</tr>
</tbody>
</table>

Key: B= Boys, G= Girls

The justification for selecting young pupils in primary school was, that sex education is more effective when it is taught before young people become sexually active, and when skills and social norms (rather than knowledge) are emphasized (WHO 1992). At the same time, these young people fall within 12 –19 years of age category that forms 70% of the daily 14,000 new HIV infections globally (UNAIDS, 2002). They were, therefore, likely to exhibit uninformed perceptions on the learning of HIV/AIDS/LS education content.

3.4 Sample Size and Sampling Procedures

3.4.1 Selection of Schools

Purposive sampling technique was used to select the study subjects. In purposive sampling technique individuals are included in the sample because they are judged to possess important/special/unique information that a researcher feels that such
information is representation of the total population (Patton, 1990). Two primary schools from both Thika and Nairobi districts were selected. The schools were selected on the basis of socio-economic factors. For example, Westlands Primary School in Nairobi is from a high socio-economic area while Huruma Primary School is from a low socio-economic area. In Thika, St. Georges Primary School is from a high potential area (agricultural) while Kuraiha Primary School is from a low potential area of the semi-arid areas of Thika District.

This sampling technique was necessary for the researcher to find out the differences in perceptions from pupils and teachers in these varied geographical areas. In carrying out the study in the two districts, various factors were considered, viz: the geographical location (Nairobi and Thika), age of pupils (different classes), and gender, which would bring similarities and differences in perceptions of the teaching of HIV/AIDS/LS education. In this study, the role of geographical location of the school and pupil’s gender in promotion of HIV/AIDS/LS education were the most important characteristics to be considered.
3.4.2 Selection of Pupils and Classes for the Study

Purposive sampling technique was used to sample the respondents. It was hoped that classes six, seven and eight pupils in the selected schools in both Nairobi and Thika would give adequate responses to the issues raised in the study. Stratified sampling technique was used in grouping the pupils according to sex and classes. In stratified sampling technique, the population is divided along some characteristics before simple random sampling technique is done (Thomas and Nelson 1990). Stratified sampling technique was used to group pupils in classes six, seven and eight boys and girls separately. In this study a sample of 16 per cent of the target population was selected. According to Gay (1992), for a descriptive researcher a sample of 10 percent of the population is considered minimum. Simple random sampling technique was then done to select the pupils in different strata.
Simple random sampling technique is a method of selecting a number of units from a population such that characteristics within the population have an equal chance of being drawn (Thomas & Nelson, 1990). Twenty pupils (10 boys and 10 girls) from each class were chosen making a total of two hundred and forty pupils to form the study sample.

3.4.3. Selection of Teachers and Headteachers

Purposive sampling technique was used to sample teachers teaching subjects in which HIV/AIDS/LS education is infused in classes six, seven and eight. Purposive sampling technique was important since HIV/AIDS/LS education is infused across all the subjects in the formal curriculum. With the help of the headteachers, ten teachers teaching classes six, seven and eight were purposively sampled in each school. A total
of forty teachers comprised the study’s teacher sample. The four headteachers, in the selected primary schools automatically became part of the sample.

3.5 Instruments for Data Collection

Five research instruments were used namely:

a) Questionnaire
b) Content analysis
c) Focus group discussions (FGD)
d) Interview schedule
e) Observation checklists

a) Questionnaire

A questionnaire is a useful instrument for collecting a lot of information on a large sample. As Mouly (1993) argues, a questionnaire normally has a greater reliability because it allows the selection of a large and representative sample. In this study, the questionnaire used for the teachers helped the researcher obtain information on the content, teaching activities used, time allocation, learning resources used, hindrances experienced in the teaching of HIV/AIDS/LS education and ways of improving the teaching. The pupils’ questionnaire was used to obtain information from the pupils on the importance of HIV/AIDS/LS education, adequacy of HIV/AIDS/LS education content, classroom activities, problems that they faced in learning HIV/AIDS/LS education and suggestions on ways of improving the teaching of HIV/AIDS/LS education.

The questionnaires were filled in by the various subject teachers who integrate HIV/AIDS/LS education in their classes six, seven and eight. The questionnaire was made up of both open-ended and closed questions in order to elicit an in-depth range of
responses on the pupils’ and teachers’ perceptions on the adequacy of HIV/AIDS/LS education content. The reason for this was that the group is capable of reading and writing. Also, these would form the bulk of the sample and could not be possible to conduct interviews with all of them.

b) Content Analysis
A content analysis of the materials used in teaching of HIV/AIDS/LS education that is the Kenya Primary school syllabus, HIV/AIDS syllabus and HIV/AIDS text books was done. This was done to gauge their relevance against the indicators of an adequate HIV/AIDS/LS education syllabus as proposed by the UNAIDS (2004) benchmarks. The researcher identified all the teaching and learning materials given in the textbooks and assessed whether they were adequate or inadequate in the teaching and learning of HIV/AIDS/LS education for HIV/AIDS prevention.

c) Focus Group Discussions (FGD) for Pupils
Focus group discussion was based on the principle of small group dynamics. FGD are used to generate information from a “natural” group that usually meets for a common purpose or represents the interests of different collectivities (Oanda 2002). The purpose of keeping the group small is to ensure that all members participate actively in the discussions and all general topics of interest are covered. From the two hundred and forty pupils who responded to the questionnaire, the researcher randomly selected 20% (48 pupils) from the four schools. That is, twelve pupils from each school were randomly picked immediately they completed answering the questionnaire for FGD. Gender balance was observed to have a fair representation. The researcher followed an already prepared schedule (c.f. Appendix B).
d) Interview Schedule for Headteachers

Headteachers are very instrumental in the implementation of any educational policy at the school level. HIV/AIDS/LS education being a new subject in Kenyan primary schools, the role of the headteacher for its successful implementation is very important. For example, they decide on the staff establishments, and in most cases are crucial in solving school academic and administrative problems. They also have an overall responsibility of purchasing textbooks and teachers' guides. An open-ended interview guide which was used intended to get their perceptions on their role in the school setting, the problems they face in the teaching of HIV/AIDS/LS education, their views on the content of HIV/AIDS/LS education and generally what primary schools in Kenya need to do to improve on the teaching of HIV/AIDS/LS education (c.f Appendix D).

e) The Observation Checklists

An observation checklist was used during classroom teaching of relevant subjects to ascertain the extent to which teachers relate the LS in the infused and integrated relevant subjects. An observation check list is a list of all items to be observed inside and outside the classroom. Learning resources and HIV/AIDS related charts on the wall were observed. Teaching activities used by the teachers were also observed. Examples were, use of role-play, question and answer, storytelling, songs, small group discussions on LS and other classroom activities geared towards teaching of HIV/AIDS/LS education.
3.6 Pre-testing of the Research Instruments
To increase the validity and reliability of the research instruments, a pre-test to refine the instruments was conducted in two co-educational primary schools (Park Road Primary School in Nairobi and Makongo Primary School in Thika District). These schools were not included in the actual study. Since the present study was qualitative and mainly relied on individual perceptions, validity was enhanced by use of several/triangulation of instruments to collect data on same issues and cross-checking with already available data on same issues. Reliability was enhanced through piloting of research instruments.

It emerged that there were some ambiguities especially in the pupils' questionnaire in the area of adequacy of content. Most of the pupils could not identify the topics taught and this question had to be rephrased. In the pupils questionnaire where they were being tested on knowledge of words in HIV/AIDS and Life Skills the researcher found out that pupils in the pilot schools did not know what LS were as they left out that part of LS blank.

3.7 The Administration of Instruments and Data Collection Procedure
The researcher collected data with the help of three research assistants. To start with, the researcher obtained research permits from Nairobi and Thika education offices to enable the visiting of the schools. The researcher then visited the four schools to request the headteachers for permission to carry out research in their schools and also to familiarize with the pupils and teachers. Appointments were made with respondents in advance. Teachers’ observations were done first before administering the questionnaire.
Teacher respondents were given the questionnaire to fill in under the supervision of the researcher. After that, the researcher and the assistants collected the questionnaires.

The boys and girls filled their questionnaires in the presence of the researcher or assistants, so that clarifications could be made where necessary. This greatly minimized cases of the students losing questionnaires or being influenced by other respondents to give false information. After filling in the questionnaires, twelve pupils from each school were selected for the FGD. It was expected that this would be done in three days per school. Where the exercise was not completed within the stipulated time, another day was arranged in consultation with the school administration. Both primary and secondary data were collected in this study. The various instruments mentioned were used to collect the primary data from respondents. For the secondary data, various documents available such as HIV/AIDS/LS education syllabus and HIV/AIDS/LS education resource materials were analyzed to obtain the relevant information.

3.8 Methods of Data Analysis
Data were organized and coded to ease identification and interpretation; a series of indices were developed to categorize the questionnaire in terms of type of information sought. The data were analyzed qualitatively and quantitatively, guided by the study objectives. The qualitative analysis was presented using responses from the respondents while quantitative analysis used frequency tables and absolute percentages.
Information and responses collected were analyzed sifting and shifting to groups with similar and related responses. This enabled the researcher to make comparison between responses and account for similarities and dissimilarities. The data were then interpreted, viable conclusions drawn and recommendations based on these conclusions arrived at.

3.9 Logistical and Ethical Considerations

Permit from the city education office and District education office Thika, through the Director Graduate School was sort. Preliminary visits to the sample schools was done to create rapport and consent from the head teachers, teachers and pupils.
CHAPTER FOUR
PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Introduction

This chapter presents and discusses the findings of the study in the following order:


c. Approaches to teaching of HIV/AIDS/LS education in the sample schools.


e. Pupils’ and teachers’ suggestions on how learning and teaching of HIV/AIDS/LS education could be improved in schools.

4.2 Pupils’ and Teachers’ Perceptions on the Importance of Learning and Teaching of HIV/AIDS/LS Education

4.2.1 Pupils’ Perceptions

The views of the pupils on this issue were obtained through two instruments. First, was a questionnaire that measured their perceptions on a two-point Likert scale of important and not important. The second was through FGD that were organized at each school to gather qualitative data to cross-check their responses to the quantitative question.
Table 4.1 above indicates the percentages showing how many boys and girls in each school considered the learning of HIV/AIDS/LS education as either important or not important. For example, 29 boys (96.7%) out of 30 and 30 girls (100%) out of 30 in Westlands Primary School in Nairobi considered it important. Similarly 30 (100%) out of 30 of both boys and girls in Kuraiha Primary School regarded it as important. Generally, all pupils in the sample schools considered the learning of HIV/AIDS/LS education as an important part of their education. In terms of regional comparisons, 56 boys (93.3%) out of 60 and 58 girls (96.7%) out of 60 in Nairobi thought it was important. In Thika, 55 boys (91.7%) out of 60 and 56 girls (93.3%) out of 60 thought it

<table>
<thead>
<tr>
<th>Sampled Schools</th>
<th>Important</th>
<th>Not Important</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
</tr>
<tr>
<td>Westlands Pry.Sch.</td>
<td>29 (96.7%)</td>
<td>30 (100%)</td>
<td>59 (98.3%)</td>
</tr>
<tr>
<td>Huruma Pry. Sch.</td>
<td>27 (90%)</td>
<td>28 (93.3%)</td>
<td>55 (91.7%)</td>
</tr>
<tr>
<td>Nairobi Total</td>
<td>56 (93.3%)</td>
<td>58 (96.7%)</td>
<td>114 (95%)</td>
</tr>
<tr>
<td>Kuraiha Pry. Sch.</td>
<td>30 (100%)</td>
<td>30 (100%)</td>
<td>60 (100%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry. Sch.</td>
<td>25 (83.3%)</td>
<td>26 (86.7%)</td>
<td>51 (85%)</td>
</tr>
<tr>
<td>Thika Total</td>
<td>55 (91.7%)</td>
<td>56 (93.3%)</td>
<td>111 (92.5%)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>111 (92.5%)</td>
<td>114 (95%)</td>
<td>225 (93.8%)</td>
</tr>
</tbody>
</table>

N=240
was important. In both cases, a slightly higher percentage of girls thought it was important compared to boys irrespective of rural/urban differences.

Conversely, fewer girls than boys thought it was not important. The results show that irrespective of the location of schools (urban-rural), low socio-economic or high socio-economic status, there was a high level of awareness (99% of the population) that HIV/AIDS should be taught in schools. This is perhaps due to the campaigns mounted by the mass media. These findings corroborate other studies that have been conducted by other government agencies. For example, the MoH, (2005: 12) shows that in a survey of school going youth aged between 15-19, (92%) girls were more knowledgeable about issues related to HIV/AIDS compared to (68%) boys. The issues in which girls showed knowledge included: that a healthy looking person could be infected with HIV, the difference between HIV and AIDS, and the knowledge about the ‘window period.’

According to the KIE (2002) syllabus, pupils are supposed to learn the following topics in LSE:

- Knowing myself. – Myself, who am I?, what I feel and can do, my talents, setting goals and saying what I feel and want.
- Relationship with others – Loving others, sharing, different relationships, respect and sending and receiving messages.
- Making choices. – Negotiation, solving a disagreement, choosing friends, career choices, proper use of leisure time and avoiding risky behaviour.
During FGD pupils were asked to name the LS they had learnt. Responses to this item were similar from all the sample schools. The most frequently cited skills/issues that they indicated to have learnt are summarized in Box 4.1 below.

**Box 4.1: Life Skills According to Pupils**

<table>
<thead>
<tr>
<th>Pupils’ Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>• no sex when you are too young,</td>
</tr>
<tr>
<td>• avoid sharing sharp objects,</td>
</tr>
<tr>
<td>• avoid unscreened blood transfusion,</td>
</tr>
<tr>
<td>• take care of our lives,</td>
</tr>
<tr>
<td>• abstain till marriage,</td>
</tr>
<tr>
<td>• how to protect ourselves by using condoms,</td>
</tr>
<tr>
<td>• saying no to drugs and sexual intercourse,</td>
</tr>
<tr>
<td>• avoid walking at night in dark places,</td>
</tr>
<tr>
<td>• avoid discos and night clubs,</td>
</tr>
<tr>
<td>• protecting ourselves from getting HIV,</td>
</tr>
<tr>
<td>• not to take gifts or lifts from strangers or go anywhere with them,</td>
</tr>
<tr>
<td>• learnt that HIV/AIDS is spread through sex,</td>
</tr>
<tr>
<td>• should take care of people living with AIDS,</td>
</tr>
<tr>
<td>• visiting the VCT centres to know one’s HIV status,</td>
</tr>
<tr>
<td>• Being pure in heart, mind and deeds.</td>
</tr>
</tbody>
</table>

Most of what pupils named as LS is knowledge on HIV/AIDS. This is an indication that they had not been adequately taught on LS issues. The issues they named are part of the objectives of the HIV/AIDS curriculum. For example, a content analysis of the syllabus showed that part of what pupils are expected to learn includes:

a) Common communicable disease

b) HIV testing
c) Drug abuse  
d) Myths and misconceptions on HIV/AIDS  
e) Care and support of those infected by HIV/AIDS  
f) Meaning of sexually transmitted infections (STIs)  
g) Control of HIV/AIDS

From pupils’ responses, the study concluded that though they showed high awareness levels, teaching did not go beyond imparting of facts and discussing why certain reasons, for the options taken were preferred. This showed that although there was mention of terms like abstain, avoidance of bad company and sharing of sharp objects in schools, no explanation was given to show the dangers exposed to them in terms of HIV/AIDS. Comparing their responses on what they thought LS were, to the content given above on HIV/AIDS/LS education syllabus, pupils had not been taught what life skills were. In the final analysis, this is what leads to the differences between awareness and practice.

The findings above were contrary to the Kenya government policy (2004: 4) which states that LS and HIV education will be mainstreamed into the existing curriculum and co-curricular activities at all levels. Content analysis of the textbooks showed that some aspects of LSE are also not included in the different topics in the teacher’s handbook. The aspects that were noted to be absent included:

a) How to communicate with peers and other people on issues and concerns that affect them.

b) How to make decisions about personal and social behaviours that reduce the risk of HIV infection.
4.2.2 Teachers' Perceptions

The views of the teachers on this issue were obtained through questionnaires and interviews. Teachers' views and perceptions were important as they are critical in the implementation of the syllabus. Their professional background and readiness to teach are important in the manner they conduct lessons and address pupils' concerns related to HIV/AIDS. Teachers' perceptions are also important beyond classroom teaching on matters of professional ethics. Like pupils, they are also affected by the HIV/AIDS pandemic, either as patients, or relatives of patients. Table 4.2 below summarizes some background information of teachers who responded to the questionnaire.

<table>
<thead>
<tr>
<th>Teachers Background</th>
<th>Westlands Pry Sch N=10</th>
<th>Huruma Pry. Sch. N=10</th>
<th>Nairobi Total N=20</th>
<th>Kuraiha Pry Sch N=10</th>
<th>St Georges (Ruiru) Pry Sch. N=10</th>
<th>Thika Total N=20</th>
<th>Grand Total N=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers Gender</td>
<td>Male</td>
<td>3 (30%)</td>
<td>2 (20%)</td>
<td>5 (25%)</td>
<td>2 (20%)</td>
<td>1 (10%)</td>
<td>3 (15%)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>7 (70%)</td>
<td>8 (80%)</td>
<td>15 (75%)</td>
<td>8 (80%)</td>
<td>9 (90%)</td>
<td>17 (85%)</td>
</tr>
<tr>
<td>Teaching Experience (Years)</td>
<td>1-10</td>
<td>6 (60%)</td>
<td>3 (30%)</td>
<td>9 (45%)</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td></td>
<td>11-20</td>
<td>4 (40%)</td>
<td>5 (50%)</td>
<td>9 (45%)</td>
<td>6 (60%)</td>
<td>6 (60%)</td>
<td>12 (60%)</td>
</tr>
<tr>
<td></td>
<td>Above 20</td>
<td>0</td>
<td>2 (20%)</td>
<td>2 (10%)</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Professional Qualifications</td>
<td>P1</td>
<td>6 (60%)</td>
<td>3 (30%)</td>
<td>9 (45%)</td>
<td>5 (50%)</td>
<td>6 (60%)</td>
<td>11 (55%)</td>
</tr>
<tr>
<td></td>
<td>ATS</td>
<td>3 (30%)</td>
<td>4 (40%)</td>
<td>7 (35%)</td>
<td>5 (50%)</td>
<td>2 (20%)</td>
<td>7 (35%)</td>
</tr>
<tr>
<td></td>
<td>Diploma</td>
<td>0</td>
<td>2 (20%)</td>
<td>2 (10%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>BED</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
<td>2 (10%)</td>
<td>0 (0%)</td>
<td>2 (20%)</td>
<td>2 (10%)</td>
</tr>
</tbody>
</table>

N=40
Table 4.2 indicates that 5 teachers (25%) out of 20 and 15 teachers (75%) out of 20 of the respondents were male and female respectively in Nairobi. In Thika, 3 (15%) and 17 teachers (85%) were male and female respectively. The teaching experience of the teachers indicates that most teachers have taught for quite some time. For example, in Nairobi, 9 teachers (45%) of the sampled teachers had taught for a period of 1-10 years and the same percentage for 11-20 years. Only 2 teachers (10%) in Nairobi had taught for over 20 years. In Thika, 4 teachers (20%) had taught for a period of 1-10 years and 12 teachers (60%) for 11-20 years. Only 4 teachers (20%) had taught for over 20 years. Professional qualifications show that in Nairobi, 9 teachers (45%) had a primary teacher's certificate (P1), 7 teachers (35%) had Approved Teachers Status (ATS), 2 teachers (10%) had Diploma in teacher education and only 2 teachers (10%) had degrees in education.

In the sampled schools in Thika, 11 teachers (55%) were P1 holders, 7 (35%) were ATS and 2 (10%) had a bachelor’s degree in education (B.ED). This is a good indication that at least all teachers, irrespective of the locality, had been trained as teachers. Generally, the professional background, gender of teachers, years of service and professional qualifications made teachers suited to make judgments on issues that the study explored.
Table 4.3: Teachers Perceptions on the Importance of Teaching HIV/AIDS/LS Education

<table>
<thead>
<tr>
<th>Teachers from</th>
<th>Important (Yes)</th>
<th>Not important (No)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westlands Pry Sch.</td>
<td>9 (90%)</td>
<td>1 (10%)</td>
<td>10 (100%)</td>
</tr>
<tr>
<td>Huruma Pry Sch.</td>
<td>9 (90%)</td>
<td>0 (0%)</td>
<td>9 (90%) *</td>
</tr>
<tr>
<td>Nairobi Total</td>
<td>18 (90%)</td>
<td>1 (5%)</td>
<td>19 (95%) *</td>
</tr>
<tr>
<td>Kuraiha Pry Sch.</td>
<td>10 (100%)</td>
<td>0 (0%)</td>
<td>10 (100)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry Sch.</td>
<td>9 (100%)</td>
<td>0 (0%)</td>
<td>9 (90%) *</td>
</tr>
<tr>
<td>Thika Total</td>
<td>19 (95%)</td>
<td>0 (0%)</td>
<td>19 (95%) *</td>
</tr>
<tr>
<td>Grand Total</td>
<td>37 (92.5%)</td>
<td>1 (2.5%)</td>
<td>38 (95%)</td>
</tr>
</tbody>
</table>

*Percentage totals for some schools do not add up to 100% since some teachers did not commit themselves

Table 4.3 above indicates that 9 (90%) out of 10 teachers in each of the sampled schools, that is, Westlands, Huruma and St. Georges primary schools and 10 (100%) of the teachers in Kuraiha Primary School perceived the teaching of HIV/AIDS/LS education as important. One teacher (10%) out of 10 teachers in Westlands Primary School reported that it was not important and perceived the teaching of HIV/AIDS/LS education as not being practical in his school due to lack of relevant textbooks, training and support from the administration. The teacher said that the administration did not value the teaching of HIV/AIDS/LS education, as the examinable subjects are emphasized. Two teachers, each from Huruma and St. Georges primary schools did not commit themselves and left that part of the questionnaire blank. This is an indication that some teachers, due to other considerations, may not be integrating teaching of HIV/AIDS in their lessons as required by the government policy.
The teachers who perceived the teaching of HIV/AIDS/LS education as important gave various opinions. Teachers in both Kuraiha and St Georges primary schools reasoned that HIV/AIDS/LS education had created awareness on issues related to HIV/AIDS to pupils and teachers. Pupils and teachers have learnt how to prevent and control HIV/AIDS, minimize deaths of both pupils and teachers, and make pupils and teachers aware that anybody can contract AIDS. Teachers in Westlands and Huruma primary schools reasoned that HIV/AIDS/LS education enables pupils and teachers to relate well, and it makes them aware of ways of contracting AIDS. It also spells out the effects of HIV/AIDS and has increased their knowledge on HIV/AIDS issues, especially how the pandemic can be reduced.

According to these responses, teachers perceived HIV/AIDS/LS education as important irrespective of gender and professional qualifications. Nevertheless, the teachers did not relate the importance of HIV/AIDS/LS education with the skills they had taught pupils on prevention of HIV infection and how to avoid stigma. For example, teachers did not indicate how they and the pupils use and sustain LS like self-awareness, self-esteem, assertiveness, negotiation skills and decision-making skills, among others.

The four headteachers from the sampled primary schools had similar perceptions on the importance of HIV/AIDS/LS education. They reported that pupils needed to be taught LSE at that early age to sensitize them on how to protect themselves from “this deadly disease”. However, they expressed their concerns on the following: workload in the primary school curriculum, lack of HIV/AIDS/LS education textbooks, lack of specially trained teachers in HIV/AIDS/LS education, resistance from parents, lack of
adequate time being allocated to HIV/AIDS/LS education and also the notion that priority of teaching is given to the examinable subjects.

4.3 Pupils’ and Teachers’ Perceptions on Adequacy of the Content in HIV/AIDS/LS Education.

4.3.1 Pupils’ Perceptions on Adequacy of Content

Adequacy as conceptualized in this study is the level to which pupils and teachers thought the HIV/AIDS/LS education curriculum addressed their critical concerns about HIV/AIDS. Pupils were asked to state if the content contained all they wanted to know in HIV/AIDS/LS education.

Table 4.4: Pupils’ Perceptions on the Adequacy of HIV/AIDS/LS Education Content

<table>
<thead>
<tr>
<th>Sampled Primary Schools</th>
<th>N</th>
<th>Adequate (%)</th>
<th>Not Adequate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westlands Pry. Sch</td>
<td>60</td>
<td>44 (73.3%)</td>
<td>16 (26.7%)</td>
</tr>
<tr>
<td>Huruma Pry. Sch.</td>
<td>60</td>
<td>21 (35%)</td>
<td>39 (65%)</td>
</tr>
<tr>
<td><strong>Total of Nairobi</strong></td>
<td>120</td>
<td>65 (54.2%)</td>
<td>55 (45.8%)</td>
</tr>
<tr>
<td>Kuraiha Pry. Sch.</td>
<td>60</td>
<td>28 (46.7%)</td>
<td>32 (53.3%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry. Sch.</td>
<td>60</td>
<td>28 (46.7%)</td>
<td>32 (53.3%)</td>
</tr>
<tr>
<td><strong>Total of Thika</strong></td>
<td>120</td>
<td>56 (46.7%)</td>
<td>64 (53.3%)</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>240</td>
<td>121 (50.4%)</td>
<td>119 (49.6%)</td>
</tr>
</tbody>
</table>

N= 240

Table 4.4 above shows that out of the 120 pupils sampled from Nairobi schools, 44 (73.3%) and 21 (35%) of the pupils in Westlands and Huruma primary schools respectively thought that the content was adequate. From the Thika sample, each school had 28 (46.7%) of the pupils reporting the content as adequate while 16 (26.7%) and 39 (65%) of the pupils in Westlands and Huruma primary schools respectively thought that
the content was inadequate. Thirty two (53.3%) of the pupils in the two sampled schools in Thika considered it inadequate.

Generally, the results showed that, other than Westlands Primary School, 44 (73.3%), other schools in the sample had less than half of the respondents who thought the content was adequate. The results should be interpreted within the contexts where the schools are located and the available avenues for information on the subject that complement the teaching that goes on in schools. Westlands, being located in an affluent setting, had this advantage where education materials at home and perhaps, organized peer groups supplemented the school work in HIV/AIDS/LS education. Pupils and schools from low class backgrounds, such as those of Huruma and Thika, may not have this advantage in terms of an educationally enriching home and community environment.

These results challenge the idea of a uniform HIV/AIDS/LS education curriculum for all schools regardless of socio-economic context. Schools in socially marginal locations may need more support and supplementary materials. Yet paradoxically, these are the schools where much effort may be spent in academic and examinable subjects as passing examination offers them promises of social mobility.

Pupils' familiarity with the content was further analyzed through one item in the questionnaire that required them to explain the meaning of some basic words in the curriculum. The words were HIV, AIDS, and STDs.
### Table 4.5: Pupils Knowledge of Words like HIV, STDs and AIDS

<table>
<thead>
<tr>
<th>Sampled primary Schools</th>
<th>Meaning of HIV</th>
<th>Meaning of STDs</th>
<th>Meaning of AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Right</td>
<td>Wrong</td>
<td>Right</td>
</tr>
<tr>
<td>Westlands Pry. Sch.</td>
<td>N=60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>55 (91.7%)</td>
<td>5 (8.3%)</td>
<td>47 (78.3%)</td>
</tr>
<tr>
<td>Huruma Pry. Sch.</td>
<td>N=60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 (75%)</td>
<td>15 (25%)</td>
<td>29 (48.3%)</td>
</tr>
<tr>
<td>Nairobi Total</td>
<td>N=120</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 (83.3%)</td>
<td>20 (16.7%)</td>
<td>76 (63.3%)</td>
</tr>
<tr>
<td>Kuraiha Pry. Sch.</td>
<td>N=60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>47 (78.3%)</td>
<td>13 (21.7%)</td>
<td>32 (53.3%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry. Sch.</td>
<td>N=60</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 (75%)</td>
<td>15 (25%)</td>
<td>17 (28.3%)</td>
</tr>
<tr>
<td>Thika Total</td>
<td>N=120</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>92 (76.7%)</td>
<td>28 (23.3%)</td>
<td>49 (40.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>N=240</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>192 (80%)</td>
<td>48 (20%)</td>
<td>125 (52.1%)</td>
</tr>
</tbody>
</table>

In Table 4.5 above, the percentages have been calculated out of their respective N value. The results show that 55 pupils (91.7%) and 47 (78.3%) of the pupils in Westlands and Kuraiha primary schools respectively were able to give the meaning of HIV. Forty five pupils (75%) in Huruma and St Georges primary schools were able to give the meaning of HIV. Forty seven pupils (78.3%) in Westlands, 29 (48.3%) in Huruma, 32 (53.3%) in Kuraiha and 17 (28.3%) in St Georges knew the meaning of STDs. Additionally, 52 pupils (86.7%) in Westlands, 50 (83.3%) in Huruma, 49 (81.7%) in Kuraiha and 40 (66.7%) in St Georges were able to define AIDS. These
findings imply that a number of these pupils have not been adequately taught since these terminologies are very basic as indicated on page 1 of their teachers’ handbook and any pupil in standard six, seven and eight would be expected to know them. These responses also complement what has already been discussed about knowledge pupils need from different socio-economic contexts. It can be observed that the pupils from schools in low socio-economic areas, on average, scored low in getting the right meanings.

During FGD, pupils were asked the topics they would like added or improved on in terms of teaching. The following topics were highlighted: HIV/AIDS prevention and control, origin of HIV/AIDS, spread of HIV/AIDS, awareness of HIV/AIDS and boy-girl relationship. This indicates that these pupils had not been taught the basic and elementary topics of a HIV/AIDS/LS education lesson. This implies that if teachers would effectively teach what is in the syllabus, they would achieve the objectives in the syllabus and pupils would be well-informed on issues concerning HIV/AIDS. Since some of these topics were actually in the textbooks, the study inferred that, the content might be adequate but not adequately taught. This contradicts the goals of the syllabus that states: “pupils should acquire necessary knowledge, skills about HIV/AIDS and STDs”.

4.3.2 Teachers’ Perceptions on Adequacy of Content

Views regarding adequacy of HIV/AIDS/LS education content taught in schools were sought from teachers. Their responses indicate that 31 (77.5%) out of the 40 sampled teachers in Thika and Nairobi primary schools respectively perceived the content of
HIV/AIDS/LS education as adequate. The remaining 9 (22.5%) of the sampled teachers perceived the content of LSE as inadequate. The teachers suggested that there should be some trained people to talk to the pupils. They also felt that textbooks on HIV/AIDS/LS education should be supplied by the Ministry of Education and that HIV/AIDS education be incorporated in the syllabus, be examinable and equal time be allocated to the subject.

Further, teachers were asked to name the topics which they had taught. Table 4.6 below indicates that different teachers from the sampled primary schools had taught different topics relating to HIV/AIDS.

Table 4.6: Topics Taught by the Sampled Teachers

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Westlands Pry. Sch.</td>
<td>4 (40%)</td>
<td>2 (20%)</td>
<td>0 (0%)</td>
<td>1 (10%)</td>
<td>3 (30%)</td>
</tr>
<tr>
<td>N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huruma Pry. Sch.</td>
<td>5 (50%)</td>
<td>0 (0%)</td>
<td>1 (10%)</td>
<td>3 (30%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nairobi Total N=20</td>
<td>9 (45%)</td>
<td>2 (10%)</td>
<td>1 (5%)</td>
<td>4 (20%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Kuraiha Pry. Sch. N=10</td>
<td>5 (50%)</td>
<td>0 (0%)</td>
<td>1 (10%)</td>
<td>3 (30%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry.</td>
<td>6 (60%)</td>
<td>1 (10%)</td>
<td>2 (20%)</td>
<td>1 (10%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Sch. N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thika Total N=20</td>
<td>11 (55%)</td>
<td>1 (5%)</td>
<td>3 (15%)</td>
<td>4 (20%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Grand Total N=40</td>
<td>20 (50%)</td>
<td>3 (7.5%)</td>
<td>4 (10%)</td>
<td>8 (20%)</td>
<td>5 (12.5%)</td>
</tr>
</tbody>
</table>
HIV/AIDS prevention and control was taught by 20 teachers (50%) out of 40 teachers in Nairobi and Thika primary schools. A topic like origin of HIV/AIDS had been taught by 3 teachers (7.5%) of the sampled teachers overall. Boy/girl relationship had been taught by only 4 (10%) out of 40 teachers. The spread of HIV/AIDS had been taught by 8 teachers (20%) while HIV/AIDS awareness was taught by 5 teachers (12.5%) in the sampled schools. From these responses, the study established that not all the teachers managed to teach all the topics. At least every school, irrespective of its location, had a topic not taught. This is an indication that pupils were not adequately taught HIV/AIDS/LS education. This might explain why some pupils felt the content was inadequate.

Further, teachers were asked to state if the time allocated to HIV/AIDS/LS education lessons were adequate, how lessons were conducted and the number of lessons allocated for the lessons per week.
Table 4.7: Status of HIV/AIDS/LS Education Lessons as Reported by Teachers

<table>
<thead>
<tr>
<th>Teachers from</th>
<th>Adequacy of time</th>
<th>How lessons in HIV/AIDS/LS education were taught</th>
<th>Number of lessons in HIV/AIDS/LS education taught per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>As separate subject</td>
</tr>
<tr>
<td>Westlands Pry. Sch. N=10</td>
<td>6 (60%)</td>
<td>4 (40%)</td>
<td>2 (20%)</td>
</tr>
<tr>
<td>Huruma Pry. Sch. N=10</td>
<td>2 (20%)</td>
<td>8 (80%)</td>
<td>4 (40%)</td>
</tr>
<tr>
<td>Nairobi Total N=20</td>
<td>8 (40%)</td>
<td>12 (60%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Kuraiha Pry. Sch. N=10</td>
<td>6 (60%)</td>
<td>4 (40%)</td>
<td>6 (60%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry. Sch. N=10</td>
<td>4 (40%)</td>
<td>6 (60%)</td>
<td>5 (50%)</td>
</tr>
<tr>
<td>Thika Total N=20</td>
<td>10 (50%)</td>
<td>10 (50%)</td>
<td>11 (55%)</td>
</tr>
<tr>
<td>Total N=40</td>
<td>18 (45%)</td>
<td>22 (55%)</td>
<td>17 (42.5%)</td>
</tr>
</tbody>
</table>

N=40

Table 4.7 above showed that 6 teachers (60%) out of 10 in Westlands and Kuraiha primary schools respectively perceived the time set for teaching HIV/AIDS/LS education as adequate. Four teachers (40%) in the same schools perceived the time to be inadequate. Two (20%) and 4 teachers (40%) from Huruma and St Georges primary schools respectively perceived the time used as adequate. In the same two schools, 8 (80%) and 6 teachers (60%) perceived the time as well as teaching of HIV/AIDS/LS education as inadequate.

Teachers perceived the time set/allocated to HIV/AIDS/LS education to be inadequate due to integration and infusion or teaching it once per week. Headteachers concluded 58.
that the MoEST had contributed to the inadequacy as it has not specified how many lessons HIV/AIDS/LS education should be taught per week. This coincided with Trisano (2000:49) who averred that if the subject is given more time, it will promote pupils’ awareness on the dangers of HIV/AIDS. The study found that there was inadequate teaching, insufficient knowledge and lack of LS to both pupils and teachers.

The perceptions of teachers on this issue corroborate those of pupils (cf. Table 4.3). There was a general trend that pupils and teachers from schools located in low socio-economic areas perceived what was being done in HIV/AIDS/LS education in terms of content, time allocated and nature of teaching as inadequate, while those from medium/high socio-economic areas allocated more time and perceived HIV/AIDS education as adequate. The teachers in the sampled schools attributed inadequacy of teaching HIV/AIDS/LS education to lack of textbooks, and less time being allocated to the teaching of HIV/AIDS/LS education. They suggested that HIV/AIDS/LS education be taught as a subject on its own because pupils need to be sensitized on the seriousness of the disease.

Further, data from table 4.7 indicates that most teachers from the study schools reported there was no extra emphasis on teaching LS. On integration and infusion of HIV/AIDS/LS education with other subjects, 8 teachers (80%) and 6 teachers (60%) each out of 10 teachers in Westlands and Huruma primary schools respectively supported the idea. Four teachers (40%) and 5 teachers (50%) in Kuraiha and St. Georges primary schools respectively supported integration and infusion of HIV/AIDS/LS education.
Table 4.7 also indicates that 4 teachers (40%) in Westlands Primary School use one lesson to teach HIV/AIDS/LS education, while 7 teachers (70%) in Huruma and Kuraiha primary schools reported the same. Eight teachers (80%) in St. Georges Primary School taught once a week. Out of the ten teachers in Westlands only 4 (40%) reported teaching HIV/AIDS education twice a week. Integration of HIV/AIDS/LS education with other subjects was reported by 2 teachers (20%) in Westlands and St. Georges primary schools while 3 teachers (30%) in Huruma and Kuraiha primary schools reported that their teaching was integrated.

Headteachers from the four sampled schools revealed that the content of HIV/AIDS education was adequate. However, they felt that integrating the subject might be affecting the adequacy of the content as teachers were not able to use the little time allocated for other subjects to teach HIV/AIDS/LS education. The headteacher of Westlands Primary School disclosed that since the subject was not examinable, it was a waste of time for it to be taught as teachers would not take it seriously. He also expressed that some words used in teaching HIV/AIDS/LS education are shameful to mention and this affected the teaching of the content as it led teachers to select what to teach to avoid those words. The same headteacher felt that mentioning words like vagina, vaginal fluids, penis, sexual intercourse and sex would put the teachers at loggerheads with parents. He felt the language should be modified to suit primary school pupils.
4.4 Approaches to teaching of HIV/AIDS/LS Education in sampled schools

The researcher observed classroom activities and classroom teaching methods of HIV/AIDS/LS lessons. The classroom teaching approaches and activities the researcher expected to find are those shown in the syllabus like discussion, stories and story telling, poems, projects, talks, dramatization, games, role play, songs, debates and visits to facilitate practical learning of content taught in classroom lessons. Pupils were asked to identify the HIV/AIDS/LS activities they participated in. They identified the activities shown on table 4.8 below.

Table 4.8: Frequency of HIV/AIDS teaching-learning Activities observed

<table>
<thead>
<tr>
<th>Sampled Primary Schools</th>
<th>Teach other pupils how to do first aid</th>
<th>Drama</th>
<th>Peer teaching (teaching other pupils)</th>
<th>Visiting orphan homes</th>
<th>None of the above</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westlands Pry. Sch. N=60</td>
<td>16 (26.7%)</td>
<td>13 (21.7%)</td>
<td>14 (23.3%)</td>
<td>12 (20%)</td>
<td>5 (8.3%)</td>
<td>60 (100%)</td>
</tr>
<tr>
<td>Huruma Pry. Sch. N=60</td>
<td>13 (21.7%)</td>
<td>22 (36.7%)</td>
<td>7 (11.7%)</td>
<td>11 (18.2%)</td>
<td>7 (11.7%)</td>
<td>60 (100%)</td>
</tr>
<tr>
<td>Nairobi Total N=120</td>
<td>29 (24.2%)</td>
<td>35 (29.2%)</td>
<td>21 (17.5%)</td>
<td>23 (19.1%)</td>
<td>12 (10%)</td>
<td>120 (100%)</td>
</tr>
<tr>
<td>Kuraiha Pry. Sch. N=60</td>
<td>18 (30%)</td>
<td>22 (36.7%)</td>
<td>14 (23.3%)</td>
<td>4 (6.7%)</td>
<td>2 (3.3%)</td>
<td>60 (100%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry. Sch. N=60</td>
<td>17 (28.3%)</td>
<td>19 (31.7%)</td>
<td>4 (6.7%)</td>
<td>5 (8.3%)</td>
<td>15 (25%)</td>
<td>60 (100%)</td>
</tr>
<tr>
<td>Thika Total N=120</td>
<td>35 (29.2%)</td>
<td>41 (34.2%)</td>
<td>18 (15%)</td>
<td>9 (7.5%)</td>
<td>17 (14.1%)</td>
<td>120 (100%)</td>
</tr>
<tr>
<td>Total N=240</td>
<td>64 (26.7%)</td>
<td>76 (31.7%)</td>
<td>39 (16.3%)</td>
<td>32 (13.3%)</td>
<td>29 (12%)</td>
<td>240 (100%)</td>
</tr>
</tbody>
</table>

N=240
Table 4.8 indicates that 16 pupils (26.7%) out of 60 and 13 pupils (21.7%) out of 60 in Westlands and Huruma primary schools respectively participated in teaching other pupils how to administer first aid. Comparatively, 18 (30%) and 17 (28.3%) of the pupils in Kuraiha and St Georges primary schools respectively reported participating in teaching other pupils how to do the same. Thirteen (21.7%) and 19 (31.7%) of the pupils in Westlands and St Georges primary schools respectively reported that they participated in drama. Comparatively 22 (36.7%) of the pupils in Kuraiha and Huruma primary schools reported the same.

Fourteen (23.3%) of the pupils in Kuraiha and Westlands primary schools participated in peer teaching. Seven (11.7%) and 4 (6.7%) pupils in Huruma and St Georges primary schools respectively taught their peers. Twelve (20%) pupils in Westlands, 11 (18.3%) in Huruma, 4 (6.7%) in Kuraiha and 5 (8.3%) in St Georges visited orphanages. Surprisingly, 12 pupils (10%) out of 120 pupils and 17 pupils (14.2%) out of 120 pupils in Thika and Nairobi primary schools respectively did not participate in any HIV/AIDS prevention activity. Nairobi pupils seem to be advantaged in visiting orphanages as most of them are situated in the urban areas. From the above responses, it can be concluded that these pupils have not been encouraged on out-of-class HIV/AIDS activities that promote HIV/AIDS prevention. This implies that the objective on the government policy that states LS and HIV/AIDS education be mainstreamed into the existing curriculum and co-curricular activities is not enhanced.

On the application of knowledge learnt in HIV/AIDS/LS education to change behaviour, pupils from the study schools had similar views. They averred to abstain
from sex, alcohol, drug abuse, boy/girl friendship and to keep off bad company. They also preferred use of condoms to protect themselves against HIV/AIDS infection, premarital pregnancies, school dropout and wastage. From these responses, the pupils seem to be aware of the dangers of unprotected sex and other vices, which discourage behaviour change.

On safe sex, pupils revealed that they would use a condom, visit a VCT centre or even abstain from sex. This finding concurs with Klepp (1997) whose study revealed that there was a reduction on pupils' intentions to be sexually active in the near future. The implication is that if pupils are adequately taught and apply the LS taught they can take precautions on safe sex and prevent themselves from irresponsible sexual behaviour. From these responses, it can be concluded that, some pupils had an idea of how to take precautions on safe sex, while others were still ignorant. To test their level of awareness on HIV/AIDS prevention pupils were asked to give their responses on how they would react if a friend had a cut. Table 4.9 below summarizes their responses.
Table 4.9: Pupils Responses to how they would react if a Friend had a Cut.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Sampled Primary Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Westlands Pry. Sch N=60</td>
</tr>
<tr>
<td>Wear gloves to avoid blood contact</td>
<td>43 (71.6%)</td>
</tr>
<tr>
<td>Do first aid Without wearing gloves</td>
<td>10 (16.7%)</td>
</tr>
<tr>
<td>First aid only with no indication of how to do it</td>
<td>7 (11.7%)</td>
</tr>
</tbody>
</table>

N=240

Table 4.9 indicates that 43 pupils (71.7%) out of 60 and 40 pupils (66.7%) out of 60 in Westlands and Huruma primary schools, respectively reported that they would wear gloves (avoid blood contact) while 30 pupils (50%) in both Kuraiha and St Georges primary schools respectively reported the same. Ten pupils (16.7%) and 5 pupils (8.3%) in Westlands and Huruma primary schools respectively would not wear gloves while 25 pupils (41.7%) and 26 pupils (43.3%) in Kuraiha and St Georges primary schools respectively also reported that they would not wear gloves.

On administering first aid, 7 pupils (11.7%) and 15 pupils (25%) in Westlands and Huruma primary schools respectively indicated that they would do first aid while 5 pupils (8.3%) and 4 pupils (6.7%) in Kuraiha and St Georges primary schools respectively reported the same but it was not clear how first aid could be administered. First Aid is an important topic in HIV/AIDS/LS education, which, if not carefully done,
would cause HIV infection. The LSE content should emphasize this aspect so that pupils become aware of the repercussions of touching infected blood when one has a cut.

Pupils were further asked how they would handle a friend infected by HIV/AIDS. Some of the responses given were; would stay away from him, pray with him, avoid his company, avoid sharing clothes, show them love and tell my friends about it, stop being friends, avoid playing and touching him. The responses given indicated that their ignorance due to lack of relevant application of HIV/AIDS/LS education knowledge and LS. Pupils from standard six, seven and eight should have learnt that being friends, hugging, touching or playing with an infected person would not make them get infected with HIV/AIDS. The findings indicated that pupils were not taught how to handle PLWHA and affected by HIV/AIDS without stigmatizing them. These findings contradict the objectives of the syllabus that states “pupils should show compassion towards and concern for those infected and affected” (KIE, 1999). From the content analysis, the study has concluded that the content in the facilitators’ handbook is shallow and need revamping.

Further on application of knowledge of HIV/AIDS learnt pupils were also asked to express their reaction to someone who has lost a relative due to HIV/AIDS. Table 4.10 shows their responses.
Table 4.10: Pupils Responses on how they would react to someone who has lost a Relative due to HIV/AIDS

<table>
<thead>
<tr>
<th>Sampled primary Schools</th>
<th>Show love and continue being friends</th>
<th>Continue being friends but no sharing sharp objects</th>
<th>Avoid stigmatizing someone who has lost a relative.</th>
<th>Tell parents/Teachers</th>
<th>Run away</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westlands Pry. Sch. N=60</td>
<td>19 (31.7%)</td>
<td>2 (3.3%)</td>
<td>34 (56.7%)</td>
<td>5 (8.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Huruma Pry Sch. N=60</td>
<td>17 (28.3%)</td>
<td>8 (13.3%)</td>
<td>33 (55%)</td>
<td>0 (0%)</td>
<td>2 (3.3%)</td>
</tr>
<tr>
<td>Nairobi Total N=120</td>
<td>36 (30%)</td>
<td>10 (8.3%)</td>
<td>67 (55.8%)</td>
<td>5 (4.2%)</td>
<td>2 (1.7%)</td>
</tr>
<tr>
<td>Kuraiha Pry Sch. N=60</td>
<td>10 (16.7%)</td>
<td>3 (5%)</td>
<td>35 (58.3%)</td>
<td>5 (8.3%)</td>
<td>7 (11.7%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry Sch. N=60</td>
<td>29 (48.3%)</td>
<td>2 (3.3%)</td>
<td>17 (28.3%)</td>
<td>4 (6.7%)</td>
<td>8 (13.3%)</td>
</tr>
<tr>
<td>Thika Total N=120</td>
<td>39 (32.5%)</td>
<td>5 (4.2%)</td>
<td>52 (43.3%)</td>
<td>9 (7.5%)</td>
<td>15 (12.5%)</td>
</tr>
<tr>
<td>Grand Total N=240</td>
<td>75 (31.3%)</td>
<td>15 (6.3%)</td>
<td>119 (49.6%)</td>
<td>14 (5.8%)</td>
<td>17 (7%)</td>
</tr>
</tbody>
</table>

Table 4.10 above shows that 19 pupils (31.7%) and 17 pupils (28.3%) each out of 60 pupils in Westlands and Huruma respectively reported that they would continue being friends with someone who has lost a relative due to HIV/AIDS. Ten (16.7%) and 29 pupils (48.3%) in Kuraiha and St. Georges respectively reported the same. Two pupils (3.3%) in Westlands and St Georges primary schools reported that they would continue being friends but would not share sharp objects. Eight (13.3%) and 3 pupils (5%) in Huruma and Kuraiha primary schools respectively reported the same. Thirty four (56.7%) and 33 pupils (55%) each out of 60 pupils in Westlands and Huruma primary schools respectively reported that they would avoid stigmatizing someone who has lost
a relative through HIV/AIDS. Thirty five (58.3%) and 17 pupils (28.3%) in Kuraiha and St Georges primary schools respectively reported the same. Westlands and Kuraiha primary schools each had 5 pupils (8.3%) reporting that they would tell their teachers and parents that their friend had lost a relative due to HIV/AIDS. Comparatively 4 pupils (6.7%) in St Georges reported on the same whereas Huruma had none. These responses explain that pupils from the sample schools had general knowledge about anyone infected or who had died of HIV/AIDS and this finding concurs with MoH (2005).

On discussion of HIV/AIDS issues pupils were asked to name the people whom they discuss with. Table 4.11 below shows their responses.

<table>
<thead>
<tr>
<th>People who discuss with pupils</th>
<th>Thika sampled pry schools</th>
<th>Nairobi sampled pry schools</th>
<th>Total* N=120</th>
<th>Thika sampled pry schools</th>
<th>Nairobi sampled pry schools</th>
<th>Total* N=120</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys N=60</td>
<td>Boys N=60</td>
<td></td>
<td>Girls N=60</td>
<td>Girls N=60</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>25 (41.7%)</td>
<td>19 (31.7%)</td>
<td>44 (36.7%)</td>
<td>37 (61.7%)</td>
<td>36 (60%)</td>
<td>73 (60.8%)</td>
</tr>
<tr>
<td>Father</td>
<td>18 (30%)</td>
<td>29 (48.3%)</td>
<td>47 (39.2%)</td>
<td>15 (25%)</td>
<td>18 (30%)</td>
<td>33 (27.5%)</td>
</tr>
<tr>
<td>Sisters</td>
<td>11 (18.3%)</td>
<td>10 (16.7%)</td>
<td>21 (17.5%)</td>
<td>29 (48.3%)</td>
<td>18 (30%)</td>
<td>47 (39.2%)</td>
</tr>
<tr>
<td>Brothers</td>
<td>18 (30%)</td>
<td>20 (33.3%)</td>
<td>38 (31.7%)</td>
<td>13 (21.7%)</td>
<td>14 (23.3%)</td>
<td>27 (22.5%)</td>
</tr>
<tr>
<td>Friends</td>
<td>13 (21.7%)</td>
<td>10 (16.7%)</td>
<td>23 (19.2%)</td>
<td>14 (23.3%)</td>
<td>7 (11.7%)</td>
<td>21 (17.5%)</td>
</tr>
<tr>
<td>Teachers</td>
<td>5 (8.3%)</td>
<td>4 (6.7%)</td>
<td>9 (7.5%)</td>
<td>3 (5%)</td>
<td>5 (8.3%)</td>
<td>8 (6.7%)</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>1 (1.7%)</td>
<td>3 (5%)</td>
<td>4 (3.3%)</td>
<td>0 (0%)</td>
<td>2 (3.3%)</td>
<td>2 (1.7%)</td>
</tr>
<tr>
<td>None</td>
<td>6 (10%)</td>
<td>7 (11.7%)</td>
<td>13 (10.8%)</td>
<td>3 (5%)</td>
<td>2 (3.3%)</td>
<td>5 (4.2%)</td>
</tr>
</tbody>
</table>

* The percentage total is more than 100% because some pupils ranked more than two people whom they discuss with
The responses in the above table shows that 44 boys (36.7%) and 73 girls (60.8%) each out of 120 pupils in Thika and Nairobi primary schools respectively discussed HIV/AIDS issues with their mothers. This contrasted with 47 boys (39.2%) and 33 girls (27.5%) who discussed with their fathers while 21 boys (17.5%) and 47 girls (39.2%) discussed with their sisters. Thirty eight boys (31.7%) and 27 girls (22.5%) each out of 120 pupils discussed with their brothers. Twenty three boys (19.2%) and 21 girls (17.5%) discussed with their friends while 9 boys (7.5%) and 8 girls (6.7%) discussed with their teachers. Four boys (3.3%) and two girls (1.7%) in Thika and Nairobi primary schools respectively discuss with religious leaders.

The results reported above showed that 73 girls (60.8%) out of 120 pupils from Thika and Nairobi primary schools respectively discussed issues of HIV/AIDS with their mothers irrespective of socio-economic status and locality of the school. Although boys discussed with their mothers, girls seemed to be free with their mothers in both, urban and rural contexts and also irrespective of the social class. Additionally, boys were noted to be free with the fathers than the girls. As a whole, these responses have revealed that girls freely discussed issues of HIV/AIDS with their sisters and boys with their brothers. It was noted that pupils preferred discussing HIV/AIDS related issues with their friends to their teachers. This can be explained by the fact that teachers are more or less like parents to the pupils and this would probably affect the freedom of discussion about HIV/AIDS, as earlier observed by KNUT (2006). The least rated were religious leaders.
Teachers' responses on what they would do if a pupil had a cut were sought through questionnaires. Their responses are shown on table 4.12 below.

**Table 4.12: Responses on what Teachers would do if a Pupil had a Cut.**

<table>
<thead>
<tr>
<th>What Teachers would do</th>
<th>Westlands Pry. Sch N=10</th>
<th>Huruma Pry Sch N=10</th>
<th>Nairobi Total N=20</th>
<th>Kuraiha Pry Sch. N=10</th>
<th>St Georges (Ruiru) Pry Sch. N=10</th>
<th>Thika Total N=20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear gloves to avoid blood contact</td>
<td>2 (20%)</td>
<td>4 (40%)</td>
<td>6 (30%)</td>
<td>6 (60%)</td>
<td>4 (40%)</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>Do first aid Without wearing gloves</td>
<td>2 (20%)</td>
<td>3 (30%)</td>
<td>5 (25%)</td>
<td>2 (20%)</td>
<td>1 (10%)</td>
<td>3 (15%)</td>
</tr>
<tr>
<td>First aid only with no indication of how to do it</td>
<td>3 (30%)</td>
<td>6 (60%)</td>
<td>9 (45%)</td>
<td>2 (20%)</td>
<td>5 (50%)</td>
<td>7 (35%)</td>
</tr>
</tbody>
</table>

Table 4.12 shows that 2 (20%) and 4 teachers (40%) each out of 10 teachers in Westlands and Huruma primary schools respectively would wear gloves when doing first aid to avoid blood contact. Six (60%) and 4 teachers (40%) in Kuraiha and St Georges primary schools respectively also reported that they would wear gloves. Two (20%) and 3 teachers (30%) in Westlands and Huruma primary schools respectively would do first aid without wearing gloves. Two (20%) and 1 teacher (10%) in Kuraiha and St Georges primary schools respectively also would do first aid without wearing gloves. Three (30%) and 6 teachers (60%) in Westlands and Huruma primary schools respectively did not indicate how they would do the first aid but only indicated first aid. Two (20%) and 5 teachers (50%) in Kuraiha and St Georges primary schools respectively did not indicate how they would do first aid.
The above responses indicated lack of correct application of the content. The finding, therefore, was that both pupils and teachers acquired knowledge on HIV/AIDS but did not put the LS into practice. This study has also revealed that the teachers had not acquired adequate LS to enable them make effective decisions and take responsibility for their own actions. This finding concurs with Odiwuor (2000).

During classroom observation, it was only Westlands Primary School, which had a first aid kit. All the headteachers felt that both pupils and teachers were not putting LS into practice as evidenced by teenage pregnancy incidences, STDs, STIs and HIV/AIDS and of a number of teachers being infected and dying of HIV/AIDS. For example, the headteacher of St Georges Primary School reported that in her school, there were at least two to three pregnancy cases every year. She also reported that some girls run away from school because of early marriages and others join the nearest bars to work as bar-maids and also to practise prostitution. The headteacher of Huruma Primary School also reported that pregnancy incidences and girls running away for early marriages were registered in her school. She also revealed that some pupils were HIV/AIDS positive.

After establishing how pupils and teachers applied the LS taught and learnt, the researcher sought to find out how HIV/AIDS/LS education lessons were conducted in classrooms of the sampled primary schools. Qualitative analysis of classroom lessons was also conducted. In each school, the researcher observed two teachers as they taught. Each teacher was observed twice, making a total of 16 observations.
In Huruma Primary School, the researcher observed a Christian Religious Education (CRE) lesson being taught in a standard seven class, (see plate 2). The teacher was explaining the meaning of “infected and affected” in relation to HIV/AIDS. The teacher introduced the lesson by giving the meaning of the two words. She told the pupils that to be infected means the germ is in you. To be affected was like when a husband who might be the sole breadwinner dies. The children and wife would be affected in that they would have no one to pay their fees, or to provide their basic needs. Another example given was that if one has a person infected with HIV and he/she has to pay hospital bills, buy drugs for the person, provide bus fare for hospital visits, then one is definitely affected. The teacher gave an example of herself and said that, being a Luo, she had been so much affected by HIV/AIDS deaths in Nyanza due to cultural practices such as wife inheritance and the belief that the dead must be transported to be buried in their ancestral land. For this, she had to contribute a lot of money towards transportation of dead bodies.

In Westlands Primary School, a standard seven teacher introduced a CRE lesson with an interesting debate on “Who spreads AIDS, men or women?” Half the class said it was women who attract men to sexual relationships through their artificial makeups. As the debate went on, the teacher divided the class into two groups. One for girls and another for boys and asked them to debate on the topic. The debate began by girls saying that men should have self-control. They talked of “Koinange Street” and girls asked the boys, “Who goes there?” They went ahead and said that prominent people had been caught there and so both men and women are to blame because the latter cannot “do it” alone. One boy defended the prominent people and said maybe the men
had driven along the street to give the girls lift home. The girls asked why men go at night and dish out money to women.

The boys asked the girls if they had ever come across a market for men waiting for girls. The girls said that men should be responsible and not to be falling in love with other women but to stick to just one partner. Boys claimed that men are forced to go out because women always quarrel them when they come home late and telling men to go back to where they have come from. Girls asked why men come at night late and drunk instead of going home early. They continued to ask why men do not inform their wives in advance that they are working overtime. The boys remarked that when men are ‘thirsty’, they cannot pass the bar. The girls asked if the solution was going for “dogo dogos.” The boys said that it is revenge to the wives and so the children are the ones who suffer. The debate concluded that both men and women are to blame for the spread of HIV/AIDS. The teacher advised pupils to avoid sex before marriage, be faithful, have self-control, self-esteem and concentrate on their studies.

In another lesson observation in a standard six class, the science teacher used a number of classroom activities like songs, discussion and story-telling while teaching the meaning of HIV/AIDS and how HIV spreads. The teacher introduced the lesson by giving the meaning of HIV, as Human Immuno-Deficiency Virus. He explained AIDS as Acquired Immune Deficiency Syndrome. This perhaps explains why pupils from Westlands Primary School scored better in the knowledge awareness test. During the lesson, pupils were asked to name the symptoms of a person with AIDS, and their answers included coughing and slimming. Pupils were cautioned that not everybody
who is coughing has AIDS. The teacher asked pupils where people go for HIV testing. Pupils were able to give the answer: voluntary counselling and testing (VCT) centres.

As the lesson went on, the teacher asked pupils how HIV spreads. The teacher and the pupils discussed how the virus can be spread in the body through stabbing with an infected knife, blood transfusion, using infected piercing and injecting materials, for example, syringe and needles, transmission from an infected mother to child and having unprotected sex. The teacher asked pupils the meaning of unprotected sex. Pupils said “having sex without a condom”. The teacher cautioned pupils that not all children born of mothers with HIV/AIDS contract AIDS. Mothers visit clinics and are given medication to protect the unborn babies. Accidents were named as other ways of spreading AIDS. For example, if one is involved in an accident and has a deep cut and the person helping him has a cut and is infected with HIV, then his blood, if it comes into contact with the victims, can infect him/her with HIV.

The teacher asked pupils to name ways in which one cannot get infected with HIV. Pupils gave the following responses: sharing beds, hugging each other, eating together and shaking hands. The teacher gave his personal experience of how, in the past, he was not shaking hands with people said to be living with AIDS which was a sign of ignorance. However, he said that he appreciates teaching of HIV/AIDS/LS education because it has elaborated on ways of contracting HIV and vice versa.

In another science lesson in the same school, the teacher discussed myths and misconceptions with his standard seven pupils. He explained that a myth was when...
people say AIDS is not real. He went on and said that some people attributed HIV/AIDS related death with witchcraft. If a husband dies, the wife is then inherited leading to the spread of HIV/AIDS. For misconception, he explained that as the infected husband does not die at the same period with his infected wife, the villagers do not care to know the cause of the death. Instead, they believe that either the husband or the wife was bewitched or had broken one of the clan’s laws and the gods were angry with them. One pupil asked, “What would happen if you have a drop of blood from an infected person on your finger?”

The teacher answered that if there is no cut on the finger then you cannot contract AIDS. Another pupil asked if saliva could cause AIDS. Some pupils said that if the saliva is a lot, it could cause AIDS. Pupils said that deep kissing could cause AIDS. Only 3 pupils in a class of 45 said that kissing could not cause AIDS. Some pupils said that by kissing somebody with sores, you could get AIDS. One pupil asked, “What about if somebody cuts him/herself using a razor blade then the following day I touched the dry blood.” The teacher replied that if the blood is dry, one cannot be infected because the virus has some timeframe before it dies. One pupil asked, “Can sharing clothes cause HIV?” The teacher advised them not to share underwear. He explained the relationship between semen, vaginal fluids and HIV.

In this lesson, LS were taught. That is, the teacher warned pupils against being cheated by matatu touts, “sugar mummies and daddies”, getting lifts and presents from strangers or having sex with them. Pupils were warned about people who were going round and having sex with small boys/girls believing that the small boy/girl would suck
out blood of the infected person. The teacher jokingly warned girls against pregnancies telling them that they would be “two in one”. The teacher warned pupils not to fall victims of myths and misconceptions. He told them to read widely and get the correct information. One pupil asked, “Can a bite from an infected pupil cause AIDS?” The teacher said that if the infected person bites a particular person and maybe he/she had sores in the mouth, then HIV/AIDS may be contracted. One pupil asked, “Can boys be raped?” The teacher said that homosexuals rape boys. The teacher told the class that a homosexual is a man who has sex with another man. He went further to explain that homosexuals can transmit AIDS. The teacher warned boys against wearing earrings and having their hair plaited as it is associated with homosexuals. Pupils promised to abstain from sex and raised their two fingers shouting “chill, chill” as a sign of their commitment. It was a very interesting lesson though the teacher had no teaching aids/resources to accompany his lesson (ff plate 3).

In the aspect of integration of HIV/AIDS/LS education with other subjects, the researcher observed a lesson in Westlands Primary School where the teacher was teaching about “purity” in a CRE lesson in standard 7. The teacher started the lesson with an introductory song “Yesu ni simba wa Yuda” (Jesus is the lion of Judah). He went further and explained the term “purity”. He said purity is a state of being away from sin. He told them that only the pure shall see God.

He asked the pupils, “what and who can prevent us from being pure?” Pupils gave the following responses: sins, hatred, jealousy, bad friends (negative peer pressure), relatives, parents, neighbours, our minds and our eyes. A good discussion went on
between the pupils and the teacher on how peer pressure can drive them into smoking, taking drugs and watching pornography. The teacher asked pupils how they can live pure lives. Pupils gave answers like being kind to others, avoiding bad company, trying to be pure in their thoughts, obeying the commandments of God, by following Jesus’ example of what he would do and having self-control. This led to the discussion of the fruits of the Holy Spirit, which gives love, joy, patience, kindness, goodness, faithfulness, humility, self control and peace. The whole class sang the song on the fruits of the Holy Spirit.

The teacher asked pupils to give the consequences of impure life. Pupils were involved in reading the Bible in Matthew chapter 5 verses 8, 27 and 28. Verses 8 read “Blessed are the pure in heart, for they shall see God”. Verses 27 said, “Do not commit adultery”. Pupils were reminded to keep the commandments. Jesus tells them that whoever looks at a woman lustfully commits adultery. Pupils gave the consequences of impure lives as: one can die, suffer, be put into sin and also one can end up committing adultery. The teacher asked the pupils where adultery would lead them. Pupils said: one could get unwanted pregnancy, HIV/AIDS, STDs, and STIs. The teacher asked pupils to give the meaning of HIV of which they did.

The teacher asked pupils where they would go to be checked for HIV/AIDS infection. Pupils said VCT centres, of which they gave the meaning. Voluntary means you have not been forced while counselling is done to prepare you for the test and if found positive, they also counsel you. The teacher asked pupils what they would do if they found out that they were HIV positive. Pupils gave responses like pray to God, tell God to forgive and lastly deny it. The teacher had a chart of all stages of people who found
out to be HIV positive. He explained all the stages, which are shock, denial, anger, prayers, confusion, loneliness, mediation, reasoning and acceptance. The teacher ended the lesson with a song “Kuna dawa” (There is medicine) by Esther Wahome. That was a good lesson on the integration of the topic purity and how impure people would end up contracting HIV/AIDS.

In some lessons attended in Huruma, St. Georges and Kuraiha primary schools teachers were found not to be integrating HIV/AIDS/LS education with other subjects. This can explain why the success of HIV/AIDS/LS education cannot be achieved unless the subject is allocated specific time on the timetable. On observation of teaching materials, charts were not being used in the teaching of HIV/AIDS/LS education in schools. Only in Westland Primary School did a teacher have a chart showing the stages a person undergoes after finding out that he or she is HIV/AIDS positive. No school had a poster on HIV/AIDS. Westlands and Kuraiha primary schools had wall paintings from Sanaa Arts Promotion (See plate 5 and 6).

The headteacher of St. Georges Primary School had stored two charts in her cupboard which did not serve the purpose of teaching. Through classroom observations, the study established that HIV/AIDS/LS education materials were not being used in schools to help pupils be more aware and participate in HIV/AIDS lessons. The researcher advised the headteachers to display charts which were available at strategic places in the school compound where pupils and teachers could easily make use of them.

The following classroom activities were observed: discussions, debates and songs in Westlands, Huruma and Kuraiha primary schools. St Georges Primary School lessons
out to be HIV positive. He explained all the stages, which are shock, denial, anger, prayers, confusion, loneliness, mediation, reasoning and acceptance. The teacher ended the lesson with a song “Kuna dawa” (There is medicine) by Esther Wahome. That was a good lesson on the integration of the topic purity and how impure people would end up contracting HIV/AIDS.

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The following classroom activities were observed: discussions, debates and songs in Westlands, Huruma and Kuraiha primary schools. St Georges Primary School lessons
were taught by use of lecture method. Teachers’ level of readiness to teach HIV/AIDS/LS education was also tested. Teachers were asked whether they were comfortable in teaching of HIV/AIDS/LS education, whether they liked teaching HIV/AIDS/LS education and the mode of training. The table 4.13 below presents the results.

Table 4.13: Teachers’ Level of Readiness to Teach HIV/AIDS/LS Education

<table>
<thead>
<tr>
<th>Sampled Teachers from</th>
<th>Comfortable with the Teaching of HIV/AIDS/LS Education</th>
<th>Not Comfortable with the Teaching of HIV/AIDS/LS Education</th>
<th>Do you Like Teaching HIV/AIDS/LS Education?</th>
<th>Are you Trained to Teach HIV/AIDS/LS Education?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Westlands Pry Sch.</td>
<td>9 (90%)</td>
<td>1 (10%)</td>
<td>9 (90%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huruma Pry Sch.</td>
<td>8 (80%)</td>
<td>2 (20%)</td>
<td>10 (10%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nairobi schools</td>
<td>17 (85%)</td>
<td>3 (15%)</td>
<td>19 (95%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Total N=20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuraiha Pry Sch.</td>
<td>7 (70%)</td>
<td>3 (30%)</td>
<td>8 (80%)</td>
<td>2 (20%)</td>
</tr>
<tr>
<td>N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry Sch.</td>
<td>6 (60%)</td>
<td>4 (40%)</td>
<td>6 (60%)</td>
<td>4 (40%)</td>
</tr>
<tr>
<td>N=10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thika schools</td>
<td>13 (65%)</td>
<td>7 (35%)</td>
<td>14 (70%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Total N=20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N=40</td>
<td>30 (75%)</td>
<td>10 (25%)</td>
<td>33 (82.5)</td>
<td>7 (17.5%)</td>
</tr>
</tbody>
</table>
Table 4.13 indicates that 9 (90%) and 8 teachers (80%) each out of 10 teachers in Westlands and Huruma primary schools respectively reported to be comfortable with the teaching of HIV/AIDS/LS education. Similarly, 7 (70%) and 6 teachers (60%) in Kuraiha and St. Georges primary schools respectively reported being comfortable with the teaching. Seven (35%) out of 20 teachers in Thika reported not being comfortable with teaching of HIV/AIDS/LS education and gave the following reasons: The subject was being forced on them other than being consulted; they did not have enough materials needed to make them more knowledgeable and they lacked confidence in teaching of HIV/AIDS/LS education as observed by KNUT, 2006.

Three (15%) out of 20 teachers in Nairobi reported not being comfortable with teaching of HIV/AIDS/LS education and their reasons were as follows: that training of HIV/AIDS/LS education teachers was given to only a small group of staff; that they did not have enough materials on HIV/AIDS/LS education; that they needed adequate and relevant HIV/AIDS/LS education reference textbooks and some classroom activities took a lot of time to prepare, for example, drama, songs and poems. Teachers felt the classroom activities took more time for preparation, thus concurring with Bundy’s (2002) findings.

It can be observed from Table 4.13 that 9 (90%) and 10 teachers (100%) each out of 10 teachers in Westlands and Huruma primary schools respectively reported that they liked the teaching of HIV/AIDS/LS education. Eight (80%) and 6 teachers (60%) in Kuraiha and St. Georges primary schools respectively reported the same. Nevertheless, 1 teacher (10%) in Westlands primary school reported not to like the teaching of
HIV/AIDS/LS education. Likewise, 2 (20%) and 4 teachers (40%) in Kuraiha and St. Georges primary schools respectively reported not to like the teaching of HIV/AIDS/LS education.

On whether they liked teaching HIV/AIDS/LS education, teachers in Westlands Primary School said that, the education helped in building a nation of well-informed citizens who were sensitized on the killer disease. It also helped to enlighten some of those who were not aware and hence saved them from the traps. The teacher felt that they got to understand each pupil according to the experiences and they learnt more from them. It was their responsibility as teachers and parents to educate the pupils on HIV/AIDS because they enjoyed seeing people living in good health, peace and having confidence in their lives. They added that LS enabled them to help others to protect themselves, and it gave them a chance to encourage pupils in good participation. LS were seen to have a lot of relevant information which was quite useful to the pupils and it helped in building of close and free relation between pupils and teachers.

On training, of HIV/AIDS/LS education Table 4.13 indicates that 8 (80%) and 6 teachers (60%) each out of 10 teachers in Westlands and Huruma primary schools respectively reported having gone for one or more training as compared to 2 (20%) and 5 teachers (50%) in Kuraiha and St. Georges primary schools respectively. Two (20%) and 4 teachers (40%) in Westlands and Huruma respectively reported that they had not undergone any training on HIV/AIDS/LS education. Eight (80%) and 5 teachers (50%) in Kuraiha and St. Georges respectively reported having had no training. This was a big number of teachers from the sampled Thika primary schools who had not been trained.
in HIV/AIDS/LS education. Lack of HIV/AIDS/LS education training might have been one of the reasons why teachers were not comfortable in teaching HIV/AIDS/LS education and this finding concurs with KNUT, (2006). To further clarify teachers’ perceptions on teaching-learning process, they were asked who they thought should teach HIV/AIDS/LS education. The table 4.14 presents their responses:

Table 4.14: Teachers’ Perceptions on Who Should Teach HIV/AIDS/LS Education

<table>
<thead>
<tr>
<th>Teachers from</th>
<th>Class teacher</th>
<th>Specific HIV/AIDS trained teachers</th>
<th>Taught along other subjects</th>
<th>Religious education teachers</th>
<th>Any teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westlands Pry Sch. N=10</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
<td>2 (20%)</td>
<td>5 (50%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Huruma Pry Sch. N=10</td>
<td>0 (0)</td>
<td>3 (30%)</td>
<td>6 (60%)</td>
<td>0 (0)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Nairobi sch Total N=20</td>
<td>1 (5%)</td>
<td>4 (20%)</td>
<td>8 (40%)</td>
<td>5 (25%)</td>
<td>2 (10%)</td>
</tr>
<tr>
<td>Kuraiha Pry Sch. N=10</td>
<td>1 (10%)</td>
<td>3 (30%)</td>
<td>3 (30%)</td>
<td>0 (0)</td>
<td>3 (30%)</td>
</tr>
<tr>
<td>St Georges (Ruiru) Pry Sch. N=10</td>
<td>2 (20%)</td>
<td>0 (0)</td>
<td>3 (30%)</td>
<td>2 (20%)</td>
<td>3 (30%)</td>
</tr>
<tr>
<td>Thika sch Total N=20</td>
<td>3 (15%)</td>
<td>3 (15%)</td>
<td>6 (30%)</td>
<td>2 (10%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Total N=40</td>
<td>4 (10%)</td>
<td>7 (17.5%)</td>
<td>14 (35%)</td>
<td>7 (17.5%)</td>
<td>8 (20%)</td>
</tr>
</tbody>
</table>

Table 4.14 above shows that 1 (10%) out of 10 teachers in both Westlands and Kuraiha primary schools perceived the class teacher was to be responsible for teaching HIV/AIDS/LS education. In this category, St. Georges had 2 teachers (20%). One (10%) from Westlands and three teachers (30%) in both Huruma and Kuraiha primary schools preferred HIV/AIDS/LS education to be taught by specific trained HIV/AIDS/LS education teachers. Two (20%) and 6 teachers (60%) in Westlands and Huruma primary schools respectively and 3 teachers (30%) in both Kuraiha and St.
Georges primary schools preferred HIV/AIDS/LS education to be taught along other subjects like home science, CRE, science, art and craft. Religious education teachers were mentioned by 5 (50%) and 2 teachers (20%) in Westlands and St Georges primary schools respectively.

One teacher (10%) in both Westlands and Huruma primary schools and 3 teachers (30%) in both Kuraiha and St. Georges primary schools felt that any teacher could teach HIV/AIDS/LS education. The observation was that most teachers from Nairobi primary schools seemed to be appreciating that HIV/AIDS/LS education could be taught along other subjects. This was a good perception considering the fact that very few teachers had been trained to teach HIV/AIDS/LS education.

During interviews with headteachers from both Thika and Nairobi primary schools, they reported that the training of teachers had been done at a very slow pace. The headteacher of Westlands Primary School reported that in the year 2001, there was training for headteachers on HIV/AIDS education sponsored by UNICEF. It was done as an in-service training in the primary teachers training colleges for a duration of one month. Unfortunately, the programme lasted only two years. The training of teachers was even slower as they were usually requested to identify only one teacher at a time for training of HIV/AIDS/LS education.

The headteacher added that with the big number of schools in the city and the impact of HIV/AIDS on education, he would only encourage teachers to be ready to teach HIV/AIDS/LS education whether trained or not. The headteacher of St Georges
Primary School advocated that any teacher could teach HIV/AIDS/LS education. The headteachers of Huruma and Kuraiha primary schools revealed that there had been no training of teachers in HIV/AIDS/LS education and would recommend any teacher to teach HIV/AIDS/LS education. The implication was that the implementation of HIV/AIDS/LS education was not adequately done according to the expectations of the government policy (See plate 4).

4.5 Problems Pupils and teachers Faced in the Teaching and Learning of HIV/AIDS/LS Education.

4.5.1 Problems Encountered by Pupils

The views of the pupils on this issue were obtained through a questionnaire and FGD. The study revealed some problems encountered in learning HIV/AIDS/LS education. These problems were mentioned by many pupils from the sample schools.

Box 4.2: Problems Encountered by Pupils in Learning of HIV/AIDS/LS Education.

<table>
<thead>
<tr>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ineffective teaching,</td>
</tr>
<tr>
<td>• lack of teaching/learning resources,</td>
</tr>
<tr>
<td>• shyness,</td>
</tr>
<tr>
<td>• inadequate time,</td>
</tr>
<tr>
<td>• Teachers do not encourage extra curricular activities,</td>
</tr>
<tr>
<td>• Overemphasis on examinable subjects,</td>
</tr>
<tr>
<td>• Teachers are too brief in their teaching of HIV/AIDS education,</td>
</tr>
<tr>
<td>• Teachers do not allow pupils time to ask questions,</td>
</tr>
<tr>
<td>• some topics are not taught,</td>
</tr>
<tr>
<td>• There was no specific lesson for teaching HIV/AIDS and therefore, teachers select what to teach on HIV/AIDS depending on their moods.</td>
</tr>
</tbody>
</table>

83
From the pupils’ responses, the study had concluded that pupils also had a sense of responsibility and could determine whether teachers taught adequately or inadequately. The same sentiments were echoed by pupils from Nairobi primary schools. The pupils concluded that although the content may be adequate, it was inadequately taught.

### 4.5.2 Problems Encountered by Teachers

Teachers were asked to name some of the problems they encountered in teaching of HIV/AIDS/LS education. All the sample schools reported similar views as shown on box 4.3:

**Box 4.3: Problems Encountered by Teachers in Teaching of HIV/AIDS/LS Education.**

<table>
<thead>
<tr>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>• difficult to explain and teach some of the ways in which AIDS is spread, like sex because some children’s parents and relatives have died of AIDS and might think their parents misbehaved to contract it,</td>
</tr>
<tr>
<td>• lack of training,</td>
</tr>
<tr>
<td>• lack of time,</td>
</tr>
<tr>
<td>• lack of clear guidelines,</td>
</tr>
<tr>
<td>• Lack of materials.</td>
</tr>
</tbody>
</table>

However, some teachers from St. Georges Primary School did not commit themselves and left the question blank. This could be attributed to the reluctance of some teachers teach and relate HIV/AIDS/LS education to LS due to restrictions imposed by either tradition, religious affiliations and personal inclinations.
Problems teachers faced emanated from different people such as pupils, school administrators, other teachers, parents, community and other sources as shown in box 4.4.

**Box 4.4: Problems Teachers Faced in the Teaching of HIV/AIDS/LS Education**

<table>
<thead>
<tr>
<th>Problems from</th>
<th>Problems</th>
</tr>
</thead>
</table>
| Pupils              | • Being traumatized when HIV/AIDS/LS education is being taught as some are already victims of HIV/AIDS. They are either infected or affected and therefore, do not even want to be taught about HIV/AIDS since they assume it is meant for them.  
• Lack of resources like HIV/AIDS/LS education textbooks,  
• Not understanding the causes of AIDS,  
• Shyness when HIV/AIDS/LS education is being taught. |
| School administration| • lack of resources,  
• lack of time allocated for teaching HIV/AIDS/LS education,  
• Teachers’ concern with the examinable subjects and lack of maximum cooperation. |
| Fellow teachers     | • Lack of openness with one another  
• Religious and cultural beliefs from some teachers who regard sexual matters as a taboo. |
| Parents             | • Lack of cooperation and ignorance to accept discussions on HIV/AIDS.  
• Perceiving the teaching of HIV/AIDS as a way of encouraging their children to experiment what they are taught by teachers.  
• Being hostile to the teachers and this makes teachers not to take the subject seriously due to fear of what actions parents might take against them.  
• Lack of provision of HIV/AIDS/LS education textbooks by parents. |
Community
- Being adamant/ not ready to learn issues on HIV/AIDS,
- religious and cultural beliefs from the community since they believe it is a taboo to discuss issues related to sex which is one of the causes of HIV/AIDS,
- Views teaching of HIV/AIDS/LS education as a responsibility of teachers and parents.

Other sources
- churches do not talk freely about HIV/AIDS because they fear that children will, practise what they are taught instead of avoiding it,
- ignorance,
- Examinable subjects being given priority,
- Huruma Primary School had an exception of too large classes making it hard for small group classroom activities like drama to be enhanced.

Teachers seemed to have faced problems from pupils, school administration, fellow teachers, parents, community and other sources. The implication was that lack of support and confidence in teaching HIV/AIDS/LS education contributed to inadequate and selective teaching to avoid conflict from the different groups of people mentioned above. This finding concurs with Bennell (2002) that resistance from communities and teachers affected teaching of HIV/AIDS/LS education.

4.6 Pupils’ and Teachers’ Suggestions on how Teaching and Learning of HIV/AIDS/LS Education would be improved

4.6.1 Pupils’ Suggestions
It was necessary to have pupils’ suggestions since UNAIDS benchmarks for an effective HIV/AIDS/LS education curriculum recognized the child/youth as a learner who already knew, felt and could do something in relation to his/her healthy
development and HIV/AIDS related prevention. On the issue of improving the teaching of HIV/AIDS/LS education, pupils suggested the following: HIV/AIDS/LS education to be allocated specific time on the timetable; HIV/AIDS/LS education textbooks be provided; teachers to be trained to teach HIV/AIDS/LS education; teachers to improve on classroom activities; pupils to stop the assumption that because they are young they could not get AIDS; teaching materials be provided; pupils to be given a chance to participate in learning activities; headteachers to encourage teachers to teach HIV/AIDS/LS education; teachers to allow pupils teach each other about HIV (peer education); HIV/AIDS/LS education to be examinable; anti-HIV/AIDS concerts and seminars to be held occasionally.

4.6.2 Teachers and Headteachers Suggestions

Teachers and headteachers suggested the following: there should be a variety of textbooks on HIV/AIDS/LS education; all teachers to be trained adequately on HIV/AIDS/LS education; make use of videos and films that should be specified for HIV/AIDS/LS education; the MoEST to facilitate many HIV/AIDS workshops for teachers, pupils and parents; the subject be given a period on its own instead of integrating it with other subjects; if the subject is to remain integrated topics on HIV/AIDS to be included in the other subjects; invite AIDS patients as guest speakers during HIV/AIDS workshops; well-wishers should not be holding meetings in big hotels where they spend a lot of money by themselves and instead the money should be utilized in purchasing HIV/AIDS/LS education textbooks; teachers to make/improvise relevant teaching materials for HIV/AIDS/LS education lessons; the subject be examinable so that pupils and teachers can take the teaching and learning of.
HIV/AIDS/LS education seriously; teachers to change their classroom activities to be more participatory where they involve pupils to take part in the HIV/AIDS prevention activities.

4.7 Summary

From the field data presented, the study established that both pupils and teachers were aware of HIV/AIDS. Pupils perceived the teaching of HIV/AIDS/LS education as important irrespective of rural/urban differences or socio-economic status. Comparatively, more girls than boys thought HIV/AIDS/LS education was important. Although teachers acknowledged the same, they admitted that not all schools had managed to teach all the topics in the syllabus on HIV/AIDS. They did not also relate the importance of HIV/AIDS/LS education with the LS which pupils needed to learn to assist them in the prevention of HIV infection and in avoidance of the stigma associated with the disease.

On adequacy of the content, pupils perceived HIV/AIDS/LS education content as inadequate. Headteachers and teachers however, perceived the content as adequate but felt that integrating the subject might be affecting the adequacy of the content as teachers were not able to use the time allocated for other subjects to teach HIV/AIDS/LS education. Integration of HIV/AIDS was found to be done in some schools while in others there was no mention of the word HIV/AIDS in their lessons. Lack of teaching aids and HIV/AIDS/LS education textbooks also seemed to have contributed to lack of correct information about HIV/AIDS.
Data analysis revealed that the preferred classroom activities used by teachers were discussions and debates. Nevertheless, most teachers did not actively involve pupils in activities that promote HIV/AIDS prevention and control. Teachers were not comfortable with the teaching of HIV/AIDS education and blamed the administration for forcing the subject on them. On who should be responsible for teaching HIV/AIDS/LS education, it emerged that any teacher was capable of teaching the same. The study established that teaching of HIV/AIDS/LS education was faced with problems at the school level. These included:

a) Lack of adequate HIV/AIDS/LS education textbooks,
b) pupils did not understand what LS were,
c) teachers shied off when teaching,
d) teachers’ concentrated on examinable subjects,
e) teachers did not encourage extra curricular activities,

Teachers found it difficult to explain and teach some of the ways through which AIDS is transmitted, such as sex. Also, issues concerning use of condoms, they perceived that some pupils would find out about sex practically after being taught. In addition, large classes made it hard for small group classroom activities like drama to be enhanced, lack of HIV/AIDS/LS education training, lack of adequate time, negative attitude by pupils and teachers, cultural differences, privacy of the subject, ignorance among the community members, communication barriers, resistance from parents, lack of support from the administration, HIV infected children in the class hence stigmatization of the pupils, lack of LS knowledge and churches did not talk freely about HIV/AIDS because they feared that children would practise what they were taught instead of avoiding it.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
This chapter gives a summary of the study, draws conclusions, and makes recommendations and suggestions for further research. The main focus of the study was to examine perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/LS education as offered in Kenyan primary schools. In addition, the study sought to find out approaches used in teaching HIV/AIDS/LS education were conducted in and out of classrooms; problems encountered by pupils and teachers and finally pupils’ and teachers’ suggestions on how teaching and learning of HIV/AIDS/LS education can be improved. The study used a sample of four primary schools from Thika and Nairobi Districts.

5.2 Summary of Findings
The study design was descriptive research methodology, qualitative in approach. A total of two hundred and forty pupils, forty teachers and four headteachers in the selected primary schools formed the study sample. Approximately fieldwork took duration of two months. The data were analyzed qualitatively and quantitatively, guided by the study objectives. The qualitative analysis was presented using responses from the respondents while quantitative analysis used frequency tables and absolute percentages.
5.2.1. Importance of teaching HIV/AIDS/LS education

Pupils and teachers perceived the teaching of HIV/AIDS/LS education as important. Despite this, teachers emphasized more on teaching about knowledge of HIV/AIDS, rather than on LS. The results also showed that irrespective of the location of schools, and the socio-economic status, there was a high level of awareness (99% of pupils) that HIV/AIDS should be taught in schools. Girls were found to have a higher level of HIV/AIDS awareness than boys. Although teachers acknowledged the importance of teaching HIV/AIDS/LS education in schools irrespective of their locality, some still perceived the teaching of HIV/AIDS/LS education as not being practical. This was due to issues related to educational needs of pupils from different socio-economic contexts, lack of relevant textbooks, heavy workload in the primary school curriculum, lack of trained teachers in HIV/AIDS/LS education, resistance from parents, lack of formal time allocated to HIV/AIDS/LS education and lack of support from the administration which stressed on the examinable subjects being given more time.

From the responses, the study established that pupils’ high level of awareness was not accompanied by the right information during teaching. They were taught factual information but explanations were not provided apart from the fear of HIV/AIDS. It has also been observed from the teacher’s handbook; lack of unclear explanation of concepts in the content might be part of the reasons affecting the adequacy of HIV/AIDS/LS education content. Also educational delivery and outcomes have not been well-entrenched to assist pupils to learn and teachers to teach HIV/AIDS/LS education.
5.2.2 Adequacy of HIV/AIDS/LS Education Content

The study revealed that majority of the pupils from the sampled schools thought the content was inadequate. Pupils showed this inadequacy through the question on the meaning of words like HIV, AIDS and STDS. On topics pupils desired to be taught, it was found that pupils had not been adequately taught and had quite a number of topics they desired to be taught. These topics were: HIV/AIDS prevention and control, origin of HIV/AIDS, spread of HIV/AIDS, awareness of HIV/AIDS and boy-girl relationship.

However, teachers perceived the content as adequate but admitted that they had not managed to teach all the topics in the syllabus on HIV/AIDS. Headteachers also perceived the content as adequate but felt that integrating HIV/AIDS/LS education instead of teaching it as a subject affected adequacy of the content. Lack of specified time for teaching HIV/AIDS/LS education also affected its adequacy. Headteachers also felt that both pupils and teachers were not putting LS into practice.

5.2.3 Approaches to Teaching of HIV/AIDS/LS Education in the Sampled Schools

While integration of HIV/AIDS/LS education was found to be done in some schools, in others, there was no mention of the word HIV/AIDS in the lessons. Schools were found to lack teaching aids and HIV/AIDS/LS education textbooks. Moreover, most teachers did not actively involve pupils in out-of classrooms activities like drama, debates, poems, role play and songs that promote HIV/AIDS prevention and control. It was found that some teachers were not comfortable with the teaching of HIV/AIDS/LS education. This might explain why most classroom activities were unpopular.
The study found that pupils were not taught how to handle the sick and the affected without stigmatizing them. It also revealed that pupils from the sample schools had general knowledge about anyone living with AIDS or who had died of HIV/AIDS. The study revealed that although boys discussed HIV/AIDS issues with their mothers, girls seemed to be freer with their mothers irrespective of locality and social class. In contrast, boys reported to be freer with their fathers than the girls. Further, it was observed that pupils preferred discussing issues on HIV/AIDS with their friends rather than with their teachers. On the application of knowledge learnt in the process of teaching, teachers did not indicate how they would administer first aid. This indicated their lack of correct application of content.

5.2.4. Problems Encountered by Pupils and Teachers in Teaching and Learning HIV/AIDS/LS Education

The following aspects were highlighted as the problems encountered by pupils in learning HIV/AIDS/LS education: teachers not teaching well, pupils not understanding what LS are, teachers shying off when teaching, lack of time as teachers concentrated more on examinable subjects, teachers not encouraging extra curricular activities, pupils laughing in class putting off the teachers due to some of the words used to.

Teachers found it difficult to explain and teach some of the ways in which AIDS is spread like sex, use of condoms and vaginal fluids. They felt that some pupils would want to find out about sex practically after being taught. They as well lacked teaching materials relevant to pupils’ ages and having too overcrowded classes thus making it hard for small group classroom activities. Lack of HIV/AIDS/LS education training and
adequate time, cultural differences, resistance from parents and lack of support from the administration were other problems that teachers contend with.

5.2.5. *Pupils and Teachers’ Suggestions on how to Improve the Teaching of HIV/AIDS/LS Education.*

Pupils suggested the following as ways through which the teaching of HIV/AIDS/LS education could be improved; HIV/AIDS/LS education to be allocated specific time on the timetable and be provided with HIV/AIDS/LS education textbooks. Pupils felt that teachers should improve on classroom activities and that pupils should be given a chance to participate in learning activities. They also felt that HIV/AIDS/LS education should be examinable and anti-HIV/AIDS concerts and seminars to be held occasionally.

Teachers and headteachers suggested that: there should be a variety of textbooks on HIV/AIDS/LS education; all teachers to be trained adequately on HIV/AIDS/LS education and MoEST to facilitate many HIV/AIDS workshops for teachers, pupils and parents and invite AIDS patients as guest speakers; the subject be given a specific teaching period on the timetable; teachers to make/improvise relevant teaching materials for HIV/AIDS/LS education; the subject be examinable and teachers to change their classroom activities to be more participatory.

5.3 Conclusion

The overall conclusion of this study is that:
• Pupils and teachers perceived the teaching of HIV/AIDS/LS education as important. Despite this, teachers emphasized more on teaching about knowledge of HIV/AIDS, rather than on LS.

• Although teachers perceived the content as adequate, they had not managed to teach all the topics in the syllabus on HIV/AIDS, instead the concentrated more on examinable subjects.

• Despite HIV/AIDS/LS education being perceived as important, pupils were not taught how to handle PLWHA and the affected without stigmatizing them.

• Teaching of HIV/AIDS/LS education was not being realized due to
  a. lack of specified time on the timetable,
  b. lack of relevant teaching materials and lack of HIV/AIDS/LS education textbooks.
  c. lack of training for teachers on HIV/AIDS/LS education

5.4 Policy Recommendations
To ensure adequate teaching and learning of HIV/AIDS/LS education, the study recommends the following;

• Every school should have a HIV/AIDS/LS education motto, whose reinforcement should start immediately the pupils join the school. For example, each child should learn some of the LS and put them into practice in school and at home. Such a motto would ensure that every school is sufficiently equipped to adapt the whole school’s approach to LSE.
• There is a need for teachers to receive training in HIV/AIDS/LS education in the teacher training colleges. Teachers in the field should also attend in-service training on HIV/AIDS, seminars and workshops where they can get acquainted with the relevant knowledge and skills which is necessary for their teaching and guidance roles to their pupils. In-service workshops are likely to help teachers develop the essential LS educational competencies both in content and methodologies.

• The MoEST should ensure there is monitoring and evaluating of HIV/AIDS/LS education. The government policy on HIV/AIDS education stressed the need to mainstream HIV/AIDS into the existing school curriculum in all learning institutions. This has not been so and making HIV/AIDS/LS education examinable will ensure that the subject is being taught in all primary schools.

• Parents in the specific schools need to be sensitized on HIV/AIDS in order to break the impasse on the taboo terminologies which put teachers at loggerheads with parents. Parents should also be conscious of their responsibility to socialize their children.

• The stigma and taboo of certain human anatomy not being discussed openly by teachers, parents and pupils need an urgent address. The entire Kenyan need to be de-schooled on certain beliefs and behaviour. Mention of certain names should not elicit laughter or shyness in pupils and teachers.
respectively! Because of the reality of HIV and AIDS, Kenyans cannot avoid calling a spoon a spoon and not a spade!

- The policy makers should ensure that issues relating to health matters of the child are given priority and other issues like tradition, religious affiliation and personal inclinations to come later.

5.5 Suggestions for Further Research

The present study has not addressed a wide scope. It is recommended that a more extensive study that would cover larger samples be conducted. This will verify the findings of this study about the perceptions of pupils and teachers on the teaching of HIV/AIDS/LS education.

A similar study should be conducted in other areas because statistics on HIV/AIDS cases are not the same.

Likewise, it is important to conduct a study to find out parents’ perceptions on the teaching of HIV/AIDS/LS education in primary schools and at home. This may create an opportunity to map out the parents’ perceptions on the subject and give a chance to teachers to know the expectations of the parents.


Schaalma, H. (1997). “Theoretical Analysis of the Brochure’ AIDS, a Killer disease”. In European Commission, School-based HIV Information and Sex


APPENDICES

APPENDIX A

PUPILS' QUESTIONNAIRE

Introduction:
My name is Felicity Wanjiru Githinji, a Masters student at Kenyatta University. The aim of visiting your school is to carry out a research on perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/Life Skills education content in Kenyan primary schools.

Instructions:
The following questions are seeking your views and opinions on adequacy of HIV/AIDS Life Skills education. Please read the questions carefully and respond to each question as required. Your answers will be treated confidentially and shall not be revealed to anybody. The answers you provide will help in improving the teaching of HIV/AIDS Life Skills Education in Kenyan schools. Do not write your name.

i. Your age ________ years
ii. Sex (Tick) boy ( ) girl ( )
iii. Class ________

Section A: Adequacy of Content

1. Below is a list of topics that you are taught by your teachers. (Tick the ones you have learnt)

   Myself and others
   Relationship with others
   Changes in your body
   Attraction between boys and girls

105
How HIV/AIDS spreads  
Methods of prevention and control of HIV/AIDS  
Support for those people living with HIV/AIDS and affected  

2. Do you think you are taught everything you need to know about HIV/AIDS?  
   Yes ( )  
   No ( )  

3. List some of the things you would like to be taught but are not taught.  
   ___________________________________________________________  
   ___________________________________________________________  

4. Give the meaning of the following words.  
   STDs _______________________________________________________  
   HIV ________________________________________________________  
   AIDS ________________________________________________________  

5. What would you do to have safe sex?  
   ___________________________________________________________  

6. What would you do if your friend had a cut and started bleeding in the playing field?  
   ___________________________________________________________  

7. Name some of the problems that you may be experiencing in learning  
   HIV/AIDS/LS education. ________________________________________  
   ___________________________________________________________  

8. Give your suggestions on how the teaching of HIV/AIDS/LS education can be improved?  
   ___________________________________________________________
Teaching Activities

9. This is a list of teaching and learning materials used by teachers in teaching HIV/AIDS/LS education. Tick the ones used in your school.

<table>
<thead>
<tr>
<th>Videos</th>
<th>Magazines</th>
<th>Books</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspapers</td>
<td>Radio</td>
<td>Cassettes</td>
</tr>
<tr>
<td>Films</td>
<td>Computers</td>
<td>Pictures and Photographs</td>
</tr>
<tr>
<td>Charts and Posters.</td>
<td>None of these</td>
<td></td>
</tr>
</tbody>
</table>

10. This is a list of teaching activities used in schools for teaching HIV/AIDS/LS education. Tick the ones used by your teachers.

- Games
- Dances
- Drama
- Discussion
- Debates
- Poems
- writing competitions
- Songs
- story-telling

Section B: Relevance

11. HIV/AIDS/LS education was introduced in Kenyan primary schools to help young people curb the spread of HIV/AIDS.

a. Do you think it is important to you and your teachers in the prevention and control of the spread of HIV/AIDS?

   Yes ( )

   No ( )

b. If yes, name some of the life skills you have learnt?
12. How often does your teacher talk about boy/girl relationship when teaching? 

**Tick** one from below.

i. Frequently (all times)  

ii. Sometimes (many times)  

iii. Occasionally (few times)  

iv. Rarely (very few times)  

v. Never (none at all)  

13. Which of the following HIV/AIDS prevention activities do you participate in during co-curricular time? **Tick** only one.

a) Teach other children how to administer First Aid to someone safely and avoid contracting HIV/AIDS.  

b) Drama teaching other children the importance of avoiding risky/dangerous situations leading to contracting HIV/AIDS infections.  

c) Peer education (teach other children how to care for oneself).  

d) Visit homes of orphans infected and affected with HIV/AIDS.  

e) None of the above.  

14. Below is a list of people who you may be discussing HIV/AIDS issues with. 

**Please tick** the ones you discuss with.

Father, mother, brothers, sisters, friends, teachers, religious leaders, none of them
15. What would you do to a friend who is infected with HIV/AIDS?

__________________________________________________________________________

16. What would you do to a friend who has lost a relative through HIV/AIDS?

__________________________________________________________________________

Thank you for your time and co-operation.
APPENDIX B
Focused Group Discussion Guide for the Pupils

Introduction:
My name is Felicity Wanjiru Githinji, a Masters student at Kenyatta University. The aim of visiting your school is to carry out a research on perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/Life Skills education content in Kenyan primary schools.

This discussion will be treated in utmost confidentiality. It will not reflect your name or any other details that may reveal your identity. Please let us discuss sincerely and truthfully to help in the fight against HIV/AIDS among young people.

Section A: Adequacy

1. How would you handle a friend who is an AIDS patient?
2. What would you do if you were relating with someone who has lost a relative through HIV/AIDS?
3. During HIV/AIDS lessons, do your teachers tell you how to conduct yourselves?
5. Do you think the activities used during the teaching of HIV/AIDS/LS education are appropriate? (Probe)
6. Do you think the time allocated for learning HIV/AIDS/LS education is enough? (Probe)
Section B: Relevance

7. Do you discuss HIV/AIDS issues with your friends (peers), parents? (Probe)

8. What problems are you facing in learning HIV/AIDS/LS education? (Probe)

9. How do you think the teaching of HIV/AIDS/LS education can be improved? (Probe)

Thank you for your time and co-operation.
APPENDIX C

TEACHERS' QUESTIONNAIRE

Introduction:
My name is Felicity Wanjiru Githinji, a Masters student at Kenyatta University. The aim of visiting your school is to carry out a research on perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/Life Skills education content in Kenyan primary schools.

Instructions
Your school has been selected for the study. Please answer the following questions as truthfully as possible. All information will be treated confidentially and your identity will not be revealed.

General Information
Sex: Male/ female (Please tick)
Teaching Experience (In years):
Professional Qualifications:
Teaching subjects:

Section A: Adequacy of Content
1. What would you do if a pupil or fellow teacher had a cut and started bleeding in school?
2. Name some issues/topics you teach your pupils during HIV/AIDS/LS education lessons.
3. In your opinion, do you think it is important to teach the above issues/topics?
4. Do you think the content given in the syllabus is adequate in helping you and your pupils to avoid risky situations and prevent HIV/AIDS infection?
   Yes/No  

5. If no, what needs to be added?    

6. Name some of the materials/teaching aids you use in the teaching of HIV/AIDS/LS education?    

7. In your opinion, are the above materials/teaching aids adequate?
   Yes/no (Explain)    

8. The teaching of HIV/AIDS/LS education in primary schools curriculum is adequate and relevant in the prevention of HIV infection in the school community. Tick one.
   a) Strongly agree    
   b) Agree    
   c) Strongly disagree    
   d) Disagree    
   e) Not sure    

9. What problems do you encounter in the teaching of HIV/AIDS/LS education from?
Teaching Activities

10. The following are some of the teaching activities used in teaching HIV/AIDS/LS education. Tick the ones you use.

Case study  Role plays  Games  Discussion
Story-telling  Songs  Poems  Debates

11. Are you comfortable with the teaching of HIV/AIDS/LS education?

Yes ________  No ________

If No, give your reasons: __________________________________________

12. Do you enjoy teaching HIV/AIDS/LS education?

Yes  (____)  No  (____)

If yes, why? __________________________________________

If no, why? __________________________________________
13. Have you been trained to teach HIV/AIDS/LS education? Yes/No

If yes, how long was the training? ________________________________

14. Who do you think should be responsible for the teaching HIV/AIDS/LS education? Tick one.
   a) Class teacher
   b) Religious educational teachers.
   c) Specific trained teachers for HIV/AIDS/LS education.
   d) Should be taught along other subjects, like home science, C.RE. Science, art and craft.
   e) Any teacher can teach HIV/AIDS/LS education.

15. How many lessons do you allocate to the teaching of HIV/AIDS/LS education in a week? ________________________________

16. How are HIV/AIDS/LS education lessons taught in this school? ______________________________________________________

17. Do you consider the time set for teaching HIV/AIDS/LS education enough to make you and your pupils learn about Life Skills for HIV/AIDS prevention?

   Yes ( )
   No ( )

   If yes, why? ________________________________________________
   If no, give your reasons ______________________________________

Section B: Relevance

18. HIV/AIDS/LS education was introduced in Kenyan primary schools to help both pupils and teachers acquire and develop knowledge, attitudes, values and
skills needed to make and act on the most appropriate and positive health-related decisions to combat HIV/AIDS.

a) Do you think the teaching of HIV/AIDS/LS education is important to you and the pupils in the prevention and control of the spread of HIV/AIDS?
   Yes ( )
   No ( )

b) If yes, how? ____________________________________________________________

   ____________________________________________________________

c) If no, why? __________________________________________________________

19. Do you discuss HIV/AIDS issues with your pupils?
   Yes ( )
   No ( )

   If yes, why? __________________________________________________________

   If no, why? __________________________________________________________

20. As a classroom teacher, are there issues related to HIV/AIDS that you find difficult to discuss with the pupils? Yes/no
   a. If yes, please name the issues. _________________________________________

   b. Why do you find them difficult? _______________________________________

21. What do you consider to be the major problems in the teaching of HIV/AIDS/LS education? _________________________________________

22. Suggest ways in which the teaching of HIV/AIDS/LS education can be improved. _________________________________________

Thank you for your time and co-operation.
APPENDIX D

INTERVIEW GUIDE FOR HEADTEACHERS

Introduction:

My name is Felicity Wanjiru Githinji, a Masters student at Kenyatta University. The aim of visiting your school is to carry out a research on perceptions of primary school pupils and teachers on adequacy of HIV/AIDS/Life Skills education content in Kenyan primary schools.

Instructions

Your school has been selected for the study. Please answer the following questions as truthfully as possible. All information will be treated confidentially.

General Information

Sex: 
Teaching Experience (in years): 
Professional Qualifications: 
Teaching Subjects: 
Duration of Headship: 

Section A: Adequacy

1. What is the government’s policy on HIV/AIDS/LS education?
2. Is it being implemented in your school?
3. How much time is allocated for HIV/AIDS/LS education in a week?
4a. How many teachers are teaching HIV/AIDS/LS education in your school?
4b. Do you think they are enough?
5. What can you say about the teaching of HIV/AIDS/LS education at primary school level? (Probe)

6. What is your opinion about the suitability of textbooks used in HIV/AIDS/LS education currently? (Probe)

7. How successful has been the teaching of HIV/AIDS/LS education in your school? (Probe)

Section B: Relevance

8. Are you conversant with the aims of HIV/AIDS/LS education?

9. Does your school have all the stipulated materials for implementing the HIV/AIDS/LS education syllabus?

10. Does your school have any co-curricular activities related to issues of HIV/AIDS prevention and control? (Probe)

11. Do you think the content used to teach HIV/AIDS/LS education is adequate to assist your school community in the prevention and control of HIV/AIDS? (Probe)

12. What hinders successful teaching of HIV/AIDS/LS education in your school?

13. What problems does your school face in teaching HIV/AIDS/LS education? (Probe)

14. How do you think the teaching of HIV/AIDS/LS education can be improved?

Thank you for your time and co-operation.
## APPENDIX E

### CLASSROOM OBSERVATIONAL SCHEDULE

Class: 

Teaching subject: 

<table>
<thead>
<tr>
<th>Teaching Approaches</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group discussion of life skills</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Story-telling</td>
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<td>Role play</td>
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<td>Case studies</td>
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<td>Songs</td>
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<td>Use of debates</td>
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<tr>
<td>Question and answer</td>
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<tr>
<td>Observational learning (Any First Aid Kit in the school)</td>
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<tr>
<td>None</td>
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</table>
PLATES
Plate 1: The Researcher Conducting a Focus Group Discussion in Huruma Primary School.

Plate 2: An Observation of an Ongoing Christian Religious Lesson in Huruma Primary School
Plate 3: Pupils in Westlands Primary School Raising Their Fingers as a Sign of Commitment to Abstain from sex.

Plate 5: A Wall Painting on Drug Abuse in Westlands Primary School

Plate 6: A Wall Painting on Behaviour Change in Kuraiha Primary School