The Influence of Teachers' Preparedness on Quality of Teaching HIV/AIDS Curriculum in Primary Schools in Ol joro orok Division, Nyandarua District, Kenya.

BY

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A Thesis Submitted in Fulfilment of the Requirement for the Degree of Master of Education of Kenyatta University.

July 2006.

Githu, Thendu Peter
The influence of teachers' preparedness
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 parents, mom Mary Ng’endo and dad, the late Gideon Githu for lighting in me the candle of education.

And to my wife Esther whose unswerving support I cherish. And to my two grandchildren: Thendu and Wahome that they may have wisdom and humility.
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<td>A</td>
<td>Answer</td>
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<td>ABS</td>
<td>Absolute</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ATS</td>
<td>Approved Teacher Status</td>
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<tr>
<td>D.E.O</td>
<td>District Education Officer</td>
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<tr>
<td>EFA</td>
<td>Education For All</td>
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<td>FGD</td>
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<td>Government of Kenya</td>
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<td>HIV</td>
<td>Human Immuno Virus</td>
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<td>K.I.E.</td>
<td>Kenya Institute of Education</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MOEST</td>
<td>Ministry of Education Science and Technology</td>
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<td>MSS</td>
<td>Mean Standard Score</td>
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<td>NACC</td>
<td>National AIDS Control Council</td>
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<td>NBS</td>
<td>Nyandarua Boarding School</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>PI</td>
<td>Primary One</td>
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SHEP          School Health Education Programme
STD'S          Sexually Transmitted Diseases
TAC            Teachers' Advisory Centre
UNAIDS         United Nations Programme on HIV and AIDS
UNDP           United Nations Development Programme
UNESCO         United Nations Educational, Scientific and Cultural Programme
UNGASS        United Nations General Assembly Special Session
UNICEF         United Nations Childrens Education Fund
VCT            Voluntary Counselling and Testing
WHO            World Health Organisation
ABSTRACT

The major objective of this study was to analyze the preparedness of teachers in teaching Human Immuno Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) curriculum in primary schools. The rationale for the study was that the curriculum was introduced in primary schools in December 1999 and teachers as implementers are supposed to ensure its success. However, the teachers’ preparedness to teach the curriculum has not been explored.

The study used a framework that conceptualized the indicators for teachers’ preparedness as a means to successful achievement of the objectives of the HIV/AIDS curriculum. These were, teachers’ psychological readiness to teach, teachers’ professional background and training levels, use of effective teaching and learning approaches, use of suitable teaching/learning materials and teachers’ sensitivity to language, cultural and religious beliefs. In this regard, teachers preparedness was construed as a synergy between the five variables and the effective implementation of HIV/AIDS curriculum.

The study was mainly descriptive and utilised a survey design in the collection, analysis and reporting data. A sample of six primary schools in Ol Joro orok division of Nyandarua district was taken. The district was purposively chosen because it had one of the highest HIV/AIDS prevalence rates in Central Province. Ol Joro orok division had the highest HIV/AIDS prevalence rate in the district (NACC 2003). The sample for the study consisted of 48 teachers, 6 headteachers, 270 pupils and one Teacher’s Advisory Centre (TAC) tutor from the division. Various data collection instruments were used to gather information from the respondents. These were; questionnaires for teachers and pupils, interview schedules for headteachers and the TAC tutor, Focused Group Discussions for teachers and pupils, and an observation schedule. Both qualitative and quantitative techniques were used for data analysis and reporting.
Results from the study indicate that the preparedness of teachers to teach the curriculum was being hindered by a number of factors. First, the study established that teachers’ psychological readiness to teach was hampered by the traditional beliefs, which considered talking openly about sex to the youth a taboo. Some religious denominations did not approve of some of the HIV/AIDS preventive measures which teachers were supposed to teach such as the use of condoms. The stigma, associated with the AIDS scourge also affected the teachers’ psychological readiness. Infected and / or affected teachers were not courageous enough to talk about the AIDS pandemic. In addition, AIDS messages impacted negatively on the learners who were either infected or affected.

Second, although most teachers in primary schools were professionally qualified, they experienced difficulties in teaching the curriculum due to lack of knowledge and teaching techniques. Thirdly, the teaching methods recommended in the HIV/AIDS education syllabus were not being used. Teachers attributed this to lack of appropriate inservice or preservice Teacher Education which should have taken place before the curriculum was introduced in schools.

Fourth, the teaching and learning materials for HIV/AIDS curriculum were noted to be lacking in most schools. Overall, this study concluded that teachers’ preparedness to teach was a crucial aspect if the goals of the HIV/AIDS curriculum were to be realised in primary schools. The provision of basic teaching and learning materials would greatly avert the haphazard manner in which the curriculum was being taught. Finally, there is need to minimise the gap created between the traditional beliefs and religious affiliations on the one hand and the preparedness of teachers to teach the HIV/AIDS curriculum on the other.
CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Over the last decade, HIV and AIDS has become the world’s most devastating epidemic. World wide, it is estimated that about 22 million people have died in 20 years and more than 39.4 million people are infected (UNAIDS, December 2004). The majority of deaths have been in developing countries particularly in Sub-Saharan Africa, which accounts for 84 per cent of the world’s global AIDS deaths since the beginning of the epidemic (UNAIDS 2004).

The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment on HIV/AIDS (July 2002) sets the target of reducing HIV infection among 15 to 24 year olds by 5 per cent by 2010 globally. The UNGASS called upon governments to develop by 2003, and implement by 2005 national strategies to provide a supportive environment for orphans and children affected and infected by HIV and AIDS (Gok 2004). National strategies that countries are developing include the introduction of HIV/AIDS education to combat the HIV infection. HIV/AIDS education is a new area in the school curriculum. The aims and concerns of the HIV/AIDS education is to enable the
learners to adapt and acquire positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. In this regard, teachers are expected to be aware of the HIV/AIDS education and should be prepared to teach such a curriculum if the goals set by UNGASS are to be realised. The UNGASS declaration also called for expanded access to information and education, especially youth specific HIV/AIDS education, necessary to develop the life skills required to reduce risk and vulnerability to HIV infection.

The Dakar Framework of Action on Education for all (EFA) adopted by the international education community during the World Education Forum (Dakar, Senegal – April 2003) draws attention to the urgent need to combat HIV and AIDS if EFA goals are to be achieved (Gok, 2004). Gains made by governments in terms of access, quality and retention are seriously threatened by the HIV/AIDS epidemic. For example, most parents have died as a result of AIDS related illness leaving behind helpless orphans. These orphans are in most cases left under the care of poor and ageing grandparents who are unable to provide their (orphans’) basic needs in life.

The quality of education has also been compromised due to the frequent absenteeism of teachers suffering from AIDS related diseases. This has direct consequences on the learners, who may perhaps be unable to cover the laid down
curriculum. Lack of syllabus coverage leads to inadequate learning and mastery of life skills. Of special concern is the impact on retention rates which have been adversely affected by the high dropout rates of AIDS related orphans. Most orphans lack funds for school dues and are forced to abandon school to work for a wage. Sometimes, they are not able to balance between schoolwork and looking after their AIDS’ ailing parents at home. EFA goals and the Millennium Development Goal (MDG) for education cannot be achieved without urgent attention to HIV and AIDS. These goals include the access to education to all children and establishment of mechanisms to retain children in school during the learning period. Such mechanisms include the prevention and control of the spread of HIV/AIDS in school age children through life skills, HIV/AIDS education. This, therefore, calls for teachers’ awareness of such education and their preparedness to teach the learners, especially in primary schools.

Research indicates that there is low occurrence of HIV/AIDS in children under 13 years (NACC, 2000). It is from this group that we can tap what is popularly referred to as the “Window of Hope” majority of whom are in primary schools where they can learn about psycho-social skills to prevent and control the spread of HIV (UNICEFF, 2002). In this regard, formal education is often assumed to have significant influence on how people make informed decisions about their health including very important areas such as sexual behaviour (Boler, 2003). Further, the study observes that,
Any education system that cannot keep its young people alive for ten years after the end of formal education, then it is most certainly failing its students. (Boler, 2003:52)

Both UNICEF and the World Bank emphasize the importance of EFA and increasing general levels of education as a protective measure against HIV vulnerability. For instance, Hargreaves & Glynn (2002) allude that the more education a person has, the lower the risk of HIV infection. The teaching of HIV/AIDS curriculum in primary schools will enhance the pupils’ knowledge level in protection against the spread and control of HIV. However, knowledge of how teaching HIV/AIDS curriculum is being implemented in schools is sparse and often anecdotal. Research suggests that HIV/AIDS curriculum, particularly in the school place is not always being implemented as envisaged. This is partly because of resistance from communities and teachers, and also due to lack of training and adequate learning materials (Bennel, Et.al (2001). Teacher training on the teaching of HIV/AIDS curriculum is crucial in various aspects. First, to create teachers’ awareness of HIV/AIDS curriculum in order to understand the content well. Second, for the teachers’ preparedness which will incorporate such aspects as:

- Teachers professional training
- Teacher’s ability to use relevant and suitable teaching and learning resource materials.
• Teacher’s sensitivity to language, cultural and religious beliefs.
• The ability to apply effective teaching methods for the learners to easily understand the content.
• Teachers’ attitude towards teaching HIV/AIDS curriculum in order to comfortably disseminate the contents.

This study set out to investigate the aspects that relate to the preparedness of teachers in teaching HIV/AIDS curriculum.

Prevention efforts to curtail the spread of HIV/AIDS epidemic have been premised on the links between education and behaviour change. Education is the most powerful instrument to mitigate HIV/AIDS impact through teaching HIV/AIDS curriculum. In HIV/AIDS education, learners will attain psycho-social competence which will give the learner ability to deal with challenges in every day life. One attains ability to maintain a state of mental wellbeing and is able to demonstrate this in adaptive and positive behaviour while interacting with others in one’s own culture. However, successful teaching of HIV/AIDS depends on the awareness and preparedness of teachers to disseminate a HIV/AIDS curriculum. This, therefore, calls for the pre-service and inservice for teachers of HIV/AIDS education.

Due to the negative impact of HIV/AIDS, many countries have implemented intervention strategies. In Kenya, the government responded to the impact of
HIV/AIDS through Sessional Paper No. 4 of 1997. The paper places the government at the forefront in the fight, prevention and control of HIV/AIDS (GOK, 1997). The paper observes that, youth vulnerability is increased by such factors as early exposure to sexual experience through cultural, economic, media and erosion of traditional values which were used as sanctions for regulating expression of sexuality. The vulnerability is made worse by the fact that parents, leaders and teachers have difficulties discussing matters related to sexuality with young people. This has created a vacuum of knowledge. To close this gap teachers should embrace their role and adopt new strategies to deal with the teaching of HIV/AIDS education for the youth in order to equip them with adequate knowledge, skills and appropriate attitudes to teach HIV/AIDS effectively (GOK, 1997).

The Sessional paper further recommended that, AIDS education for youth be implemented targeting specific groups. The goals of AIDS education would be to facilitate and sustain responsible behaviour for continued HIV prevention. However, the AIDS education programmes would be based on culturally acceptable moral values and would be integrated into the ongoing school programmes (GOK, 1997). This paper was followed by the declaration of HIV/AIDS as a National Disaster on November 25, 1999. The declaration called for a multi-sectoral approach in curbing the spread of the scourge. Thus the government took upon herself to co-ordinate and facilitate measures on the
control and spread of HIV/AIDS, through various government ministries, non-
governmental organizations and other interested donors.

The concern of the Kenya Government was articulated in December 1999 when
the Director of Education issued a directive on the teaching of HIV/AIDS
curriculum in all schools. The directive called upon the relevant ministerial
departments to develop a HIV/AIDS curriculum and the teaching of HIV/AIDS in
schools and colleges to start immediately (Daily Nation, Dec. 6, 1999).
Consequently, the Kenya Institute of Education (K.I.E.) developed a HIV/AIDS
school curriculum. The primary school curriculum incorporates Standard One to
Eight syllabus. The syllabus consists of broad objectives which the learner is
expected to attain in the long term. These include:

• the ability of the learner to acquire necessary knowledge, skills and
  appropriate attitudes to handle HIV/AIDS and STDs effectively;

• the ability of the learner to appreciate facts and issues related to HIV/AIDS;

• the development of life skills that will lead to AIDS and STDs free life
  through taking proper prevention measures;

• identification of appropriate sources of information on HIV/AIDS related
  issues by developing curiosity to learn;

• making of decisions about personal and social behaviour that reduce risk of
  HIV and STDs infection and to show compassion towards and concern for
  those infected and affected by HIV/AIDS;
• to communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STDs (Gok, 1999).

The curriculum assumes that teachers have the knowledge, techniques and resources to implement it. This may not be so. First, there is no evidence to the effect that teachers had prior training on teaching HIV/AIDS curriculum. This being the case, teachers are expected to rely on prior professional expertise and personal preparedness. But even this may have limitations especially in rural primary schools where opportunities for professional development courses, seminars and professional mentoring are non-existent. Secondly, HIV/AIDS education may require different teaching resources from those already in schools. Such relevant materials would facilitate the successful dissemination of HIV/AIDS education. However, no studies have been conducted to find out the perception, professional and personal attitudes of teachers towards HIV/AIDS curriculum and the resources teachers are using to implement such a curriculum, an issue that this study investigated.

The teaching of HIV/AIDS curriculum in primary schools will involve discussing sexual matters openly. In traditional African societies such matters are considered a taboo and not a subject to be discussed openly between adults and young people. A research carried out by Malambo (2000) in Zambia, suggests that community resistance to young people being taught about HIV/AIDS exists and
can lead to teacher anxiety of potential criticism from parents. The teaching of HIV/AIDS curriculum is now compulsory in primary schools. Given the lack of training, teachers’ level of preparedness may be hampered by certain cultural contexts where they work, especially in discussing sexual issues candidly.

Secondly, sexual and reproductive health education has been a contentious issue for some time especially from a section of religious bodies even before HIV and AIDS became an educational issue (Smith, 2000). 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’ (scientific approach) and/or skill based (the life skills approach) (Barnett & Francis 1995). The primary schools HIV/AIDS curriculum in Kenya stresses both approaches but it is more inclined towards life skills approach. Life skills are psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO, 2003). Resistance from various religious bodies about the life skills approach may have developed a certain mind-set among teachers and pupils. In light of all the above factors, it was imperative to find out how prepared teachers are, both professionally and at personal level to teach HIV/AIDS curriculum.

education curriculum (Preservice and inservice) must prepare educators to respond to HIV and AIDS within their own lives and as professionals to build positive attitudes and skills for prevention and control among all their learners. This will involve teaching learners about HIV education which according to the policy, will be mainstreamed into the existing curriculum and co-curricula activities at all levels. The policy on HIV and AIDS education further suggests that, relevant and suitable teaching and learning materials for HIV prevention will be developed for use in the learning institutions. Since the HIV/AIDS curriculum has been on for some time now, then, a need arises to investigate the teachers' awareness and their professional and psychological preparedness to teach life skills HIV and AIDS curriculum in primary schools.

In the light of this, the current study investigated the preparedness of teachers with a view to establishing how effective HIV/AIDS curriculum was being implemented. Particularly, this study concerned itself with the teachers' awareness in teaching of HIV/AIDS curriculum, teachers' professional training, teachers psychological readiness to teach, teaching and learning materials being used and the teaching approaches applied to teach HIV/AIDS curriculum in primary schools.
1.1 Statement of the Problem

This study set out to investigate how prepared teachers were to teach the HIV/AIDS curriculum in selected primary schools in Ol Joro orok division, Nyandarua district, Kenya.

Establishing this was important because HIV/AIDS is a new area of study in Kenya primary schools. HIV/AIDS, will enable the learners to acquire skills such as self-awareness and empathy, decision making and problem solving, critical and creative thinking, coping with emotions and stress. If teachers are not professionally and psychologically prepared, they may not teach the subject effectively to achieve its aim. Teachers' preparedness is also important due to the socio-cultural beliefs that impede discussion of issues about sex between the young and the old in the African society. Thus the teachers' psychological preparedness is crucial to enable them to teach life skills HIV/AIDS curriculum successfully.

For the education sector to respond effectively to the challenges of the pandemic, there is need to equip teachers professionally through systematic preservice and inservice training. Ill-prepared teachers will not be able to address HIV and AIDS through education by developing skills and values and changing attitudes to promote positive behaviours that combat the scourge. Hence the dangers of exposing the young learners to fall prey to what would have otherwise been
evaded. Ill-prepared teachers will lack current, accurate, factual and comprehensive information about HIV/AIDS. Preparedness of teachers in teaching HIV/AIDS curriculum is crucial because the curriculum must be presented in a manner, language and terms that are understandable, acceptable and that contribute to positive behaviour. Any new curriculum requires new knowledge, skills and attitude to be acquired by teachers through preservice and inservice Teacher Education. Hence, it is not certain whether the teachers in primary schools in Ol joro orok division have acquired the necessary knowledge, skills and attitudes to effectively implement the HIV/AIDS curriculum.

1.2 Objective of the Study

Specifically, this study addressed the following objectives:

(a) to establish the teachers’ psychological readiness to teach HIV/AIDS curriculum in the primary schools;

(b) to investigate professional background and level of training of teachers teaching HIV/AIDS curriculum in the primary schools;

(c) to establish the teaching approaches that were used by teachers to teach HIV/AIDS curriculum;

(d) to find out the teaching and learning materials that were used by teachers in teaching HIV/AIDS curriculum; and

(e) to find out whether there were any factors that hinder teachers from successful teaching of HIV/AIDS curriculum in primary schools.
1.3 Research Questions

Given the above objectives, the study endeavoured to answer the following research questions:

(a) Were teachers in the selected primary schools psychologically prepared to teach HIV/AIDS curriculum?

(b) What was the professional background and level of training of teachers teaching HIV/AIDS curriculum?

(c) In practice, how were lessons conducted during the HIV/AIDS curriculum?

(d) What resource materials were teachers using in the teaching of HIV/AIDS curriculum?

(e) What, according to the teachers hindered successful teaching of HIV/AIDS curriculum?

1.4 Significance of the Study

The findings and recommendations of this study are significant in several respects. First, the study attempted to investigate the teachers’ level of awareness in the teaching of HIV/AIDS curriculum and how it was being implemented. The findings would provide an understanding of how HIV/AIDS curriculum is being taught in selected primary schools and the problems encountered. These findings
would help in developing intervention strategies with a view to improve the successful dissemination of HIV/AIDS curriculum.

Secondly, the findings would be important to the pupils who would benefit from the improved teaching approaches. Through improved approaches, the desired objectives of the HIV/AIDS curriculum would be realized resulting to pupils change of attitude and behaviour. Thirdly, the study attempted to investigate the teaching/learning materials being used in the teaching of HIV/AIDS curriculum. The findings and recommendations of this study would enhance effective use of improved teaching/learning materials. This would greatly impact positively on the HIV and AIDS curriculum to the learners.

Fourthly, the findings of this study will facilitate broader understanding and strengthen partnerships between education service providers in the fight against the scourge. Minimizing the impact of the pandemic on the learners will boost education attainment. The current impact on the education sector through deaths of students occasioned by HIV/AIDS will be reduced.

Finally, the study findings, conclusions and recommendations will contribute a great deal to the existing body of knowledge about teachers' preparedness as it affects the successful dissemination of HIV/AIDS curriculum. As such, it provides useful insights and groundwork for future researchers.
1.5 Limitation of the Study

The findings of this study have certain limitations. First, the conclusions are based on information elicited from teachers, pupils, headteachers from the selected schools and the TAC tutor of the study area during fieldwork. Second, the study investigated the preparedness of teachers using the following indicators; teachers’ psychological readiness to teach, their professional and levels of training in life skills HIV/AIDS curriculum, use of suitable teaching/learning materials and use of effective teaching/learning methods. Third, the study was limited to teachers in primary schools and did not investigate the situation in post primary institutions. Finally, the study was specifically limited to teachers in primary schools in OI Joro orok division. Factors found to be hindering the teachers’ preparedness such as traditional beliefs and religious inclinations may not necessarily be the same in other districts. The findings can therefore not be generalized to teachers in other primary schools in Kenya without modification in their interpretation.

1.6 Assumption of the Study

The study was based on the following assumptions; that:

(a) the sampled respondents could cooperate in providing relevant information.

(b) teachers appreciate the role of education in informing pupils about the control and prevention of HIV/AIDS scourge. They will be willing to
give their sincere experiences and observations pertinent to their being prepared to teach HIV/AIDS curriculum;

(c) the selected sample schools for the study were teaching HIV/AIDS curriculum upon which the study was based.

1.7 Conceptual Framework

The conceptualization of this study is that the preservice and inservice Teacher Education is crucial in ensuring the effective teaching of a new curriculum such as HIV/AIDS in primary school. This is because the school is still a powerful agent of socialization, helping in transmitting norms, customs, social values, attitudes and skills (Olatunde and Ademola, 1991). As such, education systems must respond to the challenges of the negative impacts of HIV/AIDS. But more importantly, education systems have an essential role to play in reversing the very pandemic that threatens it. In the light of this, Gachuhi (1999) observes that, young people especially those between 5 and 13 years in school, offer a window of hope in stopping the spread of HIV/AIDS if they will have been reached by life skills programmes.

As young people mature and become sexually active, they face more serious health risks with too little factual information, too little guidance about sexual responsibility, few skills about how to protect themselves from adult coercion and too little access to youth friendly health services (Juma, 2001). HIV/AIDS education programmes is one way to offer the information and skills that young
people need to deal with sexually challenging issues. There are five key psycho-social aspects that are included in life skills programmes which aim to influence social behaviour.

- Self-awareness (self-esteem) and empathy
- Private communication and inter-personal relationships
- Decision making and problem solving
- Creative thinking and critical thinking
- Coping with emotions and coping with stress

Thus the teacher will need to adopt a new approach in encouraging a more open discussion on reproductive education, sexuality and sex education. Specific skills and attitudes will be required by the teachers as HIV/AIDS education is not just another curriculum item, rather it is a message more integrated into several aspects of school life (Oulai & Car-Hill, 1992). To be more effective in the dissemination of HIV/AIDS curriculum, teachers need to use a language appropriate to the target group. This is mainly so, because, to many African communities discussing sex openly and especially with young people is taboo. Thus the use of a great variety of “teachers” such as peers and popular role models will be paramount to the success of the curriculum. This will enhance a more experiential and interactive teaching/learning fashion. In line with this, Juma (2001) observes that the process of HIV/AIDS curriculum may be affected by the intolerance, fear and ostracism in the school and classroom which may lead to a less open context for learning.
The aspects of effective teachers’ preparedness in teaching HIV/AIDS curriculum in the study included the teacher’s professional background and levels of awareness, their psychological readiness in acceptance to teach HIV/AIDS curriculum, use of effective teaching/learning materials and use of appropriate teaching/learning methods will contribute positively to pupils’ behaviour change. Proper teacher skills will be evident if they will have attended inservice courses tailored to prepare them to teach HIV/AIDS curriculum. Effective teaching/learning methods will be evident through the use of methods which will involve the learner wholly during the lesson. That is, approaches which are interactive and participatory. Such methods should enable learners to feel at ease to discuss and critically reflect on the issues of HIV/AIDS. These should guide the learners to make informed and rational decisions.

Teachers’ competence will be evident from their knowledge of the aims and contents of the HIV/AIDS curriculum. They should also have good knowledge on the subject, accurate and adequate information and should also have a command of effective communication. The use of effective teaching/learning materials will involve the teachers’ use of such recommended materials as HIV/AIDS syllabus, reference books, pupils’ text books and audio/visual aids.
In response to effective HIV/AIDS teaching, pupils will acquire knowledge and skills about HIV/AIDS. They will develop life skills for prevention and control of the spread of HIV/AIDS. Thus they will be able to communicate to peers and others about HIV/AIDS and will also adopt appropriate personal decisions and social behaviour.

In this study, and as shown in figure 1.1, the general objectives of HIV/AIDS curriculum have been set in the primary school syllabus. These are the desired goals which if achieved will lead to pupils behaviour change. To successfully achieve the expected pupils' behaviour change, teachers' preparedness in teaching HIV/AIDS curriculum is of paramount importance. Teachers' aspects of preparedness are shown in box two. This study conceptualizes that, aspects which constitute teachers' preparedness such as awareness of HIV/AIDS curriculum sensitivity to language, cultural and religious beliefs, use of suitable teaching and learning resource materials and their professional training will lead to successful teaching of HIV/AIDS curriculum. The successful teaching will ultimately lead to pupils' behaviour change that will help them to avoid the infection of HIV.

The model envisages that pupils' sex behaviour changes will only be evident when one acquires the psychosocial skills to prevent HIV/AIDS. This will be evident when one acquires knowledge and skills on HIV/AIDS, when one adopts
appropriate personal decision and social behaviour and when one is able to communicate to peers and others about HIV/AIDS.

The box at the bottom of the diagram shows the outcome due to the fact that the factors in the other three boxes synergize one another. Quality life will be evident from pupils who lead a HIV free life hence their retention and consequence participation in national development.
FIGURE 1.1: Schematic Representation of the Influence of Teachers’ Preparedness to Teach HIV/AIDS Curriculum.

Primary School HIV/AIDS Syllabus

Teachers’ Preparedness Indicators
- Teachers' psychological readiness to teach.
- Teachers’ professional training.
- Teachers’ sensitivity to language, cultural and religious beliefs.
- Attendance in HIV/AIDS in-service courses.
- Use of suitable teaching / learning materials.
- Use of effective teaching & Learning approaches.

General Objectives of HIV/AIDS Syllabus
- Acquire knowledge and skills about HIV/AIDS.
- Develop life skills for protection of HIV/AIDS.
- Make decisions about personal and social behaviour that reduce HIV infection.
- Ability to communicate to peers and others about HIV/AIDS. Appreciate facts and issues related to HIV/AIDS.

Pupils’ Development of Life Skills
- Self-awareness (self-esteem) and empathy.
- Decision making and problem solving.
- Critical and creative thinking.
- Coping with emotions
- Coping with stress.
- Communication by creating commonness with others.

Outcome of Effective Teaching of HIV/AIDS Curriculum
- Improved school participation.
- Reduced HIV spread among the youth
- Improved adolescent health
- High retention rates
- Positive learners contribution to national development
### Definitions of Operational Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Carrier Subjects</strong></td>
<td>The term refers to those subjects that already contain some HIV/AIDS messages or content. Such subjects include science, religious education, social studies and home science.</td>
</tr>
<tr>
<td><strong>Critical Methods</strong></td>
<td>The term is used to refer to approaches which enable learners to acquire critical thinking and reflective skills and attitudes.</td>
</tr>
<tr>
<td><strong>Creative Thinking</strong></td>
<td>The term is used to mean the ability to weigh the options and to make an appropriate and positive decision.</td>
</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>The term is used to mean the ability to understand a problem and to find possible appropriate ways to solve it.</td>
</tr>
<tr>
<td><strong>Curriculum</strong></td>
<td>The term is used to refer to HIV/AIDS education being taught in primary schools.</td>
</tr>
<tr>
<td><strong>Experiential Methods</strong></td>
<td>The term refers to methods which provide an experience which if and when carefully guided are</td>
</tr>
</tbody>
</table>
expected to facilitate the acquisition of a certain type of knowledge.

**Heuristic Methods**
The term refers to approaches, which enable learners to search for and discover information by themselves and not just receiving information from the teacher.

**Infusion**
Is putting new materials into the existing ones. That is, deliberate and systematic teaching of HIV/AIDS curriculum content alongside the normal existing curriculum.

**Integration**
Is putting together, joining, marrying or making connections. It involves bringing together or making connections of knowledge, skills and perspectives of different subject areas to aid exploration.

**Life Skills**
Are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of every day life. These include skills such as self-awareness and empathy, decision making and problem solving, critical and creative thinking, coping with emotions and stress.
Risky sexual behaviour

Refers to sexual acts which makes one vulnerable to HIV infection.

Self-awareness

Is the ability to understand oneself which is demonstrated by showing ability to cope with emotion and to respond positively to stress.

Teachers' Preparedness

Is the ability of a teacher to have effective teaching and learning skills, attitudes and the use of suitable language to the learners in teaching HIV/AIDS curriculum. Indicators for teachers' preparedness include professional training, sensitivity to language, cultural and religious beliefs, attendance in HIV/AIDS courses, use of suitable teaching and learning materials and the use of effective teaching approaches.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter focuses on the review of literature related to HIV/AIDS curriculum and particularly the preparedness of primary school teachers in teaching the curriculum. The review literature will be examined under the following themes:

- Impact of HIV/AIDS on development.
- Role of education in prevention of HIV/AIDS
- Hindrances in teaching HIV/AIDS curriculum

2.1 Impact of HIV/AIDS on Development

The world community has come to recognise that HIV/AIDS is not just a health problem, but also a development crisis of unprecedented proportions (UNESCO, 2002). There is little hope that in the face of the epidemic, development goals in the areas of human and economic well-being can be achieved. AIDS reduces life expectancy; increases child mortality; leaves large numbers of children without adult care; places intolerable strains on health care systems; undermines economic development through increased labour costs and the decreased availability of skilled human resources and impoverishes households (Gachuhi, 1999). In Kenya
for example, life expectancy has dropped from 55 years for women and 50 years for men to 47 years and 45 years respectively (UNAIDS 2003). Of special concern is the impact of the epidemic on education and its gender and poverty dimensions.

Kelly (2000) postulates that the impacts of HIV/AIDS pandemic are felt at the micro and macro levels of societies and the World Bank now refers to the pandemic as a development crisis (UNAIDS, 2004). HIV infection is associated with invariably fatal illness, thereby increasing overall morbidity and mortality. At the level of individuals, families and local communities increased mortality and morbidity lead to loss of incomes (as people cannot work when ill, taking care of the sick or planning for and attending funerals) and increased expenditure on medical care and funerals. For example, despite an awareness rate of 95 per cent, 39.4 million people globally were infected with HIV in 2003 up from 36 million in 2002. Worldwide, the epidemic killed 3.1 million people in 2003. Apart from sub-Saharan Africa, which remains the worst hit, marked infection rates were reported in East and Central Asia and Eastern European countries like Russia, the Ukraine and in Asia, China, Indonesia and Vietman (UNAIDS 2004).

At the macro level, the impacts of the pandemic include alteration of the demographic landscape, and reduction of national productivity and output. For example in Swaziland HIV infection rates are projected to reduce the growth of
the population by 42 per cent by the year 2016. In Botswana, Malawi, Zambia and Zimbabwe, it is projected that the populations in 2010 will be smaller by about a quarter than they would otherwise have been (UNDP 2003).

Another, very disturbing demographic impact of HIV/AIDS pandemic is the drop in life expectancy. For example, UNAIDS (2003) report indicates that life expectancy has dropped below 40 years in nine African countries – Botswana, Central African Republic, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Zambia and Zimbabwe. However a drop in prevalence rate has been recorded in some East African countries. For example, in Kenya, the prevalence rate fell from 13.6 per cent in 1997 to 7.6 per cent in year 2003, and in Uganda from 13 percent in early 1990 to 4.1 per cent at the end of 2003 (UNAIDS 2004). The drop may be attributed to the positive gains, which have been realised by the introduction of HIV/AIDS education in schools. In Kenya, AIDS education was introduced in schools in 1999. The curriculum aimed at creating awareness and equipping learners with the HIV/AIDS knowledge which will lead to behaviour change.

AIDS being so highly person-intensive, makes education vulnerable to any infectious illnesses. The operations of whole segments may be brought to a temporary halt by outbreaks of such infections as HIV/AIDS. HIV/AIDS differs from other infectious illnesses in that it manifests itself principally in those who
are in their most productive years between the ages 20 and 50 (Kelly, 2000). The implications of this for education are profound. AIDS does not remove people from education, or from any other sector all at once. Instead, they are undermined by a very gradual but irreversible attrition of personnel. This is as a result of a long, slow period of progressive deterioration in the body’s immune defence system that eventually manifests itself in a correspondingly long, slow declining ability of the infected person to perform.

The quality of learning outcomes and education have been affected by several confounding factors which have emerged as the pandemic continues to take a stronger hold especially in developing countries. Already, education systems have begun to experience increased problems of teacher absenteeism and loss of inspectors as well as teachers, education officers, planning and management personnel.

There is a less qualified teaching force as trained and experienced teachers are replaced with younger and less well-trained teachers. This has a negative impact on the education system’s ability to plan, manage and implement policies and programmes. At zonal development levels, much skilled labour is not being utilised to its maximum. For example, a great number of infected and affected learners have dropped out of school at early stages. Thus schools end up having less pupils’ population than it would have otherwise been. Of special concern is
the fact that school dropouts end up in low cadre employment such as hawking, house helping, shoeshining, etc. Most affected are girls who sometimes find themselves being sexually exploited in their attempt to earn a living.

Persons living with HIV/AIDS frequently experience social stigma, scorn, or maltreatment. The disease is also associated with fear and hence it attracts silence on those infected. This silence is as great in educational as in other spheres. It is one of the tasks of an education system in today’s world to try to break through this barrier of silence that surrounds HIV/AIDS. In this regard, preparedness of teachers especially in demystifying HIV/AIDS in primary schools is paramount.

2.2 Role of Education in Preventing HIV/AIDS

The development stage of children in primary schools, combined with their virtual AIDS-free status imposes on schools the twofold responsibility of enabling them to remain uninfected while at school and of promoting the adoption, by them, of behaviour patterns that will keep them uninfected throughout life (Juma, 2001). Several factors combine to accentuate the challenges of these tasks:

- The majority of children reach puberty during their primary school years.
- Although school grades are age-related, a significant number of children are older than the officially recognized age of their class and are already sexually active. This situation is aggravated in many countries by the late age of starting school and by the grade repetition.
• In many societies, parents do not provide information on or discuss sexual issues with children, resulting to influences in and outside the school.

• Traditionally schools give little help to children on sexual and reproductive health issues, and do little to assist them in understanding their sexual identity and how to cope with its demands.

• Because they belong to the group which is most likely to be HIV-free, young girls (and sometimes young boys) may be subjected to sexual attentions from adults who may be HIV-infected.

• The values and behavioural standards communicated to children by what they gather from the media, society around them and sometimes from school personnel, weaken their ability to deal in a mature way with their emerging sexuality (Juma 2001).

In the light of this, early preventive measures through education remains one of the best options to mitigate the effects of the pandemic. Gachuhi (1999) captures this very well, when he postulates that,

> Education systems have an essential role to play in reversing the very pandemic that threatens it. Young people especially those between 5 and 14 years, both in school children and out of school youth, offer a window of hope in stopping the spread of HIV/AIDS if the life skill programmes will have reached them. (Gachuhi, 1999:32)

Young people need to be kept HIV-free. Many children whose parents and family members are infected by AIDS need care and support. As long as there is no vaccine for HIV/AIDS and treatment remains unaffordable to many, education is
the most effective strategy in the fight against AIDS (UNESCO /EFA 2003).

NACC (2002) captures this when it observes that,

\[ \text{Education has been proven to have a direct and positive impact on material and child health and survival. The higher the girls education the longer they postpone marriage and child bearing and the more likely they are to actively safeguard their health. (NACC, 2002:11)} \]

In Uganda, for example, one of the East African countries which has recently recorded a remarkable decline in HIV/AIDS prevalence rate, a shift from 14 to 16 years in girls' first sexual encounter and 17 years for boys since 1986 have been noted (Daily Nation, November, 12, 2003). This report observes that, in Buganda, the largest of Uganda’s kingdoms, is supporting virginity by offering women who remains virgin until marriage television sets, electrical appliances or money as part of efforts to curb the spread of HIV.

Through education, societies have been able to propagate and improve on their cultures. Education is an aspect of culture of any society. It was Ezewu’s (1983) findings that;

\[ \text{Since the culture of the society is dynamic and that education is an aspect of it, when the cultural establishment of the society is undergoing the change process, education changes, like other cultural practices. Its changes are not haphazard. (Ezewu, 1983:86)} \]
In the light of this, Kowino (2002) argues that for such change to effectively take place, education has to be well planned and well conducted if at all, it has to remain a social investment. Since education concerns itself mainly with the acquisition and development of cultural practices, teachers must be well prepared to ensure that behaviour change through education is geared towards the realization of the expectations of society. Society is dynamic, teachers too should be dynamic through constant inservicing and training as Shiundu and Omulando (1992) observe,

*Constant teacher inservicing is very necessary as this will help fill the gaps which were not filled during the times of teacher-training. (Omulando, 1992:51)*

Research indicates that some of the factors responsible for the spread of HIV/AIDS are the lack of early recognition of the mega-disastrous nature of AIDS, lack of sex education and conflict between population control and education programmes. (Collins et al 1995:5) in their study conclude that,

Adolescents are most of the time pre-occupied and spend big percentage of their time (in rank order) on emerging sexuality, drugs, alcohol, pregnancy, rape (victims), suicide, abortion, STI's, masturbation, lying, politics and leisure/sports. (Collins et al 1995:5)
The success stories of controlling AIDS can be learnt from Uganda, Thailand, Senegal and to some extent Brazil, which have made substantial impacts in slowing the spread of HIV. Senegal, for example, has strict social control over sexuality whereas Uganda has largely used formal HIV and AIDS education to control AIDS (McGill 2003). According to studies carried out by Hyde et al (2001) in Uganda, teachers teaching HIV/AIDS curriculum were first trained in order to create awareness and to prepare them to teach HIV/AIDS curriculum. This had a bearing not only in curbing the cultural and religious beliefs, which could have otherwise impacted negatively on teachers’ preparedness, but also to enable them to be sensitive to age, gender, language and special needs of the learners. A need arises to investigate whether such teacher-based training programmes were put in place in Kenya before the introduction of HIV/AIDS curriculum in primary schools.

Through HIV/AIDS curriculum, young people will attain knowledge that prepares them to accommodate the most trying period of adolescence. Kenya Institute of Education (K.I.E.) (1999) in the HIV/AIDS syllabus notes that, one of the national goals of education, is to foster national development. Education should meet the economic and social needs of national development equipping the youth to play an effective and productive role in the life of the nation. The HIV/AIDS curriculum syllabus for schools, therefore, observes that,
Education in Kenya must prepare children for the changes in attitudes and relationships, which are necessary for the smooth process of a rapidly developing modern economy. (K.I.E., 1999:v)

It, therefore, follows that, there is bound to be a silent social revolution in the wake of rapid modernization. Education should assist our youth to adapt to this change. Children should be able to blend the best of the traditional values with the changed requirements that must follow rapid development in order that they may build a stable and modern Kenyan society. It is within this context that teachers have been entrusted to implement the youth’s change of behaviour and attitude through HIV/AIDS curriculum. Of importance then is the preparedness of teachers to ensure effective handling of HIV/AIDS curriculum.

### 2.3 Hindrances in Teaching HIV/AIDS Education

Research suggests that in Kenya, people and their families perceive HIV to be a serious threat and there is strong belief that education can act to mitigate that threat. As a consequence, there is strong demand for young people to be taught about HIV/AIDS (Boler, 2003)

However, parents often feel uncomfortable talking about sex issues with their children due to firm cultural beliefs, which prohibit such issues being discussed openly. Consequently, the school is viewed by the community as a trusted and
important place for young people to learn about HIV/AIDS. Within this context, teachers are perceived as paramount in teaching young people about HIV/AIDS. However, recent research indicates that teachers find it difficult to discuss HIV/AIDS with their students, hence, ‘selective teaching’ often takes place (Boler 2003).

The occurrence of selective teaching is alarming. Discussion of HIV without direct reference to sex, or advocating, abstinence without mentioning safe sex cannot work. On the contrary, it bonds notions of HIV to immorality and leads to a ‘them, not us’ attitude. This in turn leads to even further discrimination. It also fails to help the many young people who are sexually active, making it less likely that they will seek advice or personalise their risk of becoming HIV positive.

Boler (2003) reports that in Kenya, selective teaching of HIV/AIDS appears to be linked to negative stances towards safe sex. This is due to the fact that some of the recommended methods towards safe sex may raise objections from the parents and some religious groups. It is important to establish whether such lack of community support on the teaching of HIV/AIDS education does exist in Ol joro orok division and to what extent it affects the preparedness of teachers.

HIV/AIDS curriculum is a new area in the primary school curriculum. The teachers professional preparedness in teaching sexual morals to the pupils is of critical concern. To communicate effectively with pupils on a sensitive issue like HIV/AIDS may require a different pedagogy from that associated with traditional
learning in the classroom. A concern, however, raised by Bennel et al (2002) and Malambo (2002) that teachers may be hampered in their efforts to teach life skills HIV/AIDS curriculum for a number of reasons including low prioritisation of the subject. In light of this, UNAIDS (2003) had anticipated a situation where an overcrowded curriculum leads to low priority status for lessons on life skills HIV/AIDS. UNAIDS captures the situation in schools and asserts:

*It is often difficult to find a slot for AIDS education in an already full and overcrowded school curriculum, especially when there are many issues competing for space.* (UNAIDS, 2003:6)

HIV/AIDS touches on deeply held cultural and/or religious values about sex and sexuality. Teaching of life skills, HIV/AIDS curriculum is often in conflict with teachers' beliefs and values about sex. For example, researches from various countries in ESAR including Kenya indicate that teachers are uncomfortable teaching HIV/AIDS because of its sexual content (Chendi, 1998 & Odiwuor, 2000). The implication here is that teachers' personal values and attitudes need to change before they become effective HIV/AIDS educators.

At community level, religious and community leaders are normally expected to play a leading role in advocacy. They are perceived to have a greater impact on influencing behavioural change (Juma, 2001). The report further observes that NGO are on record in the advocacy of prevention and control of the spread of HIV/AIDS. Like the youth clubs, NGO have spread the awareness of HIV/AIDS through drama, songs and slides (video shows), especially in schools and in churches. However, this approach lacks consistency and follow-up hence it is
likely to have little or no impact especially among the youth. Formal education through well-prepared teachers has the ability to cope with the shortcomings experienced in other programmes.

A study by Kinsman (1999) in Masaka district, Uganda suggested that there were four interrelated factors which deterred teachers from discussing condoms in the classroom: the belief that condoms will encourage promiscuity; the influence of the Roman Catholic church; fear that the headteacher will fire the subject teacher; and teachers' personal beliefs. This view, concurred with another study carried out by Amuyunzu-Nyamongo et al (1999) which indicated that certain religious institutions are also against the teaching of the use of condoms with the Vatican probably being the most vocal in its stance against condom use. Although it has not been shown empirically, it has been suggested that religious barriers that oppose the promotion of condom use lead to ineffective prevention strategies.

The current study will examine how teachers view some of the HIV preventive strategies and what HIV/AIDS control messages are being given out in the HIV/AIDS curriculum.

A study by Malambo (2000) carried out in Zambia aimed at finding out how teachers of HIV/AIDS education are equipped. The study suggested that teachers found it difficult to teach HIV/AIDS in Zambia because of insufficient learning materials. However, the study does not examine the training levels of teachers.
teaching HIV/AIDS curriculum and other social barriers that may affect the teaching of the curriculum, an issue that the current study attempted to find out.

Bunyi (2000) in a study conducted in East and Southern African Region (ESAR) evaluates the rationale for the introduction of HIV/AIDS and gender education in the school curriculum. In her study, she observes that HIV/AIDS curriculum is important to the school children because they are affected by the epidemic in one way or the other. The study also observes that such education must be geared towards enabling boys and girls to acquire life skills that help them cope with HIV/AIDS. However, this study was limited because it only considered the importance of HIV/AIDS curriculum to schoolchildren, failing to consider an important aspect of teachers’ preparedness in disseminating such education. The current study focused on teachers’ preparedness on ensuring the success of HIV/AIDS curriculum to primary school children.

A study by Kelly (2000) examines the nature and features of HIV/AIDS and the impact of the epidemic. Kelly examines the interaction between the epidemic and education from the perspective of use of education in preventing HIV transmission and the impact of the epidemic on education systems. The study emphasizes the role of education in preventing the spread of HIV and directed the investigations to the young school children he refers to as the ‘Window of Hope’. However, like many other studies, Kelly does not examine how teachers are handling the HIV/AIDS curriculum. The current study attempted to investigate
methodology and the learning materials in place in the teaching of HIV/AIDS curriculum in primary schools.

A study done by Hyde, Et.al (2001) on the impact of HIV/AIDS on formal schooling in Uganda is important to this study. It sought the role of education in prevention of HIV infections. This included content of curriculum, level of knowledge among the students and other strategies in place to encourage positive behaviours. Among the findings of the study is that teachers and students encountered considerable embarrassment in discussing sexual and reproductive health topics in the classroom. The study reports that teachers were “shy” to go into details of the HIV/AIDS education. Noting that the study confined itself to content of curriculum, the current study attempted to investigate the teaching methods being used by primary school teachers in teaching the HIV/AIDS curriculum.

Juma (2001) carried out case studies in Kenya and Tanzania. The overall purpose of the studies was to assess the impact of HIV/AIDS on education in selected districts in the two countries. The study reveals that most of the pupils, especially in Kenyan schools are well aware of the epidemic. They learn of the problem from a variety of sources including the media and the school. However, the research observes that HIV/AIDS education programmes appear quite weak. The study continues to suggest lack of a formalised approach in teaching about HIV/AIDS. The current study attempted to find out the approaches teachers were using to teach the HIV/AIDS syllabus.
A study by Bermel, Et.al (2002) aimed at assessing the impact of HIV/AIDS on primary and secondary schools. The study was carried out in forty-one schools in Uganda, Malawi and Botswana. The three countries were chosen because they are among the worst affected by the HIV/AIDS epidemic in Sub-Sahara Africa. Among the major findings of the study is that, there is little evidence to show that school-based HIV/AIDS and in general sexual and reproductive health and life skills education have had a major impact on sexual behaviour in the three countries. It also found that teachers in these countries to lack both the competence and commitment to teach HIV/AIDS related subjects in an already overcrowded and examination driven curriculum. However, the study did not examine possible social and economic factors that may affect the preparedness of teachers in teaching HIV/AIDS curriculum, an issue that the current study examined.

A recent study conducted by Boler Et. al (2003) in Kenya and India attempted to elucidate how HIV/AIDS education is implemented and received by schools. The study gathered responses from 3706 respondents including teachers, pupils, parents, and other key stakeholders in the educational community. Among its findings, the research suggests that in both countries, young people and their families perceive HIV to be a serious threat, and there is a strong belief that education can mitigate that threat. As a consequence there is a strong demand for young people to be taught about HIV transmission. The report further indicates
that 87 per cent of Indian teachers and 90 per cent of Kenyan teachers viewed their profession as having a responsibility to teach young people about HIV/AIDS. However the study does not consider how the teachers are teaching HIV/AIDS syllabus. The current study is important to establish how primary school teachers are teaching HIV/AIDS syllabus.

2.4 Summary

From the review of related literature, three important gaps in knowledge emerge that the present study attempted to fill. First, most studies that border on investigating the teachers’ preparedness have put emphasis on only a few aspects such as teachers’ awareness of HIV/AIDS curriculum and the curriculum content. This leaves out the principal aspects that contribute to teachers’ preparedness such as their attitude, professional training, use of suitable teaching and learning resource materials, appropriate teaching approaches, and teachers’ sensitivity to language, cultural and religious beliefs of the learners.

Second, most studies have been conducted outside Kenya, where the social realities could totally be different from the local ones. In addition, those studies that have been conducted in Kenya have been inclined towards urban areas. In an urban setting, some impediments to teachers’ preparedness might have been compromised by modernity. Such a scenario might not be the same in a rural
setting where social, cultural and religious inclinations could, to a great extent be an obstacle to teachers’ preparedness.

A review of studies on Kenya reveals that, most of them have embarked on finding out the role of education in reducing the impact of HIV/AIDS. These studies have ignored the very crucial aspect of teachers’ ability to disseminate the HIV/AIDS curriculum in Kenya especially in the rural areas. This was important given the fact that the success of any curriculum will to a great extent depend on how well teachers are prepared to teach it. All these gaps have been addressed in Chapters Four and Five.
CHAPTER THREE

RESEARCH METHODS AND PROCEDURES

3.0 Introduction

This chapter focuses on research methods and procedures that were used in this study. Specifically the chapter gives information about the research design, study location, the study population, sampling procedures, research instruments, data collection and data analysis procedures.

3.1 Study Design

This study was a survey design of selected primary schools in Ol Joro orok division of Nyandarua district to find out teachers’ preparedness in teaching HIV/AIDS curriculum. A survey is a research method that attempts to collect a considerable amount of data from several units, which can be generalized to an entire population.

The aim of a survey is to obtain information from widely scattered respondents, that can be analysed, patterns extracted from it, and comparisons made (Bell, 1993). The popularity of the survey design rests largely with its potential for representativeness that is, its ability to evaluate large populations using relatively small samples. The method concerns itself with describing practices that prevail,
beliefs, views, attitudes or perceptions that are held, then pointing to future needs. Frequently, survey research aims at generating ideas and explanations rather than testing them (Kidder, 1981:69).

The survey method was found suitable in carrying out this study because there was need to obtain views from a large number of people so as to understand how well teachers were prepared to teach HIV/AIDS curriculum. The current study explored and explained preparedness of teachers to teach HIV/AIDS curriculum in primary schools. This is in line with what Cohen, et al (2001) alludes to about a survey design, that, surveys can be used to explore, describe or explain the respondents’ knowledge and ability to handle a particular subject, their knowledge and beliefs concerning a particular subject.

The underlying research approach that guided this study was descriptive in orientation. However, some quantification of data was employed for the purpose of clarification and strengthening of descriptive information. As Brock-Utne (1996) argues, descriptive research, being realistic strives to record the multiple interpretations of, intention in and meanings given to situations and events. In this regard, the descriptive approach was preferred because this study aimed at gathering data from respondents with the intention of describing the preparedness of teachers in handling the newly introduced curriculum in primary schools. In addition, the approach helped to gather firsthand information from several respondents. The indicators of preparedness of teachers as used in this study
were; teachers’ psychological readiness to teach HIV/AIDS curriculum, their professional background and level of training, the teaching/learning materials being used and the teaching/learning approaches that they were using in class.

3.2 Study Area

The study was carried out in Ol-Joro-orok division of Nyandarua district in Central province. The division borders Laikipia district to the north and Nakuru district to the West. The map below shows the location of Ol Joro orok division.
MAP OF NYANDARUA DISTRICT SHOWING THE LOCATION OF
OL JORO OROK DIVISION

District Boundary
Division Boundary
Location Boundary

N

46
The division has an area of 381.9 square kilometres and a population of 32,311 (GOK 1999). It traverses the Gilgil-Nyahururu-Maralal tarmac road. There are two main towns in this division – Ol-Joro-orok town that houses the divisional headquarters and Nyahururu town which is the district headquarters. Nyahururu is a convergence point for travellers from Nakuru-Nyeri and Maralal-Nairobi. The tourist attraction sites in this area include, Thompsons Falls, the biggest waterfall in Kenya, Lake Ol Bolossat which lies on the slopes of the western edge of the Aberdare Mountains the scenery of the highest peaks of the Aberdares and the Aberdare National Park. Agriculture is the mainstay of the economy in this region with dairy farming being the most common. Most children who are likely to have dropped out of school will be found herding in the neighbouring temperate forests. Like most of the Kenyan rural districts, the feeder roads in this division are poorly maintained and are impassable during the rainy season. Such a scenario contributes to low HIV/AIDS awareness campaigns in this region.

Nyandarua district was purposively selected for the study because it has one of the highest HIV/AIDS prevalence rates in Central Province. GOK (2003) indicates that the HIV/AIDS prevalence rate for Nyandarua district is 14 per cent compared to Kiambu District with 12 per cent, which is the second highest in the province. This scenario can be attributed to two main reasons. First due to the high agricultural productivity and the proximity of the district to Nairobi city, the district attracts several traders and middlemen who come to buy products such as
potatoes, vegetables and cereals. The influx of these traders into the target area has contributed to high school dropout rates and the consequent involvement of such children in risky and irresponsible behaviour such as child prostitution. Secondly, studies have shown that not much HIV/AIDS awareness campaigns have been effectively carried out in this district. This is mainly due to poor infrastructure and lack of skilled personnel. Worse still, no single VCT Centre has been established as yet. This coupled with high poverty rates prevailing in the district have immensely contributed to the youth becoming easy prey to a few economically able individuals.

Nyandarua district has four administrative divisions. The rationale for choosing Ol Joro orok division for this study is because it ranks top among the other divisions in HIV/AIDS prevalence. GOK (2003) indicates that its prevalence rate is 16% compared to Kipipiri Division with 14% which is the second highest in the district. This can be attributed to the fact that, the division houses the only two main urban centres in the district, which are also, major stop-overs for long distance drivers. The division also has the only tourist sites in the district. The youth are commonly found loitering around these sites where they are likely to involve themselves in risky sexual behaviours, an act likely to increase the spread of HIV infection.

The division is also known as a focal area for mobile tree millers. With the change of government policy, especially on environmental matters, wanton destruction of
In order to get a representative sample from the target population, stratified random sampling was used on primary schools. According to Cochran (1977) stratified random sampling involves:

*Dividing the population into a number of non-overlapping sub-population or strata, and then sampling separately from the different strata ----- if the items selected from each stratum constitute a simple random sample, the entire procedure (first stratification and then simple random sampling) is called stratified random sampling. (Cochran, 1977:89)*

Schools were stratified into three strata according to their administrative location. Thus each stratum consisted names of 14 schools. This was followed by simple randomization. The name of each school in each of the three strata was written on a piece of paper. After folding the papers they were put in a lottery bowl after which two schools from each of the three strata were selected at random to be in the sample.
Table 3.1 below summarizes the schools selected from Ol Joro orok division for study and their enrolment in the year 2004.

Table 3.1: Primary schools selected for study and their enrolment as at July 2004.

<table>
<thead>
<tr>
<th>Zone</th>
<th>Total No. of schools in each zone</th>
<th>No. of schools in the sample</th>
<th>Total No. of teachers in the sample schools</th>
<th>Total No. of pupils in the sample schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatimu</td>
<td>14</td>
<td>2</td>
<td>0.048 %</td>
<td>28</td>
</tr>
<tr>
<td>Gathanji</td>
<td>14</td>
<td>2</td>
<td>0.048 %</td>
<td>28</td>
</tr>
<tr>
<td>Ol Joro Orok</td>
<td>14</td>
<td>2</td>
<td>0.048 %</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>6</td>
<td>14.2 %</td>
<td>83</td>
</tr>
</tbody>
</table>

Source: Field data

No = Number  % - Per cent

According to table 3.1, each zone has 14 schools. Two schools equivalent to 0.048 per cent of the total schools in each zone were sampled for study. In total, six schools equivalent to 14.2 per cent of all the schools in the three zones were sampled for study.
3.3.2 Selection of Key Respondents

Key respondents were critical to this study as they provided most of the insightful, analytical and specialized information from which the study based its conclusions.

Since the study aimed at gathering data that would help to describe the conditions that influence the teachers’ preparedness to teach life skills HIV/AIDS education, the informants within and outside the primary school were sampled for the study as key respondents. The various groups of respondents who were sampled and how sampling was done is explained below.

(i) Teachers

In this study, teachers teaching HIV/AIDS curriculum were sampled in the selected primary schools. Since the HIV/AIDS curriculum is supposed to be taught from Standards One to Eight, a sample of eight teachers per school was purposively selected for study. Thus a total of 48 teachers in the six sample primary schools equivalent to 12 per cent of teachers in the target area were considered for study. A questionnaire was used to gather information from teachers. The justification for choosing primary school teachers was twofold. First, they were the target group for this study, and therefore, were able to explain and describe the aspects pertaining to their preparedness in teaching HIV/AIDS curriculum. Second, teachers were in a position to suggest measures to improve their preparedness for the successful teaching of the HIV/AIDS education. In addition, the teachers
FGD’s provided them with an open and free environment to express pertinent views about their experiences in teaching the newly introduced HIV/AIDS syllabus. A simple random sampling on teachers who had already participated in the questionnaire was used to select five teachers from each sample school to participate in the FGD. In total 30 teachers participated in the study.

Table 3.2: Distribution of teachers who filled the research questionnaire

<table>
<thead>
<tr>
<th>Zone</th>
<th>Schools selected</th>
<th>Total No. of teachers in each school</th>
<th>No. of teachers in the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male (Number)</td>
<td>Female (Number)</td>
</tr>
<tr>
<td>Gakingi</td>
<td>10</td>
<td>2 (25%)</td>
<td>6 (75%)</td>
</tr>
<tr>
<td>Gatimu Nyandarua Boarding</td>
<td>18</td>
<td>5 (62.5%)</td>
<td>3 (37.5%)</td>
</tr>
<tr>
<td>Mwenja</td>
<td>18</td>
<td>4 (50%)</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>Gathanji</td>
<td>10</td>
<td>3 (37.5%)</td>
<td>5 (62.5%)</td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>Jacaranda</td>
<td>6 (75%)</td>
<td>2 (25%)</td>
</tr>
<tr>
<td></td>
<td>Ol Joro orok</td>
<td>5 (62.5%)</td>
<td>3 (37.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>25 (52.1%)</td>
<td>23 (49.9%)</td>
</tr>
</tbody>
</table>

Source: Field data

No = Number    % = Per cent
According to Table 3.2, eight teachers from each of the six sample schools were selected to fill the questionnaire. In total 48 teachers comprising of 25 males (52.1%) and 23 females (49.9%) were selected. These are teachers who were considered to be teaching HIV/AIDS curriculum in the sample schools.

### 3.3: Distribution of teachers who participated in the FGD’s

<table>
<thead>
<tr>
<th>Zone</th>
<th>Schools selected</th>
<th>Total No. of teachers in each selected school</th>
<th>No. of teachers in the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Gatimu</td>
<td>Gikingi</td>
<td>10</td>
<td>2 (40%)</td>
</tr>
<tr>
<td></td>
<td>Nyandarua Boarding</td>
<td>18</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>Gathanji</td>
<td>Mwenja</td>
<td>18</td>
<td>3 (60%)</td>
</tr>
<tr>
<td></td>
<td>Baraka</td>
<td>10</td>
<td>5 (100%)</td>
</tr>
<tr>
<td></td>
<td>Jacaranda</td>
<td>11</td>
<td>1 (20%)</td>
</tr>
<tr>
<td></td>
<td>Ol Joro orok</td>
<td>16</td>
<td>2 (40%)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>83</td>
<td>17 (56.7%)</td>
</tr>
</tbody>
</table>

Source: Field data

No. = Number     % = Per cent
Table 3.3 indicates that five teachers from each sample school were selected to participate in the FGD. In total 30 teachers of whom 17 (56.7%) were males and 13 (43.3%) were females participated in the study. The teachers were selected using simple random sampling from amongst those who had filled the teachers' questionnaire.

(ii) Pupils

Standard Eight Pupils were purposively selected for study because of two reasons. First, they were the senior most group in the primary schools, hence they were able to explain and describe most of the indicators on the preparedness of teachers. This information was important to assist in cross checking the answers received from other respondents. Second, Standard Eight pupils had minimal problem in understanding the questionnaire. Thus they filled in the information as required.

Where a school had more than one stream, only one stream was selected through simple random sampling. The total number of respondents was 45 pupils per school. Thus a total of 270 pupils' equivalent to 14.3% of all the Standard Eight pupils in the target area formed a respondent group.

A simple random sampling on Standard Eight pupils who had already participated in the questionnaire was used to select those who participated
in the FGD. Five boys and five girls in each school were selected to participate separately in the pupils’ FGD. In total 60 boys and girls participated in the study. Separation of sexes in the discussion had the advantage of creating some free atmosphere in expressing some issues, which would have been otherwise hindered by the presence of the opposite sex.

Table 3.4: Distribution of Standard Eight pupils who filled the questionnaire

<table>
<thead>
<tr>
<th>Zone</th>
<th>Schools selected</th>
<th>Total No. of pupils in Standard 8 per school</th>
<th>No. of pupils selected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male (% )</td>
<td>Female (% )</td>
</tr>
<tr>
<td>Gatimu</td>
<td>Gikingi</td>
<td>22 (48.9%)</td>
<td>23 (51.1%)</td>
</tr>
<tr>
<td></td>
<td>Nyandarua</td>
<td>24 (53.3%)</td>
<td>21 (46.7%)</td>
</tr>
<tr>
<td></td>
<td>Boarding</td>
<td>26 (57.8%)</td>
<td>19 (42.2%)</td>
</tr>
<tr>
<td>Gathanjí</td>
<td>Mwenja</td>
<td>25 (55.6%)</td>
<td>20 (44.4%)</td>
</tr>
<tr>
<td></td>
<td>Baraka</td>
<td>29 (64.4%)</td>
<td>16 (35.6%)</td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>Jacaranda</td>
<td>27 (60.0%)</td>
<td>18 (40.0%)</td>
</tr>
<tr>
<td></td>
<td>Ol Joro orok</td>
<td>153 (56.7%)</td>
<td>117 (43.3%)</td>
</tr>
</tbody>
</table>

Source: Field data

No. = Number % = Per cent
Table 3.4 indicates that 45 Standard Eight pupils in each of the six sample schools were selected to fill in the questionnaire. In total 270 pupils from all the sample schools participated in the study. In Nyandarua Boarding and Mwenja schools where there were more than one Standard Eight stream, a simple random sampling was used to select one class. All the other sample schools had 45 pupils each in Standard Eight.

(iii) **Headteachers**

Headteachers of the six sample primary schools were purposively selected for this study. Purposive sampling is a method whereby elements are chosen because they suit certain criteria (Peil, 1995). The elements are considered typical or outstanding examples of the variables with which the research is concerned (Cooskey, et al; 1993.) Thus six headteachers participated in the study. Headteachers being school administrators were better placed to understand the measures that have been put in place to enable teachers to successfully teach the newly introduced HIV/AIDS curriculum. In this regard, they provided information on the teaching and learning resource materials available in school, the number of teachers who have attended HIV/AIDS seminars and also gave suggestions on the steps that should be taken to effectively prepare teachers to teach HIV/AIDS curriculum. They also gave information on how HIV/AIDS lessons were timetabled.
(iv) **Teachers Advisory Centre Tutors (TAC Tutors)**

TAC tutors are the immediate referral points should teachers face any challenges in teaching. Among their duties, they are supposed to ensure effective teaching of primary school curriculum by offering advice, guidance and counselling and to suggest and provide suitable teaching and learning resource materials.

A TAC tutor is responsible for an administrative division. Thus the TAC tutor in charge of Ol Joro orok division was purposively selected for this study. Using the interview schedule, the TAC tutor gave information about the availability of HIV/AIDS syllabus in schools, the courses organised for teachers teaching HIV/AIDS subject and the suggested teaching and learning resource materials for the new syllabus. Information about the government policy on the teaching of HIV/AIDS curriculum was also gathered.
Table 3.5: Summary of sampled headteachers and TAC tutor who participated in the study

<table>
<thead>
<tr>
<th>ZONE</th>
<th>Primary schools</th>
<th>TAC Tutor</th>
<th>Headteachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatimu</td>
<td>Gikingi</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nyandarua</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Boarding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathanji</td>
<td>Mwenja</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Baraka</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>Jacaranda</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Ol Joro orok</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Field data

According to Table 3.5 the headteacher in each sample school was selected for study. In total six headteachers participated in the study. In addition the TAC tutor in charge of the study area was selected.

3.4 Instruments for Data Collection

The study used five key instruments for data collection, all relevant to survey methodology. Those were;

(i) Questionnaires

(ii) The interview schedule

(iii) Focused Group Discussions (FGD)

(iv) The observation schedules
3.4.1 Questionnaire

A questionnaire offers considerable advantages in data collection. First it presents an even stimulus, potentially to large number of people simultaneously and provides the investigator with a relatively easy accumulation of data (Wellington 2000). Using a questionnaire in this study was advantageous considering the total pupils' sample was fairly high (270). Second, as Mouly (1993) argues, a questionnaire normally has a greater reliability because it allows the selection of a large and representative sample. It can be used in a wider geographical area than most other techniques and assures confidentiality which was paramount in this study. That way, the questionnaire used in this study elicited more candid and objective replies.

On the contrary however, a questionnaire has one major limitation, that is, members of low educational group tend not to answer, or are unable to express their responses clearly due to poor reading and writing skills. In this study, the above limitation was overcome by the fact that the researcher read and explained what was required by each item when need arose to do so. This method was found viable especially in the rural settings of the target area where pupils were not well versed with the English language. The instrument was administered to all Standard Eight pupils in the sample schools. The main objective of the instrument was to gather the general information about the preparedness of teachers to teach HIV/AIDS curriculum. It was also intended to gather
information on the teachers' approach and appreciation of HIV/AIDS curriculum. Pupils' questionnaire was made up of both open-ended and closed-ended questions in order to elicit the widest possible range of responses on the pupils awareness of HIV/AIDS, the individual response to the subject and the effects of HIV/AIDS education to individual pupils (Appendix I).

The teachers' questionnaire sought to establish the insights about the teaching of HIV/AIDS curriculum. Specifically the instrument gathered information about the teachers' psychological readiness and acceptance to teach HIV/AIDS education, teachers' professional backgrounds and levels of training on the HIV/AIDS curriculum. The questionnaire also sought to elicit information about HIV/AIDS teaching approaches and the teaching and learning materials that teachers were using in the implementation of HIV/AIDS curriculum. Lastly, the instrument sought information on the factors that were hindering preparedness of teachers in teaching the curriculum in primary schools. The questionnaire was administered to 48 teachers in the sample schools. For details of the specific teachers' questionnaire see Appendix II.

3.4.2 The Interview Schedule

This instrument consisted of an itemised agenda or interview guide that helped the researcher to cover broad concerns of the study in depth through constant probing. This enabled informants to contextualize their responses about their handling of
HIV/AIDS curriculum in the classroom. The interview was the most preferred instrument for headteachers because it provided intensive information through constant probing. The interviews were carried out in such a manner that, both the researcher and the informant participated in equal measure in discussing issues at hand, with the researcher guiding the informant through constant probing.

The interviews with the headteachers sought to gather information on whether or not the HIV/AIDS curriculum was being taught, the availability of the AIDS syllabus and the teaching/learning materials that teachers were using. Such materials include, teachers' references, pupils' text books and Audio/visual aids. The instrument also sought to gather information on how HIV/AIDS subject was timetabled. Lastly, the instrument sought to gather information about the perceived challenges that hindered the preparedness of teachers in teaching HIV/AIDS curriculum. In total six headteachers were interviewed. See Appendix III for specific details about the instrument.

The interview with the TAC tutor elicited information on various aspects. First, it gathered information about the government policy on the teaching of HIV/AIDS education. Second, information about the recommended teaching/learning materials was gathered. Lastly, information about the inservicing of teachers on the HIV/AIDS curriculum was gathered. For specific details about the interview with the TAC tutor, see Appendix IV.
3.4.3 Focused Group Discussion

This technique was intensively used in order to elicit information through discussions with teachers and pupils with relatively similar backgrounds who had been selected from a random sample. 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). Teachers were seen in this study as such, given their role in implementing the HIV/AIDS curriculum in primary schools. They were key to the information useful for this study. The importance of using FGD on teachers and pupils was that, the technique accorded those who were involved the opportunity to discuss in small and open group context, thereby helping the study to get a clear picture of the teaching of HIV/AIDS curriculum. This technique provided information that greatly enriched data collected from other sources.

Teachers FGD sought to establish important aspects of preparedness of teachers such as, use of suitable teaching and learning resource materials’, teachers’ sensitivity to language, cultural and religious beliefs and use of effective teaching and learning approaches. The FGD were conducted in individual schools. Five teachers in each school were sampled to participate. In total, six FGD were conducted with the subject teachers in the sample schools. See details of the instrument in Appendix V.
Standard Eight pupils’ FGD were important to this study because they helped the researcher to find more about the teachers’ preparedness from the pupils. They sought to gather information about language and the techniques used by teachers in teaching HIV/AIDS education. This enabled the researcher to countercheck the information gathered through the other instruments.

Two FGD in each of the six schools were conducted. This made a total of twelve FGD in all the six primary schools. The guiding factors for the discussions were mainly the pupils’ personal experiences during the learning of HIV/AIDS curriculum. This included the pupils’ assessment of the teacher’s ability to deliver HIV/AIDS content. The themes of the study guided the researcher during the discussions. A tape recorder and note taking method were used to collect information during the discussions within each group. For details of the specific discussion questions, see Appendix VI.

3.4.4 Observation Checklist

Observation Checklist (Appendix VII) was used during the actual teaching and learning of HIV/AIDS lessons in the classroom. A content analysis done on the HIV/AIDS syllabus and in the pupils’ exercise books assisted the researcher to formulate the observation checklist. By observing teachers teaching HIV/AIDS lessons one would make varied deductions on their level of preparedness and thinking. Observation guide is used in research to describe a research setting, a process, behaviours and interactions of participants within a research setting. It is also used to collect data on non-verbal behaviours within a research setting.
All these variables were the subject of investigation in this study.

This is in regard to the fact that, an effectively prepared teacher will display some notable characteristics during a lesson. For example, one should show a masterly of content; avail adequate and relevant teaching materials; have confidence and use acceptable and understandable language consistent with the topic.

Specifically, the instrument sought to gather information on the teachers’ approach to the HIV/AIDS topics, ease of the teacher in teaching a HIV/AIDS lesson, the interaction between the teacher and the pupils during the lesson and the participation of the pupils (both boys and girls) during the lesson. This information was important to the study in assessing the preparedness of a teacher in teaching HIV/AIDS curriculum.

3.5 Pilot Study

The research pre-tested the instruments on the respondents in two primary schools (Igwamiti and Losogwa primary schools) which were randomly selected. These pilot study subjects did not participate in the main study. The pre-test subjects were encouraged by the researcher to make comments and give suggestions concerning the items. Data collected at the pilot study was analyzed and the results used for appropriate amendments of the research instruments.

The pilot study was done in May 2004. The main aim of the study was to validate the research instruments and ascertain their reliability. It was geared at
identifying major problems, instrument deficiencies and at making suggestions for improvement; to check if the research instruments would elicit the data anticipated in the study and whether they could be meaningfully analyzed in relation to the stated problem. The pilot study also helped to check the appropriateness of the language used in the tools and to contextualize them for predictability. That way, the pilot study enabled the researcher to identify items that were ambiguous and reconstructed them as discussed below. Many pupils had problems with the vocabulary ‘rated’ on item 16. It was replaced by the word ‘classify’. On the Head Teachers Questionnaire, item No 6 was a repetition of item No 5. It was deleted. Notwithstanding the few problems highlighted above, the results from the pilot study revealed that the instruments were rated for this study.

3.6 Administration of Instruments and Data Collection Procedures

Two weeks before the actual data collection, appointments were made with the headteachers of the six primary schools that were included in the study and the TAC tutor. Care was taken to give each school enough time for data collection. At least three days were spent in each of the first four schools (Nyandarua Boarding, Jacaranda, Gikingi and Ol Joro orok) and another four days in each of the two schools (Mwenja and Baraka). This happened because some respondents were not available as was earlier arranged.
Teachers teaching HIV/AIDS curriculum filled the questionnaires with minimum supervision. After filling the questionnaire, they were collected and coded. FGD held with teachers were organised and facilitated by the principal researcher, while the research assistant recorded notes and taped what was discussed. Teachers FGD were held in individual schools and spent about one hour in some schools while in others they took about one and a half hours.

Headteachers interviews were organised and took place in their offices. The principal researcher conducted the headteachers interviews, while the research assistants did the content analysis related to HIV/AIDS syllabus reference books for teachers, pupils’ textbooks and exercise books. This took a whole day in each school. Headteachers in Mwenja and Baraka primary schools were not available as earlier agreed and a new date was set. This cost the researcher more time and money.

The pupils questionnaire was administered in the classrooms with the help of the research assistants. After a short brief, each question was read out by the researcher and explanations were given where need arose. FGD for pupils were organised into two groups; one for girls and the other one for boys. The FGD for girls was facilitated by a female researcher while that for boys was conducted by a male researcher. However, both FGD had similar questions. Sensitivity to gender issues related to the study in this case was deemed to be an important factor that
made the session more free for the respondents to answer questions. Questions were asked as notes were taken and voices recorded. In almost all sample schools, pupils FGD took between 45 minutes to one hour. In one school, the researchers were kept waiting for more than four hours because the inspectorate team was busy inspecting the school. Both English and Kikuyu languages were used depending on the language the respondents were comfortable with.

The interview with the TAC tutor was organised and facilitated by the principal researcher. It took place in the TAC tutors divisional office, as had been agreed earlier. Notes were taken and voices were recorded for comparison after the interview. The interview took about one and a half hours.

The data collection procedure was an interactive one. This is because HIV/AIDS is viewed with strong emotions by almost everyone and the process spurred extensive questioning of the researcher by the respondents. In this regard, the researcher responded to questions by pupils, teachers and the TAC tutor. These responses consisted of providing information or merely being supportive as respondents voiced their concerns about HIV/AIDS. However, some difficulties were experienced during the data collection. First, researchers arrived late in some schools due to poor transport means and bad weather. In some cases, the researchers had to trek for more than eight kilometres to reach the school. The situation was even worse when returning home in the evening because of heavy
rains which are normally experienced in this area in the afternoons between May and August.

Another difficulty experienced by the research team was that, headteachers from two schools decided not to allow the researcher to conduct the pupils FGD. They expressed fear on the pupils revealing their (teacher) shortcomings in the teaching of HIV/AIDS curriculum, which they thought, would later be communicated to the education office. However, after a lengthy discussion and on being assured of confidentiality, permission was granted. As a result of this, more time and finances were spent to cover the lost time.

There was a strange case in one of the schools where a teacher totally refused to give information unless some payment in form of cash was paid. Efforts to persuade the teacher concerned were fruitless and the researcher gave in to his demands. This overstretched the budget.

3.7 Data Analysis and Reporting

Data gathered from the field were both quantitative and descriptive though the study’s basic framework was descriptive. Data collected were scored, edited and coded for analysis.

Responses from pupils’ questionnaire were first coded according to defined categories and themes related to the study’s objectives. Most responses from the questionnaire were the basis of describing the indicators of the preparedness of
CHAPTER FOUR

DATA ANALYSIS AND PRESENTATIONS OF RESEARCH FINDINGS

4.0 Introduction

This chapter presents an analysis of field data and interpretation of major findings of the study. The concern of this study was to find out the preparedness of teachers in teaching HIV/AIDS curriculum in selected primary schools in Nyandarua district. In order to be focused, the analysis and presentation will be in five major themes based on research questions raised in Chapter One. The themes are:

(a) Teachers' psychological readiness to teach HIV/AIDS.
(b) The professional backgrounds and level of training of the teachers teaching HIV/AIDS curriculum.
(c) Teaching methods being used by teachers in HIV/AIDS curriculum.
(d) Teaching materials being used by teachers in HIV/AIDS curriculum.
(e) Factors that hindered effective teaching of HIV/AIDS curriculum.

4.1 Teachers' Psychological Readiness to Teach HIV/AIDS

Information on the teachers' psychological readiness was gathered through teachers' questionnaire and focus group discussions. The classroom observations and students questionnaires also generated information about teachers'
psychological readiness to teach the curriculum. Teacher respondents were asked to state how prepared they were psychologically to teach the curriculum. First, teachers felt that although the introduction of HIV/AIDS curriculum in primary schools aimed at achieving important educational goals, a concern was raised on how to realise such goals without necessarily injuring the teachers psychologically. Secondly, teachers observed that the AIDS pandemic has caused a lot of stigmatisation to those infected and affected. Thus discussing about the pandemic especially with the very pupils whose parents were suffering from AIDS was likely to inflict more pain in their feelings. In this regard, teachers raised various shortcomings, which were affecting them in their psychological readiness to teach the curriculum.

4.1.1 Reasons why Teachers’ Feel Psychologically Unprepared

Various responses from teachers in regard to why the felt psychologically unprepared are tabulated in table 4.1 below.
Table 4.1:  A summary of possible reasons that made teachers feel psychologically unprepared to teach HIV/AIDS curriculum.

<table>
<thead>
<tr>
<th>Zone</th>
<th>Sampled Schools</th>
<th>No. of respondents</th>
<th>Many orphans in schools</th>
<th>Cultural beliefs and norms</th>
<th>Teachers standing morals</th>
<th>Conflicting messages</th>
<th>Stigmatization</th>
<th>Inadequate teaching language</th>
<th>Religious inclinations</th>
<th>Lack of commitment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gikingi</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Nyandarua</td>
<td>8</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Gatimu Boarding</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Mwenja</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>12.5%</td>
<td>12.5%</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12.5%</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Gathanji</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>12.5%</td>
<td>12.5%</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>12.5%</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Baraka</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>-</td>
<td>12.5%</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12.5%</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Jacaranda</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>12.5%</td>
<td>12.5%</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>12.5%</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Ol Joro Orok</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>12.5%</td>
<td>12.5%</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>12.5%</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>10</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Source: Field data

% = Per Cent

According to the results in table 4.1, four schools, Gikingi, Nyandarua Boarding, Ol Joro orok and Mwenja had two teachers each who reported that schools had many orphans due to the parents dying of AIDS. The orphans had established the cause of their parents’ deaths either from the relatives, neighbours or the parents themselves. In this regard, teachers felt that if they talked about HIV/AIDS to the orphans in class, they (orphans) would withdraw or sometimes express open sadness. A respondent during the FGD who narrated a touching experience in class during HIV/AIDS lessons qualified this. The experience was as follows:-
During an HIV/AIDS lesson in Standard Eight, I mentioned that, Aids has no cure. Immediately one girl who had lost her mother recently through Aids started sobbing uncontrollably. A few others who I believed were sympathisers joined her. Soon the whole class was restless. She was taken to the staffroom and was comforted by teachers. The lesson ended prematurely. I don’t feel like teaching Aids lessons again. (A respondent during FGD).

In the FGD teachers wondered how they could effectively conduct a participatory Aids lesson in a class full of orphans. They feared that if they used participatory approach in class as required, they would cause more harm especially to the HIV/AIDS infected and or affected pupils. For example, a respondent had this to say,

*If you asked a pupil in class to explain the symptoms evident in an HIV positive person, then those already infected and were displaying such signs, would run away from school never to come back. One Standard Eight girl has already disappeared from school since last week when we talked about the symptoms of HIV positive (A respondent during FGD).*

Teachers felt that, HIV/AIDS curriculum was more of teacher centred than participatory. However, they argued that even if they were to use the lecture method, it would still inflict the feelings of the orphans. Hence they found it difficult to conduct HIV/AIDS lessons.

According to information presented in Table 4.1, three teachers from Jacaranda (37.5%) and three teachers from Baraka schools, (37.5%) expressed having experienced difficulties when teaching HIV/AIDS education due to their cultural
beliefs and norms. Talking about sex with young children in class was a taboo and would result into the teachers’ credibility being questioned. The respondents argued that they felt psychologically affected any time they encountered HIV/AIDS topics relating to sex. This was because they feared to be seen as going against societal norms. Doing what the society denounces would lead into being deviants. For example, a respondent reported having overheard a group of elderly people say the following:

One teacher in our primary school is teaching our children bad manners. The pupils are calling him ‘AIDS Teacher’. We will ask the headmaster to transfer him before he spoils our children. (A respondent during FGD).

Teachers reported finding it impossible to teach HIV/AIDS curriculum because their standing morals in society were questionable. In Baraka school for example, 25% of teachers expressed having difficulties in asking pupils to refrain from promiscuity, which most of their colleagues were accused of. For example, a respondent narrated an interesting excuse given by a standard four pupil who was late for school one morning.

Teacher: Why are you late for school?
Pupil: I’m late because my mother told me not to wake up early.
Teacher: Why, and it is a school day?
Pupil: She told me to sleep until the overnight visitor had left.
Teacher: Who was the overnight visitor?
Pupil: I didn’t know. But when I peeped as he was going out, I found that he was a teacher who teaches in the neighbouring school. (A respondent during FGD).
Teachers felt psychologically constrained to ask their pupils to be morally upright while they knew that their colleagues were not good role models. They felt compromised. A respondent in Jacaranda school during the FGD qualified this feeling. She narrated a case in which an orphan and another pupil had quarreled in school.

Teacher: *Why did you fight?*
Orphan: *We fought because Irene keeps on abusing me.*
Teacher: *How were you abused?*
Orphan: *She always tells me that my mother is not rich because we are even bought household items by one of the male teachers here who frequents our home every evening.* (A respondent during FGD).

Teaching HIV/AIDS curriculum calls for teachers who should not only say but also do what they preach. Pupils would find it very difficult to believe the message that is coming from people whose credibility was at crossroads. Learners should hold teachers in high trust for the teaching and learning of HIV/AIDS curriculum to succeed.

During FGD in Ol Joro orok school, 25% of respondents felt that some Aids messages were conflicting. They felt psychologically unprepared to give messages, which seemed to encourage promiscuity. The respondents cited a message like, “Don’t play sex but if you do protect yourself against HIV” Such messages to young learners in school could easily mean that premarital sex is okay if only you could use protective devices such as condoms. In Ol Joro orok (25%), Nyandarua Boarding and Baraka Schools (12.5%) each, of the respondents
felt that such information was contrary to their religious beliefs and found it impossible to pass it to the learners.

The respondents expressed fear in talking about a disease, which they could be suffering from. AIDS-infected teachers felt uncomfortable to discuss the physical symptoms of being HIV positive which they could be having. A most disturbing aspect was when teachers were to discuss about HIV/AIDS whereas their colleagues vividly displayed all the symptoms of being HIV positive. This, they noted put them in a very awkward position. One respondent retorted:

*It is true that if I taught about HIV/AIDS, the learners would always refer to my HIV positive colleague who has all the symptoms of an infected person. They would wonder why teachers have failed to protect themselves before they talk of how others should protect themselves. (A respondent during FGD).*

Another respondent felt that,

*Discussing HIV/AIDS with pupils in a school where a teacher was infected with AIDS was like backbiting a colleague openly. (A respondent during FGD).*

The learners, like most community members believe that those people who were HIV positive were promiscuous. Thus, AIDS infected teachers are no exception. Teachers, therefore, feel uncomfortable talking about HIV/AIDS because they would seem to be discussing negatively about their colleagues. This would cause a misunderstanding in school.
Teachers also observed that pupils in class feared asking questions about sexually transmitted diseases and condoms because asking about such issues makes others suspect them of being sexually active or infected. People who are thought to be HIV positive are often persecuted in school, victimised in social context and isolated within the community. As a result the secrecy surrounding HIV and AIDS is still strong and widespread.

Another feeling expressed by the teachers was that the, AIDS scourge had affected some of them through loss of a close relative or a friend. This, they noted had stigmatised them to an extent of creating fear when AIDS is mentioned. In an FGD, one respondent remembered her most trying moments with a mother who later died of AIDS.

I nursed my mother who was HIV positive for two good years. This was the worst experience in my life. I had to bathe her, feed her like a child, carry her outside for sunshine and assist her during ablutions. I will never forget. I fear AIDS and even don’t think I can mention it anywhere (A respondent during FGD).

Respondents in Nyandarua Boarding school noted that HIV positive pupils were more stigmatised during HIV/AIDS lessons. Messages such as ‘AIDS has no cure’ impacted negatively on the infected pupils and made them lose hope in life. Some of the learners who had HIV positive parents or close relatives would lose hope on the survival of such victims.
At Mwenja primary school the respondents expressed a concern on the lack of appropriate teaching language especially on sensitive areas in HIV/AIDS education. There were language barriers in most areas, more so when the situation dictated that the learners were real daughters and sons of the teachers. However, respondents in Nyandarua Boarding school expressed a different view. Teaching HIV/AIDS curriculum was possible through the use of idioms and similes. For example, concerning abstinence, respondents said the following idioms were being used,

You can’t pick the maize before it is ready’
’Wait until you find your rib’
’Boys are not oxygen, you can live without them
(A respondent during FGD).

In Ol Joro orok school, respondents were of the view that, the use of musical language could both help the teacher to pass the intended message as well as evade the shame of mentioning some sensitive terms openly. In a class observation a respondent was found to use the following song.

ABSTAIN, ABSTAIN (it had the tune of row row your boat.)
Abstain, abstain, abstain from sex until you get married
Education first and forge ahead
You will for ever rejoice
It’s hard x 3
To know the person with the virus
The thin ones the fat ones alike
The young even the old
Boys and girls be on the look
Aids has no cure
Preserve your body
Say no to sex
Your body is the temple of God
(Observation during a HIV/AIDS lesson).

At Mwenja school, 25% of the respondents and 12.5% each from the other sample schools cited religious inclinations as being a barrier to teaching HIV/AIDS curriculum. Some religious institutions did not support the use of condoms as preventive measures in the spread of HIV/AIDS pandemic. Respondents affiliated to such denominations expressed fear of being excommunicated if they went against the doctrines of the church. In the FGD, a respondent from Baraka school expressed fear in mentioning some of the preventive measures due to ones personal and religious beliefs. The respondent noted the following about condoms.

My church advocates abstinence and nothing else.
One should be a virgin during marriage. If I mentioned a condom then I will seem to advocate premarital sex and infidelity in marriage. This will be against the church teachings. (A respondent during FGD)

Another respondent who claimed to be a staunch church follower said the following about the use of condoms.

I am a catechist in our church. Advocating use of a condom is like giving a licence for promiscuity. The church would curse me for preaching contrary to her principles. (A respondent during FGD).
The other aspect that teachers felt to be affecting their psychological preparedness was lack of commitment. In Baraka and Mwenja primary schools, 12.5% of teachers each indicated not being wholly committed to teaching HIV/AIDS education. They argued that teaching sex education to the youth would promote rather than curb premarital sex. Consequently, this would promote the spread of HIV/AIDS. The respondents advocated the revival of cultural and religious ways tied to virginity.

Teachers also complained of not being well versed with the aims and contents of the HIV/AIDS curriculum. The study established that, in schools like Baraka, Gikingi, Jacaranda and Mwenja, there was no syllabus. Teachers from these schools argued that, their headteachers were either reluctant to get the syllabus from the local education office or there was no syllabus for the new curriculum. The headteachers felt that since HIV/AIDS curriculum as a subject was not considered during the computation of the MSS which was used as a criteria to rank schools, then there was little need to emphasize on its teaching. Lack of content knowledge made teachers in the above schools to feel psychologically unprepared to teach the curriculum.
4.2 Teachers Professional Background and Level of Training on HIV/AIDS Curriculum

To obtain information on the teachers' professional background and the number of teachers' inserviced on HIV/AIDS education, information was gathered through teachers' questionnaires and FGD, headteachers' questionnaire and the TAC tutor's questionnaire. Pupils' FGD were used to counter-check the information about teachers' competence in teaching the AIDS curriculum. The respondents were asked to state their professional background. The responses from the respondents in the six sample schools are tabulated in table 4.2 below.
Table 4.2: A Summary of Professional Background of Teachers Teaching HIV/AIDS curriculum.

<table>
<thead>
<tr>
<th>Primary Schools</th>
<th>ATS</th>
<th>S1</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nyandarua Boarding</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>62.5%</td>
<td>12.5%</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12.5%</td>
<td>25%</td>
<td>50%</td>
<td>12.5%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Mwenja</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12.5%</td>
<td>62.5%</td>
<td>25%</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Gikingi</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>62.5%</td>
<td>25%</td>
<td>25%</td>
<td>12.5%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Baraka</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>37.5%</td>
<td>12.5%</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Jacaranda</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12.5%</td>
<td>12.5%</td>
<td>62.5%</td>
<td>12.5%</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data

ATS - Approved Teacher Status
No - Number

According to the results presented in Table 4.2 all teachers in the sample schools were professionally trained. Nyandarua Boarding had 2 teachers at the ATS grade whereas Ol Joro orok and Jacaranda had one each. Twenty-eight teachers out of a total of 48 teachers in the sample schools had P1 grade. Only two teachers, one in Baraka and another in Gikingi school had the lowest professional grade of P3.
The above findings therefore suggest that all the 48 teachers' chosen for study have the basic skills and techniques required for teaching in primary schools. During the FGD, it was revealed that 30 teachers (62.5%) were involved in the teaching of 'carrier subjects'. These were subjects, which carried Aids messages. It was observed that the professional background of teachers contributed positively in enabling teachers to teach some HIV/AIDS messages, which were infused in the regular curriculum. Teachers teaching Science, Religious Education, Social Studies and Home Science agreed to have come across AIDS messages in the course of teaching the carrier subjects.

However, a concern was raised due to the fact that, not all Aids messages infused in the curriculum are easy to teach. The respondents indicated that topics, especially those that touched on matters pertaining to sex calls for different skills to handle. One important area that teachers complained about was lack of adequate knowledge content on HIV/AIDS education which was crucial to the AIDS messages. Of importance to note was the lack of acceptable language to the learners while teaching. Teachers felt that mentioning some AIDS terms greatly compromised their professional ethics. This scenario therefore led the researcher to enquire about the number of teachers who had attended inservice training on AIDS education.
The respondents were asked to state whether or not they had undergone any inservice training or seminars in the teaching of HIV/AIDS curriculum. The responses from teachers in the six sample schools are tabulated in table 4.3 below.

Table 4.3: No. of Teachers who had been Trained or Undergone Inservicing to Teach HIV/AIDS Curriculum

<table>
<thead>
<tr>
<th>Primary Schools</th>
<th>No. Attended Seminars</th>
<th>No. not Attended Seminars</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mwenja</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12.5%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Nyandarua Boarding</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>75%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Gikingi</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Baraka</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>37.5%</td>
<td>62.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Jacaranda</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12.5%</td>
<td>87.5%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data

According to the results presented in Table 4.3, Nyandarua Boarding school had the highest number of teachers six (75%) out of eight who had attended a HIV/AIDS seminar. Two teachers (25%) from the same school responded negatively with respect to having been trained to teach HIV/AIDS education.
Three teachers (37.5%) from Ol Joro orok and only one (12.5%) teacher each from Jacaranda and Mwenja schools answered positively to having been trained. On the other hand, most teachers who responded negatively to having been trained to teach HIV/AIDS curriculum came from Baraka school eight teachers (100%), Gikingi eight teachers (100%), Jacaranda seven teachers (87.5%), Mwenja seven teachers (87.5%) and Ol Joro orok five teachers (62.5%).

These results show that 37 teachers (77%) out of 48 teachers in the sample schools had not attended any seminars on HIV/AIDS curriculum. The study also established that 30 teachers (83.3%) out of the 36 teachers who had not attended any seminars were in the schools located in the rural interior far away from the main trading centres. For example, no teacher from either Baraka or Gikingi primary schools, which are right in the interior of the study area, had attended any HIV/AIDS curriculum seminars. In Jacaranda primary school which is also far away from the trading centres, only one teacher had attended a seminar on Aids curriculum. Lack of training and/or inservice had negative impacts on the teachers' preparedness to teach the new curriculum.

Teacher respondents who had attended the seminars attributed this advantage to being near the towns where, most likely, the NGO interested in HIV/AIDS awareness were concentrating their efforts. Thus teachers had an opportunity to attend the HIV/AIDS education seminars at the doorstep. However, teachers who
attended such seminars raised a concern over some issues about the seminars. First, teachers complained of lack of a properly organised system to sponsor them to attend the seminars. They revealed that most of the courses attended were self-sponsored. This, they observed demotivated them and thus impacted negatively on their preparedness. Secondly, they observed that the courses were more oriented towards addressing awareness issues on HIV/AIDS thereby ignoring the core aspects of teaching such as the teaching approaches, teaching and learning resources and use of appropriate language among others. This anomaly was attributed to the fact that the organisers, who were most likely NGO and/or religious groups did not necessarily target the seminars for the teaching of HIV/AIDS curriculum in primary schools. Rather, the courses were meant for the awareness of HIV/AIDS to the general public.

The respondents also complained that, a one-day seminar (as was usually the case with majority of the seminars attended) was not enough to prepare the teachers adequately to teach HIV/AIDS education in primary schools. Teachers from Nyandarua Boarding felt that since the curriculum was relatively new and had raised sensitive issues with the teachers’ and pupils’ traditional and religious orientations, much more and thorough preparation programmes for teachers should be put in place to enable the teacher to comfortably teach AIDS education.
The inadequate preparation of teachers teaching HIV/AIDS subject was evident from the pupils' notebooks. A content analysis done on their exercise books in Gikingi and Baraka primary schools revealed scanty and haphazard notes. There was a huge gap between the dates when a small batch of notes was given to the other. During the pupils FGD in Jacaranda and Mwenja schools, the study established that teachers did not adhere to the laid down timetable for life skills HIV/AIDS lessons. This was despite the fact that one Physical Education (P.E.) lesson was set-aside for AIDS education every week. The pupils said that they sometimes used to go for a whole month without attending any HIV/AIDS lesson. A respondent from Jacaranda primary school had the following to say about learning HIV/AIDS education during the set P.E. lesson.

"Our 'AIDS teacher' is always quick to tell us to move out for P.E. and that we would learn about AIDS next week. When next week comes she repeats the same. We never learn anything about AIDS. (A respondent during pupils' FGD)."

This response was a clear manifestation of how teachers who lacked HIV/AIDS knowledge skipped the teaching of HIV/AIDS lessons in primary schools. This was a good pointer as to why pupils' notes were scanty and had wide date gaps. During an observation in a HIV/AIDS lesson in Mwenja primary school, the study established that teachers experienced difficulties in presenting lessons on AIDS consistently. One notable anomaly was that teachers were quick to gloss over sensitive areas especially those that involved mentioning sex. There was also a problem in the use of appropriate language that would perhaps not cause an
embarrassment to either the teacher or the learners. In such circumstances teachers opted to use a different language like Kiswahili. For example, a teacher was found to use a Kiswahili term “Kuonana kimwili” to mean ‘Pre-marital sex’. Such shortcomings hindering proper presentation of AIDS content in class are mainly occasioned by lack of adequate and relevant HIV/AIDS training or seminars.

Respondents, especially those who had not attended any training or seminars from Gikingi and Baraka primary schools blamed the MOEST for not taking any initiative to organise inservice courses for them. Teachers felt that HIV/AIDS training was key to their being adequately prepared without which it was impossible to teach HIV/AIDS curriculum effectively. The study also established that those teachers who had no exposure on the teaching of HIV/AIDS education expressed little concern in the teaching of the curriculum. The main reasons advanced were as follows: First, although teachers considered HIV/AIDS curriculum to be important, they (teachers) did not authoritatively command adequate knowledge about HIV/AIDS. They had little knowledge on the strategies to prevent HIV spread and knew very little about life skills as a preventive measure. Second, HIV/AIDS teaching was not accorded the importance it deserved in most schools. For example, in Gikingi, Baraka and Jacaranda primary schools, HIV/AIDS education was scantly discussed after the regular lessons especially during the pastoral programme. This researcher
observed that, during such instances when HIV/AIDS was to be mentioned, teachers were cautious not to arouse any form of questions concerning the same from pupils. If and whenever such questions arose, teachers could craftily evade them or promise to give the answers later. For example, a respondent asked a lady teacher, who was conducting a pastoral programme.

*How are condoms used during sex? Are they put by both male and female? (A respondent during HIV/AIDS lesson).*

The teacher answered,

*Today we are not learning about condoms. That question will be tackled when we come to that topic. (A respondent during HIV/AIDS lesson).*

This is a clear demonstration that teachers are ill prepared and urgently need HIV/AIDS inservice courses in order to be able to handle the curriculum with ease. The headteachers from various sample schools responded by giving different opinions on the teachers’ attendance in HIV/AIDS training. First, the headteachers concurred with the teachers that, no organised inservice courses by the MOEST had been programmed. The respondents from Nyandarua Boarding and Ol Joro orok primary schools said that the only invitations they had received for such seminars was from either the religious organisations or NGO such as St. Martin Catholic Social Apostlelate which is locally based. The NGO had organised various seminars for teachers on Aids awareness either at school or at locational levels. However individual teachers willing to participate were supposed to meet transport and food expenses during the seminar. In some cases, teachers were requested to chip in for the facilitation expenses. Due to such costs,
the respondents noted that more teachers were kept away from attending such important seminars.

The respondents also noted that only eleven of them in the six sample schools had attended some HIV/AIDS seminars. This, the study established was a cardinal failure, because the headteachers could not effectively enforce the teaching of the new curriculum due to their lack of knowledge. The study established that, the respondents could not commit any school finances into training programmes because they did not have such a votehead.

The TAC tutor responded by arguing that, although the MOEST had delayed in training teachers teaching HIV/AIDS curriculum, programmes were underway to rectify the anomaly. The respondent qualified this by quoting the Minister for Education when addressing a national forum on HIV/AIDS programme in Nairobi recently.

*The Ministry has developed a HIV/AIDS policy to guide the sector, we have developed an HIV/AIDS school kit for training teachers (Daily Nation, May 11, 2004).*

The respondent noted that the MOEST had developed 40,000 copies of curriculum based skills that will help in the training of teachers on the new curriculum. However, the study established that no single manual had reached the schools. The respondent agreed that without such a policy from MOEST,
teachers will remain ill prepared, a situation that may perhaps continue impacting negatively on the teaching of HIV/AIDS education in primary schools.

4.3 Teaching Approaches Used to Teach HIV/AIDS Curriculum

Information on the methods being used by teachers in HIV/AIDS teaching was crucial to this study in three aspects. First, it was used as a basis to gauge teachers' preparedness to teach HIV/AIDS education in primary schools. Second, it enabled the researcher to gather important information on why teachers felt the approaches on HIV/AIDS education should be combined during the lesson. Third, the responses from the respondents were crucial determinants of the recommendations discussed in the next chapter.

Data on the methods that were being used to teach HIV/AIDS curriculum was elicited from teachers through the questionnaire and FGD, headteachers' questionnaires, TAC Tutor's questionnaire, Standard Eight pupils through questionnaires and FGD and the content analysis done on the HIV/AIDS syllabus published in 1999 by K.I.E. As indicated in Chapter Three, a total of 48 teachers, six headteachers, one TAC tutor and 270 pupils participated in the study. Six FGD were held with teachers teaching HIV/AIDS subject. The respondents were asked to enumerate the teaching methods they were using to teach HIV/AIDS education as recommended in the HIV/AIDS education syllabus.
From the content analysis done on the HIV/AIDS syllabus, the study established various teaching methods which have been recommended for use in the teaching of the new curriculum. Among these methods, three groups can be identified, namely; experiential methods which include field work, role play and educational drama; heuristic methods which include resource person, questioning (Question and answer method); and enquiry survey and critical methods which include, discussion and Debate. Some of these methods were found to be used in various sample schools. Table 4.3 gives a summary of the findings of this study in relation to the teaching approaches being used by teachers in HIV/AIDS education.

Table 4.4: Teaching methods recommended in the HIV/AIDS syllabus that were used in the sample schools.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Experiential Methods</th>
<th>Heuristic Methods</th>
<th>Critical Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Field Work</td>
<td>Role Play</td>
<td>Education Drama</td>
</tr>
<tr>
<td>Mwenja</td>
<td>X</td>
<td>Y</td>
<td>X</td>
</tr>
<tr>
<td>Nyandarua</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Boarding</td>
<td>Y</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Gikingi</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>X</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Baraka</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Jacaranda</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Source: Field data

Y = Method used    X = Method not used

Teaching approaches play a key role in enabling the learners to acquire factual knowledge about HIV/AIDS education. Thus the teacher not only transmits...
content but also facilitates the development of certain dispositions. Such dispositions include the ability to establish and use appropriate criteria to judge things, use communication and social relating skills well and the ability to act and reflect on the act in the context of the acquired knowledge. In this case, the approach used by a teacher then can be one of the appropriate indicators to measure the teacher’s preparedness in delivering the intended message. The different approaches used by teachers as shown in Table 4.3 will be considered in this study as follows.

4.3.1 Experiential Methods

These methods provide an experience, which if and when carefully guided are expected to facilitate the acquisition of certain types of knowledge. Experiential methods include such methods as fieldwork and simulation or role-play methods.

(i) **Field Work**

These are methods that try to forge a linkage between the learning that goes on in the school to the realities of life outside the school. Thus the methods suggest that the teacher is supposed to prepare the learners for challenges in life, possibly by raising their consciousness of the nature of these challenges.

During the teachers FGD in Nyandarua Boarding school, it emerged that field trips were done through organising trips to places where, for
example, there are People Living with AIDS (PLWA). Teachers maximised on the effectiveness of such trips by assigning various tasks to different groups of pupils with instructions to ask certain questions and take notes on answers to those questions. Group discussions led by the teacher or the group leaders were held after the trip to help the learners draw fruitful conclusions.

Pupils' FGD in Nyandarua Boarding confirmed this information. The respondents mentioned visiting St. Martin Catholic Social Apostleslate where arrangements were already made to meet with the PLWA. Respondents narrated interesting but horrifying stories they got from the PLWA. Indeed some of the respondents in this school could vividly describe different facial AIDS symptoms that they had seen from a PLWA. One pupil witnessed the following about a PLWA during a field trip.

*As she was talking, the sores on her face kept on bleeding. She was not able to complete some sentences because of breathing problems. Her talking was constantly punctuated by a continuous cough. Oh God help her. (A respondent during pupils' FGD)*

They said this had made them form a decision never to indulge in pre-marital sex as this was said to be the cause of AIDS in almost all those they had talked to.
The headteacher in Nyandarua Boarding school qualified the information from the other respondents. However, the respondent was quick to mention that, the school was able to make such field trips because of its proximity to the institution. Hence little or no cost was incurred during such trips.

Teacher respondents from other sample schools argued that while they appreciated the advantages of this approach, the headteachers declined to finance such trips. This was mainly because where they could get a willing PLWA to talk to was a distance away and, therefore, there were financial implications. Headteachers from schools, which did not use this teaching approach, argued that their schools did not have a votehead for such expenses. However, they were optimistic to influence PLWA from within to agree to be visited by their schools to enable pupils to get such information from the horse’s mouth.

(ii) **Role-play**

This approach encourages learners to live themselves into a situation, put themselves in the circumstances of the main figure and get concerned about the issues under study. During the teacher interviews in Mwenja and Nyandarua Boarding primary schools, the respondents praised this
approach and claimed to have really motivated their learners through this method. They said that groups of learners acted social problems, which were a cause of indulging into commercial sex while others acted solutions to the problems. This method was also used effectively in topics such as social relationships and how they may expose one to HIV and Aids. The importance of VCT especially before marriage to control the spread of HIV was among the topics that were simulated by the learners in these two schools. Teachers’ FGD in Mwenja and Nyandarua Boarding candidly supported this approach. They argued that it was making the learners to look for more knowledge outside the teachers’ notes in class. It encouraged discussions among the learners and helped them talk boldly about HIV/AIDS. Role-play according to the respondents facilitated the learners to simulate the life skills indicators such as decision making and problem solving, coping with emotions and stress and communication by creating commonness with others. This way the teachers were able to achieve their objectives during a HIV/AIDS lesson.

The sentiments echoed by the teacher respondents were qualified in the pupils’ questionnaire and during FGD in Mwenja and Nyandarua Boarding Schools. Learners were open enough to remember some of the issues they had simulated in the recent past. This was also evident when some of them recalled how firm they were, not to give in sexually when approached by another pupil during a HIV/AIDS lesson.
During classroom observation in an AIDS lesson in Nyandarua Boarding school, the researcher witnessed learners role play the following act which was intended to display the skills of decision making, critical thinking negotiation and self-expression. In the role-play, Wanjiku, a schoolgirl visits Muli’s house, her cousin for tuition.

Wanjiku: Knocks at Muli’s door.
Muli: Welcomes her and offers her a chair closer to him.
Wanjiku: Suggests on sitting on another distant chair.
Muli: Insists that Wanjiku sits next to him. He pulls her and sits her on the chair.
Wanjiku: Complainsthat this is not healthy and it is harassment.
Muli: Tries to console her and offers her a glass of juice.
Wanjiku: Moves her chair away from Muli while he fetches the juice.
Muli: Persuades Wanjiku to collect books from his bedroom.
Wanjiku: Adamantly refused, saying it’s not right and refuses to oblige.
Muli: Holds her hand tightly and leads her towards the bedroom.
Wanjiku: Cunningly suggests to be allowed to close the door. But she closes the door behind and runs away leaving Muli a disappointed man.
(Respondents during an Aids lesson).

However, teacher respondents in Gikingi, Baraka, Ol Joro orok and Jacaranda had a different view. Most of the respondents in these schools felt that role-play in so far as HIV/AIDS education is concerned required teachers to have appropriate teaching skills to enable them to encourage all learners to participate in the lesson. This was so because, pupils though in the same class belonged to different age groups and hence their biological dispositions were different. Worse still, some of the learners were themselves infected or affected by HIV and AIDS. During teachers FGD in Ol Joro orok school, one teacher remarked about role play.
Some of those pupils are your real daughters and sons in class. How would it feel if you openly mentioned sexual matters to them. How would they see you at home in the evening. (A respondent during FGD).

Another limitation that was raised by the respondents from Baraka primary school was that role play required a teacher to have tremendous knowledge on the topic being simulated. This was not the case with teachers today. The respondents argued that due to lack of exposure on the contents of life skills HIV/AIDS curriculum, they shied away from trying some of these teaching approaches.

During the teachers' FGD at Jacaranda school, the respondents also expressed fear of being labeled. They indicated that a lot of persistence in asking learners to role play, may lead them to being nicknamed as AIDS teacher'. Thus they opted to keep off from using a very involving teaching method such as role-play.

(iii) Educational Drama

This approach is practised by acting out episodes in which people and personalities are impersonated. The actors mimic personalities being impersonated. From the FGD in Ol Joro orok and Nyandarua Boarding schools, teachers agreed that various topics in life skills HIV/AIDS education can be dramatised. The respondents said that they gave directions on what to be taken note of during the dramatisation session. The drama session is closely followed by a discussion of HIV/AIDS issues.
being dramatised and the subsequent conclusions that can be drawn from the drama.

During teachers’ FGD in Nyandarua Boarding school, the respondents revealed that there were out-of-school groups that were volunteering to work with the pupils in dramatising HIV/AIDS topics. The respondents attributed this advantage to their school being situated in the District headquarters, where such groups preferred to operate. From the teachers’ FGD in Ol Joro orok school, the study established that similar drama groups as those that worked with the teachers in Nyandarua Boarding school also assisted in dramatising AIDS topics in their school.

During a classroom observation, the researcher witnessed the pupils actively involved in drama, during a HIV/AIDS lesson. Here pupils had composed their own poems and songs one of which had a chorus in every stanza as follows:

"Never swim in river Nyando naked but if you must swim ensure you have a swimming costume" (A respondents during a drama session in class).

Such messages conveyed a real warning to those who were likely to involve themselves in risky sexual behaviour. It is also worthwhile to note that the poem conveys a message on condom use but in a well-crafted language, which is less embarrassing.
Another respondent in Ol-Joro-orok primary school boldly narrated how she used to be shy after the introduction of HIV/AIDS lessons in school but now she is not. She had this to say.

_During my first life skills HIV/AIDS lessons, I found it very difficult to discuss about HIV/AIDS. But after I attended a few funerals of AIDS victims, I decided to let it loose and save the souls of innocent pupils bestowed on my hands. These days I guide them in drama, songs and poems about HIV/AIDS message (A respondent during FGD)._

However, teacher respondents in Mwenja primary school where this approach was not used had a different opinion. First, they had a feeling that those teachers who persistently encouraged dramatising of topics in HIV/AIDS would be seen to be promoting promiscuity. This is more so when one discussed openly some of the recommended HIV preventive measures such as the use of a condom. On this, respondent lamented.

_1 cannot even mention the use of a condom. I even don't know how it looks like. What if my church elders heard me talk about a condom. I would be ex-communicated (A respondent during an FGD)_

This view clearly demonstrates the dilemma that teachers sometimes find themselves in. Deep rooted cultural and/or religious beliefs are reason enough to bar teachers from using some of the recommended teaching approaches. Due to such cultural and religious alignments teacher
respondents from the sample schools where this approach was not popular felt that there was need to train independent HIV/AIDS counsellors to handle some of the sensitive HIV/AIDS messages. This, they observed, could be done by setting aside time after the “regular” lessons for the pupils to be talked to by a professionally qualified counsellor instead of their regular teacher. Respondents during the teachers’ FGD in Jacaranda and Baraka schools felt that teaching HIV/AIDS message using educational drama compromised their (teachers’) moral standing in their society. Headteachers respondents agreed that social cultural and religious orientations were a major obstacles which made most teachers to shy away from effectively teaching HIV/AIDS lessons.

4.3.2 Heuristic Methods

This approach enables the learners to search for and discover information by themselves and not just receiving information given by the teacher. The method encourages the independence of learners by emphasizing individual development. Some of the main HIV/AIDS curriculum approaches in heuristic methods will be discussed under three main themes.

(i) Resource person

(ii) Questioning

(iii) Survey-enquiry
(a) **Interview with a Resource Person**

Resource persons are appropriate only and particularly where they are more likely to bring about the desired learning better than the facilitator (teacher). During the FGD, teacher responses indicated that a resource person was an integral part in the teaching and learning of AIDS education. The respondents using this method reported that they first approached the resource person and briefed him/her appropriately as to what the task at hand involved and how it was expected to proceed. The learners too were prepared in advance to learn from the resource person by clearly being explained why such a particular person is useful to their learning. Thus during the lesson, there was meaningful sharing between the learners and the resource person. For example, the learners would ask questions which seemed embarrassing but the resource person confidently answered them. This way, the respondents said, the resource person more or less acted as a facilitator and thus involved the pupils wholly during the whole lesson. One major advantage of this method noted by the respondents is that the pupils seemed freer to ask HIV/AIDS questions which they would have otherwise shied away from asking their regular teachers. There is also the advantage of the resource person having more knowledge and good command in communication on the topic that is being learnt.
This was evident during a classroom observation in Ol Joro orok school when a resource person was conducting a lesson on how HIV is transmitted from one person to another through sex. The resource person displayed a chart in class which had the following information.

**CHART I**

**Sexual Transmission**

<table>
<thead>
<tr>
<th>SEXUAL: WAY OUT :</th>
<th>SEXUAL: WAY IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semen, pre ejaculation fluids</td>
<td>Micro lacerations or ulcers in the</td>
</tr>
<tr>
<td>Vaginal secretions</td>
<td>vagina, anus, mouth or penis</td>
</tr>
</tbody>
</table>

**Co-Factors**

- Violent sex
- Genital trauma during sex
- Got STI
- Very young
- Homosexual
- Frequency

Source: A teaching / Learning material displayed in a Standard Eight class.

Towards the end of the lesson the learners asked the following questions:

**Q**  What are pre ejaculation fluids?
**A.**  Fluids which sometimes precede ejaculation in a male person

**Q.**  What causes micro lacerations?
A. The main causes include sexually transmitted diseases (STD’s) and blister occasioned by friction on the dry walls of the private parts especially during violent sex.

Source: A dialogue between a resource person and pupils in a Standard Eight class during a HIV/AIDS lesson.

During the teachers’ FGD in the two schools where this method was being used (Ol Joro orok and Nyandarua Boarding schools) the respondents hailed the method and indicated that, they (teachers) also used it as a learning session. They however, pointed out that it required careful preparation to maintain focus on the objectives of the lesson. Headteachers from these two schools also praised the method but were quick to point out that it was quietly hurting the school finances when such resource persons had to be paid for their services. However, there was consensus that the gains especially to the learners exceeded the little token given to the resource persons.

The pupils from Ol Joro orok and Nyandarua Boarding schools confirmed having been taught by an outsider in class during a regular HIV/AIDS lesson. In questionnaires, the respondents wrote the names of the resource persons and the topics they had covered with such facilitators. This was enough proof that the teachers were using this method.
However, teacher respondents in Baraka, Gikingi, Mwenja and Jacaranda argued against the method. First, they complained of the school management declining to spend finances on the facilitation of a resource person. Secondly, due to their location, it was not easy to get a resource person and those who would be available were not willing to visit their schools due to the remote nature of their location. Headteachers from these schools concurred with the teachers' sentiments especially in so far as costs were concerned. They argued that no finances have been allocated for such unusual expenses even after the introduction of free education in year 2003. This, the study observed was a major setback to the preparedness of teachers considering that teachers themselves were ill-equipped in as far as adequate knowledge content and teaching techniques on HIV/AIDS curriculum were concerned.

(b) Questioning

There is a tendency for human beings to begin thinking when asked a question. The question and answer method involves carefully designed questions to lead the learner to a particular desired reality.

Through the teachers FGD in Ol Joro orok and Jacaranda schools, the study established that the respondents praised the method as having helped them to involve their pupils more actively during HIV/AIDS
lessons. As is the case with this method, the questions asked by the teacher were open to all learners and thus learners would compete to give answers depending on their ability.

For example, during a classroom observation in Ol Joro orok school the researcher witnessed a teacher teaching about survival skills in a Standard Eight class.

First, the respondent narrated the following story to the class.

*Nancy a Standard Seven girl from school meets a stranger on her way home, who grabs her and wants to rape her*

**Stranger:** Hey girl, sweety, how is you? *(He intercepts Nancy and grabs her)*

**Nancy:** Hi. Leave me alone, I am rushing home and it is late.

**Stranger:** I have caught you and you must pay in kind. *(The stranger drags the girl to the bush and waves a knife at her)*

**Nancy:** *(sensing danger)* Alright, relax, I have no objection. Let me undress *(the stranger puts down the knife as he undresses)*.

**Nancy:** Pretends to remove her clothes, picks the knife and kicks the man between the legs and she runs away as he falls down – groaning.

The respondent asked the following questions to the class:

**Q.** What skills did Nancy use to evade the attack?

**A.** *(From one boy who raised the hand first)* She used some negotiation skills.

**Q.** What would have happened if Nancy showed arrogance?

**A.** *(From another pupil)* Raped.

**Q.** After this rape attempt, what was Nancy supposed to do?

**A.** *(From another pupil whose hand is up)* Report to some authority like the parents, teachers or a close relative.

**Q.** What are the dangers/risks of rape?

**A.** *(At first no one raises the hand, but one girl shoots the hand up)* You can have STI’s or HIV/AIDS. You can also be pregnant.
Q. What advice should be given to the youth?
A. (Many hands are up. Teacher points at one of the pupils) Do not walk alone but in groups.
A. (Another pupil) Avoid risky/isolated paths.

Source: Observation during an HIV/AIDS lesson in a Standard Eight class.

During the teachers FGD, the respondents noted that they were not confident enough to handle some topics in HIV/AIDS curriculum using this method. They observed that topics such as ways of spreading HIV and some of the preventive measures were not clear to them. This observation was confirmed during the pupils' FGD in Ol Joro orok and Jacaranda schools. The respondents complained of some of their HIV/AIDS teachers being shy when conducting the lesson. However, they (pupils) were unable to decisively apportion such blame on either the male or female teachers. The respondents felt that some of their teachers especially those teaching Standard Eight feared to talk openly about sex as their radio teacher does. A pupil in Ol Joro orok school said this about the teachers,

*I feel comfortable when being taught by a female teacher because she mentions everything openly. She doesn't fear the boys. Male teachers are shy when teaching girls in class. I don't feel comfortable when asking male teachers questions pertaining to sex.* (A female respondent during pupils' FGD)
The researcher confirmed this feeling during a HIV/AIDS lesson. The male teacher handling the lesson showed much discomfort in explaining some issues in class. He cunningly evaded questions especially from the girls or was shy to answer them. For example, the researcher observed the following dialogue between Standard Eight pupils and an AIDS education respondent.

**Girl:** You told us that if one cannot be able to abstain, then one can consistently and correctly use a condom. Please explain how one can correctly use a condom.

**Teacher:** We shall learn about condom use in the next chapter.

**Girl:** (Not the same one) People say that if young girls and boys don’t practice sex they will never get children when they become of age. How often should they practice sex?

**Teacher:** Sex is not good for children.

**Girl:** What is wife inheritance and how is HIV transmitted through such practice?

**Teacher:** You will be taught some of these things in secondary school.

In general the lesson seemed not very successful in delivery.

A teacher in class need to be comfortable during the lesson and should be ready to handle any emerging questions from the pupils. The above observation is a clear manifestation of the ill preparedness that is prevalent with teachers teaching HIV/AIDS education in primary schools.

(e) **Enquiry Survey**

This method involves simple social research by the learners on some given topics, for example in HIV/AIDS. Teacher respondents using this method
in Nyandarua Boarding and Mwenja primary schools observed that, in a classroom learning situation, the enquiry survey method may proceed by class discussions on what the facilitator (teacher) wants them to find out. Such an exercise ends up with a set of questions and assignments for the learners to go and seek the answers from certain people such as parents, grandparents, church leaders and elder family members. The questions are asked and answers are recorded to be discussed in class the following day. The respondents in these two schools talked positively about this approach. They observed that it had greatly assisted the learners to investigate and report to the others on various sensitive topics such as causes of HIV/AIDS, its control, people’s understanding on what it means to be HIV positive, the traditional and cultural methods recommended to control the spread of HIV and how to live with those already infected and affected. This approach, the teachers observed, helps learners to discover what values and beliefs are present and current in their social environment as relates to HIV and AIDS scourge.

The teacher respondents in the sample schools where this method was not used advanced various reasons for not using it. First, they said that they lacked command of proper techniques required when using enquiry survey method. This was due to lack of exposure in form of training and/or seminars on the teaching of the new curriculum. Second, they said they
feared to be seen to go against the norms of the society by teaching children matters pertaining to sex. Enquiry survey demands that the learners go and seek information from the society. In this case this information may include sexual matters. Hence the fear by teachers not to find themselves on a collision course with the parents. Third, the respondents also complained about the lack of teaching and learning materials to guide them on what information to seek when using the enquiry survey method.

Emerson & Goddar (1993) observes that in a good environment, teachers in class will regularly judge the work of their pupils and the goals they reach against the goals and targets which they as teachers have set. The study established that this may not be possible where teachers did not have adequate knowledge to help them set the goals they, want to achieve through the enquiry survey method.

4.3.3 Critical Methods

These approaches enable the learner to acquire critical thinking and reflective skills and attitudes. Through critical thinking, the learner becomes analytic and is able to make distinctions and identify differences on a topic one is dealing with. Teachers were found to use two approaches, which fall under critical methods. These methods will be discussed as follows.
Debate

This method was found to be used in 50% of the sample schools. The respondents in Nyandarua Boarding, Gikingi and Baraka schools argued for the method. Teacher respondents said that when using this method, controversial themes in HIV/AIDS curriculum can be discussed effectively. The respondents explained that pupils were given a topic a week earlier so as to prepare their supporting points. During the debate, teachers had minimal role and were only involved where certain themes needed clarification or confirmation.

According to teachers, this method encouraged many students especially in the upper primary classes to find out more facts about HIV and AIDS so as to be able to participate during debates. However, they noted that some pupils who could not express themselves properly in the English language least participated in debates. Nevertheless teachers praised the method as helping them (teachers) to encourage pupils to learn more about HIV/AIDS curriculum.

During the discussions, pupils confirmed holding debates on the HIV/AIDS themes though not regularly. Most of them showed a lot of enthusiasm in HIV/AIDS related debates. Some, however, agreed that they were barred from being active participants because of little command of language.
Teacher respondents from Mwenja, Ol Joro orok and Jacaranda did not use this method. They argued that they found the method time wasting, as it did not involve all the pupils wholly. They also complained experiencing shortage of textbooks where they could refer their pupils for research. Headteachers from these three sample schools noted that there was shortage of teaching and learning materials hence the teachers found the method not suitable.

(ii) Discussion

Discussion method involves brainstorming, agitation and excitation of the mind. Due to its nature, the method if properly used becomes a process of joint inquiry into the themes being discussed. Teacher respondents in Baraka and Jacaranda schools used this method in the teaching of life skills HIV/AIDS curriculum. Pupils were put in small groups of about five to eight and each group was given a topic to discuss. From the teachers’ discussions, the study revealed that this method was not effectively used. Rather, it was only used when sensitive HIV/AIDS topics were to be taught. Thus, teachers evaded involving themselves directly in talking about such topics, which they thought, were embarrassing or would promote stigma to the infected and/or affected pupils. A discussion with pupils in these two schools confirmed what teacher respondents had said. Pupils said that after teachers gave them topics or questions to discuss in-groups, little or no follow-up was ever made. They observed that much
made. They observed that much time was being wasted because there was little gain from such discussions. The pupils said that teachers were not willing to assist them during such lessons. One would only attribute such a scenario to inadequate preparedness of teachers to handle the themes that they were evading.

During the FGD with teachers in Nyandarua Boarding school, a concern was raised on the importance of using divergent methods when teaching HIV/AIDS lessons. However, the respondents felt that any strategy selected to teach HIV/AIDS curriculum should consider the following: First, Aids education is relatively a new discipline that cannot be easily categorized as either a science or an art. Its content cuts across all these disciplines. Second, some issues and topics contained in HIV/AIDS education are very sensitive to learners, parents, the community and the church leaders. Third, HIV/AIDS curriculum is a value-laden subject, with values attached and deeply rooted to culture. Much care should be exercised to avoid injuring the cultural heritage. Fourth, since the major focus for HIV/AIDS curriculum is behaviour transformation, the respondents felt that it should be geared towards the 3 T’s, that is Transmission, Transaction and Transformation. The components of the 3T’s which was commonly referred to as behaviour change ladder was as follows:
1. Unawareness
2. Awareness
3. Acquisition of new knowledge and skills

4. Motivation
5. Trial/Retrial of newly acquired knowledge and skills.

6. Sustain new behaviour

Source: A teaching/learning material in a Standard Eight class
In the focus group discussion at Mwenja school, the respondents expressed an opinion to the effect that educators can effectively facilitate HIV/AIDS curriculum since they are thought to influence the behaviour of the learners. However, such educators (teachers) must have the following attributes; good knowledge of the subject; be good role models, command effective communication, should be committed to changing learners’ behaviour and should be sensitive to cultural beliefs and practices.

Headteachers from Nyandarua Boarding and Ol-joro-orok school felt that HIV/AIDS curriculum can be taught as a separate subject in the school curriculum. However, they cited the following issues as having rendered the approaches of infusion and integration extremely necessary. First, there have been many complaints about the overload in the existing curriculum. Many educationists feel that there are too many subjects in the curriculum. Hence the introduction of another subject in the name of HIV/AIDS could only help increase the noise. Secondly, the fact that one Physical Education (P.E.) lesson had been allocated to teach HIV/AIDS curriculum in primary schools is a welcome move in the right direction although largely seen as a way of managing the crisis before adequate training for teachers is done. This presents other issues such as pupils’ behaviour change, which cannot wait for that one lesson which is sometimes inappropriately placed in the timetable. Thirdly, HIV/AIDS curriculum is not like any other academic subject to be taught academically. It is not examinable. It is about positive behaviour and attitude formation, which can be achieved mainly if
a wholesale approach to the curriculum is undertaken. Fourthly, there is a lot of stigmatisation directed to all those associated in one way or the other with the Aids pandemic. To avoid or to minimize this, it would be fair if all teachers in the school are used to disseminate information on HIV and AIDS. The headteachers felt that, it was important to avoid a situation where learners refer to some teachers as the "Aids teacher". This perception was confirmed when the researcher asked a pupil respondent a question.

**Researcher:** Where is the teacher who teaches you life skills HIV/AIDS lesson?

**Pupil:** Our 'AIDS Teacher' is absent today.

A crucial perception expressed by teachers during the focus group discussion in Ol Joro orok primary school was that, in order to avoid labeling of teachers teaching HIV/AIDS education, every teacher in the school should be involved in its teaching. This, the respondents suggested could be done through infusion of HIV/AIDS subject. The respondents defined infusion for the context of this study as the adding of new materials into the existing one. For instance, teaching new content alongside the pre-existing material. They viewed the infusion approach as requiring teachers to deliberately and systematically teach HIV/AIDS education content (message) alongside the regular existing curriculum. This would be done in what is referred to as 'carrier subjects'. That is, those subjects that already contains some AIDS messages or content, or those which are clearly related in content to HIV/AIDS education. Such subjects include science, religious education, social studies and home science.
The TAC tutor had a different view from that of the teacher respondents on the approach of HIV/AIDS education. The view was that integration approach would involve all teachers instead of just a few. Integration was seen as putting together, joining, marrying or making connections of knowledge, skills, and perspectives of different subject areas to aid exploration or understanding of a topic, theme or issue that is relevant to the learner in greater depth. It enables the learners to access a wide range of skills, knowledge and concepts and form attitudes from a wide range of disciplines and their application to real life situations. Here integration of HIV/AIDS education was viewed as reinforcing and emphasizing AIDS content or messages in all other subjects. When using the integration approach, the main concept or idea in the syllabus, schemes of work and lesson plan should not change; instead, it should be the main focus when teaching but the teacher may either use the concept in the lesson to teach or emphasize some HIV/AIDS messages or vice versa.

According to the information gathered from the TAC tutor, integration helps the teacher, 'to kill two birds with one stone' as the saying goes. That is, through the HIV/AIDS message, the concept is taught as it is in the syllabus while at the same time laying some emphasis on some HIV/AIDS content and hence teach the learners. Integration, like infusion also requires the teacher to identify plug-in-points or favourable areas or entry points in the other subjects other than the
carri er subjects referred to as communication or non-carrier subjects’. The respondent enlisted those subjects as, English, Kiswahili, mother tongue, music, mathematics, art and craft.

4.4 Teaching/Learning Materials used to Teach HIV/AIDS Curriculum

Information about resource materials being used in primary schools during the teaching, and learning of HIV/AIDS education was gathered through teachers’ and pupils’ focus discussion groups, the TAC tutor and observation in the classroom. Teaching and learning resource materials facilitates the successful delivery of a lesson. Through the resource materials the teacher is able to prepare schemes of work and lesson plans which are key when teaching any subject. A content analysis carried out on the HIV/AIDS syllabus showed that there are a variety of resource materials which have been recommended for use during the HIV/AIDS lesson. The findings of this study on the resource materials will be presented as follows:

(i) Teachers’ references
(ii) Pupils’ textbooks
(iii) Magazines / newspapers, posters, charts and diagrams
(iv) Audio/visual aids
(v) Use of other teachers’ (Resource person)
The table below shows the sample schools that are using the recommended teaching/learning materials for HIV/AIDS curriculum.

Table 4.5: Teaching and learning resource materials used during the teaching of HIV/AIDS curriculum

<table>
<thead>
<tr>
<th>School</th>
<th>Magazines/ Newspapers</th>
<th>Teachers References</th>
<th>Pupils References</th>
<th>Audio/ Visual Aids</th>
<th>Resource Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nyandarua Boarding</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mwenja</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Gikingi</td>
<td>Y</td>
<td>Y</td>
<td>X</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Ol Joro orok</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Baraka</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Jacaranda</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>X</td>
<td>Y</td>
</tr>
</tbody>
</table>

Source: Field data

X = Available Resources  
Y = Not available
4.4.1 **Teacher’s References**

A teacher’s reference is a book that a teacher relies on to make the schemes of work and to plan lessons before the actual teaching of HIV/AIDS curriculum. The HIV/AIDS syllabus recommends a book called ‘AIDS Education Facilitators’ Handbook’ for primary One to primary Eight published by Kenya Institute of Education (K.I.E.). The study established that the book was available in two schools only, that is, Nyandarua Boarding and Ol Joro orok schools. A classroom observation during HIV/AIDS lesson in the two schools noted that teachers taught confidently and seemed to master most of the HIV/AIDS content. In the discussion with the pupils, it was reported that they enjoyed the lessons because their teachers taught them well. During the teachers’ discussion in these two schools, it was revealed that teachers’ reference books were important documents without which teachers could not perform as expected.

In the four sample schools, which did not have teachers’ reference books, no schemes of work or lesson plans were available. Teachers complained of how difficult it was to make a scheme of work without the relevant teaching and learning resource materials. When headteachers of these schools were asked why such important documents were missing, they blamed the education office for not supplying them. Lack of reference books is a major setback to the teachers’ preparedness. No effective teaching and learning can go on without these very important documents.
4.4.2 Pupils' Textbooks

A content analysis done on the HIV/AIDS syllabus revealed that there were various books that were supposed to be used by the learners. The study established that three schools, that is, Ol Joro orok, Gikingi and Nyandarua Boarding had some copies of pupils' text books. These books were in three sets.

Let us talk about AIDS: A book for class 1, 2, and 3 (Red in colour)

Let us talk about AIDS: A book for class 4 and 5 (Yellow in colour)

Let us talk about AIDS: A book for class 6, 7 and 8 (Blue in colour).

In Ol Joro orok school, there were thirty copies of the first set of books, thirty two of the second set and thirty copies of the third set. The observation made in class was that one book was shared among four to six pupils. Nyandarua Boarding school which had a similar number of books was even worse. One book was shared among five to eight pupils due to the school’s large size.

Teachers reported that there was a problem during the lesson especially when learners were to refer to a point from the few books. Assignments were also not completed on time due to the shortage of books. An observation during a HIV/AIDS lesson in Nyandarua Boarding confirmed the teachers’ sentiments.

The study established that these books were supplied recently by the government.

At Gikingi primary school, the books were still safely kept in the school’s store.
When this researcher enquired why the learners were not using them, the respondent had this to say:

*These books were just brought the other day. Again they are too few for my school, but we are waiting for more.* (A respondent during an interview).

Teachers interviewed in this school did not know that there were such books in their school. This view showed lack of commitment in the teaching of the new curriculum.

In the other three sample schools, no single copy for pupils was available. The headteachers reported that they had not received the books from the local education office. Teachers raised complain on how difficult it was to effectively deliver a lesson without pupil’s textbooks. During the discussion with the pupils, complains were also raised on their being unable to complete the homework on time whenever it was given to them.

### 4.4.3 Magazines/Newspapers, Posters, Charts and Diagrams

Magazines and/or newspapers are important teaching and learning aids because they provide the current information on various topics especially on HIV/AIDS education trends. Two schools, Nyandarua Boarding and Ol Joro orok out of the six sample schools were reported to be using these crucial resource materials.

Teachers in these two schools reported that most of the magazines and posters they were using were donations from NGO who were operating around them.
This advantage was as a result of the schools location one in the District headquarters and the other in the Divisional headquarters respectively. The respondents said that from the magazines and newspapers cuttings, they were able to make charts and diagrams for use during their lessons. Most of the diagrams and posters were strategically visible on the classroom walls in these two schools. Teachers also reported that, such teaching and learning materials made their lessons successful because they provided them with current information, which could not be available in the reference books.

Pupils in the two schools confirmed having used magazines’ and newspapers’ cuttings in class during the HIV/AIDS lessons. They had compiled a big file made up of newspapers’ cuttings. The learners could indeed mention for example the current HIV and AIDS prevalence rates in most countries with a lot of confidence. They could easily compare the prevalence rates of all the provinces in Kenya.

Teachers from the four schools, which were not using these teaching and learning resource materials, reported having difficulties in acquiring such important documents. Some teachers, especially in Gikingi and Baraka reported that they could sometimes stay for over two weeks without reading a newspaper. This, they said was due to the distance from the nearest newspaper vendor. The respondents complained that without such magazines, posters or newspapers which offered the current information about HIV and AIDS, they risked giving conflicting
information. This, the study observed was a major limitation to the adequate preparedness of a teacher to effectively teach HIV/AIDS curriculum.

4.4.4 Visual Audio Aids

According to the results presented in Table 4.4, all sample schools had received a radio set from the MOEST. Teacher respondents revealed that a radio lesson for HIV/AIDS curriculum was introduced in primary schools recently. As such it was noted that one radio lesson per week was supposed to be put on the major school timetable. However, in the discussion the study established that no such lesson had been timetabled in all the sample schools except in Nyandarua Boarding. Headteachers in the other sample schools were reluctant to fix one, for various reasons.

First, they complained that the timetable was already congested and putting an extra lesson meant overloading the teachers the more. Second, they said they did not have proper guidance from the MOEST as to whether HIV/AIDS education was to have two lessons per week as opposed to the earlier recommendation of converting one P.E. lesson per week. Third, they wondered where to put the radio lesson because most of HIV/AIDS education contents had already been integrated in the other existing subjects according to the new syllabus.
This confusion was confirmed during the discussion with teachers and most of them agreed that the radio lessons had not started inspite of the fact that the radio set was available. The respondents in Mwenja school raised a concern to the effect that delaying to fix a radio lesson on the timetable caused more harm to the learners and teachers. They said the radio teacher could be in a position to give current and factual information on HIV/AIDS education that most likely was not available in the other teaching and learning resources. The study, therefore, noted that failure to use this important teaching and learning resource completely denies teachers an opportunity to improve on their preparedness to teach the new curriculum.

4.4.5 Resource Persons

During the discussion with the respondents, the study established that only two schools – Nyandarua Boading and Ol Joro orok Primary school used a resource person as a teaching and learning aid. The respondents explained that a resource person was one assumed to possess a wide personal experience on issues pertaining to the topics being taught. It was noted that a resource person varied from one commanding reasonable knowledge in HIV/AIDS education to one who could be living with AIDS (PLWA) and would be willing to confess such status and experiences to the learners in a classroom situation. In the discussion, teachers observed that a resource person was an important component in their lesson preparation. Through their collaboration with a local religious
organisation (Saint Martin Catholic Social Apostlelate) which had interest in HIV/AIDS awareness, the PLWA were available on request to participate during HIV/AIDS lessons. The discussion with pupils in these two schools confirmed their having been visited by PLWA.

The other sample schools, which did not use a resource person, complained of lacking such a facility. This, the study noted, is a major limitation to the success of teachers in teaching HIV/AIDS lessons.

4.5 Limitations to Effective Teacher Preparedness

The respondents who gave information about the preparedness of teachers in teaching HIV/AIDS curriculum were also asked to give their views on how the situation can be improved. In this regard, the respondents argued that HIV/AIDS was a crucial subject in the school curriculum and the preparedness of teachers in teaching it was important if the behaviour of young learners was to be changed. The views put forward by the respondents will be considered under the following themes:

(i) Views by teachers teaching HIV/AIDS curriculum.
(ii) Views by headteachers
(iii) Views by the pupils
(iv) Views by the TAC tutor
4.5.1 Views by the Teachers

When teachers were asked to comment on how their preparedness to teach the new curriculum could be improved, they gave various suggestions. First they were of the view that, a syllabus for HIV/AIDS education was a very important document. It was the main guiding factor on which the teacher relies to prepare lessons before the actual teaching. The availability of a syllabus in every primary school is, therefore, very crucial. The MOEST must ensure that those concerned supply this document to all schools in good time for use.

The teachers believed that as of now no seriousness has been accorded the teaching of HIV/AIDS education by the teachers themselves or even by the headteachers. The fact that the subject is not considered during the computation of the MSS of a school is itself not enough reason to ignore its teaching. More importantly, the HIV/AIDS curriculum is geared towards the change of behaviour of the innocent youth hence its crucial role in shaping the lives of the learners.

The respondents also noted the serious setback in their lack of training on the contents and teaching techniques on the new curriculum. It was suggested that the MOEST must formulate a policy to inservice teachers who are currently working so as to improve on their performance. These inservice courses should be properly planned to accommodate enough time to sensitize teachers fully on important aspects of the HIV/AIDS curriculum. A suggestion was raised for the
government to create partnership with relevant NGO in the training of teachers in order to ease the financial constraints.

Teachers teaching HIV/AIDS curriculum expressed fear of being labeled. Some of them candidly said that they knew some of their colleagues who have been nicknamed as ‘AIDS Teacher’. This could easily stigmatise teachers. To avoid such a problem, the respondents suggested that all teachers be involved in the teaching of the new curriculum. This can be done by integrating or infusing HIV/AIDS contents into the existing curriculum, rather than teaching it as a subject on its own.

In one of the group discussions, teachers expressed a concern over the infected or affected pupils in class during the HIV/AIDS lesson. Such pupils felt stigmatised and were noted to withdraw in class. It was suggested that if teachers were inserviced, they could be able to use proper language that could encourage them to live and learn with others. Teachers should also try to avoid using examples that may injure their feelings.

As suggested in Chapter Two, the study established that one main issue that seriously affected the teachers’ preparedness is their cultural and/or religious orientations. Most teachers expressed a concern of having been cursed by the community for going against their norms while teaching HIV/AIDS curriculum. It
was evident from the group discussions that there existed eminent fear to mention a condom as a preventive measure for controlling the spread of HIV due to religious beliefs. It is in record that some religious denominations regard the use of a condom as a contraceptive device which they have denounced. Respondents saw such mention as being anti-religious. Teachers who confess such denominations which do not subscribe to the use of some of these control devices expressed having problems when conducting some topics in the HIV/AIDS curriculum. But it was suggested that, in such instances a resource person may be invited to come and facilitate such sensitive areas.

Respondents also mentioned the location of some schools as being a hindrance in accessing some of the teaching and learning resources such as posters, newspapers and magazines due to remoteness. It was also noted that there was perennial shortage of teachers’ reference books as well as pupils’ text books in some schools, an aspect that completely impaired the teachers preparedness. In this regard, teachers recommended that, the MOEST should ensure that such important teaching resources were available in all primary schools.

4.5.2 Views by the Headteachers

The headteachers were asked to comment on the teachers’ preparedness to teach HIV/AIDS and how it can be improved. They said that to cultivate seriousness in teachers, the subject should be examined at local and national level. This way it
will be included in the computation of the MSS. Once teachers realised that it will be gauged like any other subject then they will put effort to improve on their preparedness to teach it.

Headteachers argued that, it was difficult for the school to sponsor teachers for inservice courses on HIV/AIDS education. They indicated that there was no votehead for teachers training even after the government declared free primary education in 2003. They, however, suggested that teachers should be willing to cost-share for the benefit of the pupils.

When asked about hiring a resource person or financing pupils for educational trips, the headteachers observed that finances were the major handicap. They also noted that schools did not have enough teachers’ reference books and pupils’ text books; they said that this was a short-lived problem because the government has now allowed the buying of text books from the grants provided. Like teachers, the headteachers requested the government to provide HIV/AIDS videotapes to supplement the other teaching and learning resources in school.

4.5.3 Views by the Pupils

The views given by the pupils were almost similar to those given by the teachers. Pupils said that teachers should attempt to be more prepared in order to be able to give them detailed notes mainly for their revision. They also pointed out that HIV/AIDS lessons were skipped or they were forced to go for P.E. consecutively.
instead of one lesson being used for the new curriculum. Thus they ended up losing many lessons in a term.

When they were asked about the teaching and learning resources, they praised teachers who never failed to use teaching AIDS. However, they suggested that there should be a wider variety of resource persons. They wondered why the radio teacher had not started teaching them.

In regard to educational visits, especially to talk to the PLWA, the pupils agreed that those were some of the memorable experiences they have had and they could not forget easily what they saw and heard. They suggested that debates and discussions in-groups be encouraged during the HIV/AIDS lessons. Pupils also pointed out that they were not very comfortable with teachers who were shy in class. Such teachers failed to teach them properly.

On the one P.E. lesson which was being converted into HIV/AIDS lesson, the pupils requested that the lessons be increased to three per week. This would enable them to cover more work in the syllabus. One important aspect of making the pupils understand fully the topics they have been taught is the use of relevant textbooks. Pupils raised a concern to the effect that textbooks were too few in class. About five of them could be seen crowding round one book making it difficult to follow the lesson. They suggested that, now that primary school education has been declared free, it is only wise for the government to provide them with enough books to improve the quality of HIV/AIDS education.
4.5.4 Views by the TAC Tutor

The TAC tutor noted that most teachers had not taken seriously the teaching of HIV/AIDS curriculum mainly because they have not undergone the necessary training on the same. It was suggested that, since the new syllabus has been in the field for some time, the government needs to devise a clear policy on the training of teachers. When asked to comment about the labeling of teachers by the pupils and the society, the TAC tutor suggested that all teachers should be involved in the teaching of HIV/AIDS curriculum. This could easily be done through the ‘carrier subjects’ and also through integration in the existing curriculum.

On the society the TAC tutor suggested that some social cultural beliefs and religious orientations were deep rooted hence it was not easy to change them overnight. However, there was need to educate the society so as to demystify HIV/AIDS. The government should, therefore, enforce the multi-sectoral approach so as to involve the wider community in creating awareness on the dangers posed by HIV and AIDS. This would supplement what teachers are doing in class.

4.6 CONCLUSIONS

In this chapter, the study considered four indicators, which point towards teachers’ preparedness. The indicators were, teachers’ psychological readiness to teach Aids education, their professional background and levels of inservice
training, teaching and learning materials being used to teach Aids curriculum, teaching/learning methods that were used by teachers and the factors that were hindering effective teaching of HIV/AIDS education.

The study has revealed that teachers were psychologically barred from effective teaching by such factors as the presence of many orphans in class, teachers' religious affiliation, cultural and traditional beliefs, stigmatisation and lack of commitment on the side of teachers. Other factors found to be hindering teachers' psychological readiness were the conflicting messages in Aids curriculum and teachers' moral standing in society.

From the study, it is evident that although the teachers in the sample schools were professionally qualified there is need for inservice training to equip them with skills required to meet the demands of teaching HIV/AIDS education. This is attributed to the fact that AIDS curriculum is a value-laden subject, which required new skills and techniques in order to handle it effectively in class. Current and adequate knowledge on HIV/AIDS curriculum was found to be lacking in teachers. The study noted that seminars organised by NGO and/or religious groups on the same which teachers purported to have attended were not tailored to meet all their needs. Rather they targeted information on HIV/AIDS awareness and gave messages likely to cause fear instead of addressing ways of dealing with the challenges posed by the Aids pandemic. In this regard, the study
observes that no effective teaching of the HIV/AIDS curriculum is going on in primary schools.

As regards the teaching approaches being used by teachers, the study established that the HIV/AIDS syllabus has recommended various approaches. It was observed that only 23 per cent of the teachers were able to use some of the recommended teaching methods mainly due to their professional background. Infusion and integration of AIDS messages was commonly used in some schools. But even in such cases, teachers experienced difficulties in teaching AIDS messages that were fused in the regular subjects, and instead they glossed over the areas they thought sensitive. Of importance to note is, where HIV/AIDS curriculum is being taught as a subject, teachers complain of being authoritatively unable to use these methods. This may be attributed to lack of inservice training, which is crucial to their preparedness.

In terms of teaching and learning materials for AIDS education, only a few pupils’ text books were available in some sample schools. Teachers’ references, which were an important determinant of successful teaching, were lacking in many schools. In some cases where pupils’ and teachers’ references were available, HIV/AIDS curriculum was not being taught consistently due to lack of teachers’ commitment. The argument advanced was that, teachers found AIDS
education less important because it was not being tested nationally hence it did not count in the computation of the MSS.

The study established that several factors are hindering the effective teaching/learning of AIDS curriculum. About 60% of teachers in the sample schools expressed being psychologically unprepared to teach HIV/AIDS education due to various reasons. They argued that, they only taught the subject because it was compulsory to teach it. Lack of inservice training compromised the performance of teachers in class. Teachers complained of lack of adequate content knowledge, skills and techniques required in the teaching of AIDS curriculum.

Successful teaching to a great extent is dependent on the available teaching and learning materials especially in primary schools. In this study it was noted that most schools which were studied did not have the required teaching and learning materials. Consequently it is not possible to have effective teaching of the HIV/AIDS curriculum. Respondents blamed the lack of such materials on the part of MOEST, which was responsible for equipping schools with teaching/learning materials.

In view of the foregoing discussion, indicators used for teachers’ preparedness in teaching HIV/AIDS curriculum reveals that, teachers are inadequately prepared
to handle the new curriculum in primary schools. The current teachers’ professional background has proved not to be enough to enable them to teach effectively. Rather there is need for in-service courses and/or training tailored to meet the challenges of teachers’ psychological preparedness, lack of knowledge about the aims and content of the syllabus, the teaching and learning approaches and recommend the appropriate teaching/learning materials.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the basic concerns of the study. Conclusions from the major research findings and policy recommendations that emerged from the field data are also discussed in line with the stated objectives of the study. Recommendations for further research are also identified.

The concern of this study was to explore the teachers' preparedness in teaching HIV/AIDS education in primary schools. The objectives of the study were:

(a) to establish the teachers' psychological readiness to teach HIV/AIDS curriculum in the selected primary schools;

(b) to investigate the professional background and level of training of teachers teaching HIV/AIDS curriculum in selected primary schools;

(c) to establish the teaching approaches being used by teachers to teach HIV/AIDS curriculum;

(d) to find out the teaching/learning resource materials being used by teachers in teaching HIV/AIDS curriculum;

(e) to establish whether there were any limitations that faced teachers during the teaching of HIV/AIDS curriculum.
5.1 Summary of the Findings

(a) Teachers’ Psychological Readiness to Teach HIV/AIDS Curriculum

It was found that teachers were hampered from teaching HIV/AIDS curriculum because of being psychologically unprepared. Factors that made teachers feel not psychologically ready were as follows: the presence of many AIDS orphans in school, cultural beliefs and norms, teachers’ standing morals in society, conflicting AIDS messages, stigmatisation, lack of language sensitive to the learners’ needs, teachers’ religious affiliations and lack of commitment to teach the curriculum.

The study established that teachers feared to talk about sex in class because talking about it openly is taboo in most African communities. In addition, some religious groups did not approve of talking about some HIV/AIDS control measures because it was against their doctrines. Teachers’ morals were questionable in society. Hence they found it difficult to talk evil of the very act they were perhaps accused of.

However, a few teachers who were found teaching the curriculum argued that they did not do it out of their will but because they could not go against the government policy. Psychological preparedness of teachers was crucial if the teaching HIV/AIDS curriculum was to be successful in primary schools.
It was established that teachers in primary schools had high professional qualifications. About 60% of the teachers were involved in teaching the subjects which carried AIDS messages. However, a concern was raised to the effect that, in spite of their being professionally qualified, they experienced difficulties in teaching AIDS messages fused in the 'carrier subjects'. This meant that HIV/AIDS curriculum required new skills and techniques to handle which professionally qualified teachers did not have.

It was found that about 80% of teachers who participated in the study had not attended seminars on the new curriculum. However, even those teachers who had attended such seminars complained over various issues. First, they argued that they did not find the seminars very beneficial because they (seminars) were not tailored to meet the challenges posed by the HIV/AIDS syllabus. This was so because the seminars did not address the teaching of the new curriculum, rather they were aimed at passing information about the awareness of HIV and AIDS. Second, the duration of the seminars was mainly a day or two, which was too short to impart the required knowledge to the participants.
Third, the seminars overlooked some important aspects needed during the teaching of the new curriculum. For example, a language that was learner friendly, the aims and content of the syllabus, techniques and how to teach without compromising the cultural and religious orientations of those involved were supposed to be important components in the seminars. These were never addressed. Fourth, teachers were expected to subsidize the costs of the seminars. This requirement barred most of the teachers from attending such seminars.

(c) The Teaching Approaches that were Used by Teachers

It was found that HIV/AIDS education cannot be categorized either as a science or an art. It cuts across all disciplines. Most respondents noted that there was need to take care when teaching HIV/AIDS curriculum to avoid getting into a collision course with the existing traditional beliefs and/or religious orientations of the learners or the society. Teachers expressed fear of being ostracized by the society if they discussed about sex with their children.

Suggestions were made to infuse or integrate HIV/AIDS based education into the other existing subjects. This would involve all teachers to teach the new curriculum hence the labeling of a few teachers as the ‘AIDS teacher’ would be minimized.
In addition, it was established that all teachers were not using most of the recommended teaching methods such as heuristic, experiential and critical. This was attributed to lack of facilities and relevant inservice and training for teachers on the same.

(d) The Teaching/Learning Resources Materials Used by Teachers

The study established that there was lack of teachers' references recommended in the HIV/AIDS syllabus in most schools. Teachers' reference books are important documents, which enables the teacher to prepare schemes of work and lesson plans. Thus lack of reference books leads into ill preparedness of a teacher in teaching HIV/AIDS curriculum. There was a shortage of pupils' textbooks and in four out of the six sample schools there was not a single copy. Lack of pupils' textbooks rendered the learners unable to complete the assignments on time. They were also not able to follow the lessons effectively. Pupils reported not being able to revise properly because of lack of textbooks. This was made worse by the fact that, their notes were found to be scanty and uncoordinated.

Other teaching/learning resources, which were found to be either in short supply or completely missing, were charts, magazines, posters, newspapers, etc. Respondents reported that posters and magazines were
supposed to be supplied by the MOEST. From posters, magazines and reference books teachers could draw diagrams to be displayed in class during the lesson. This was not possible without these important teaching resources. It was suggested that the government should try to network with relevant NGOs to assist in providing some of the greatly needed teaching/learning resource materials.

(e) Respondents Views on the Improvement of Effective Teachers' Preparedness

The respondents gave various views on how teachers' preparedness could be improved. Most of the respondents suggested that it was imperative to have a copy of the HIV/AIDS syllabus in all schools. This being the government approved document to guide the teachers, it plays a pivotal role in enabling the teacher to prepare schemes of work and plan lessons properly. It was also suggested that teachers’ reference books and pupils textbooks should be availed to enhance effective teaching and learning.

In addition, it was suggested that teachers should be exposed to training and/or seminars relevant to the teaching of HIV/AIDS curriculum to facilitate their (teachers) gaining of knowledge on the content and methods necessary to teach the new curriculum. Such programmes should be properly tailored to meet most of the aspects required for effective
teacher preparedness. There was a suggestion that HIV/AIDS education be infused or be integrated in the existing curriculum to stamp out labeling of some teachers as 'AIDS teachers' by the learners. Respondents found it important for teachers to acquire proper teaching language devoid of words that may easily cause stigmatisation to the HIV and AIDS infected and/or affected pupils in class. While teachers are supposed to be innovative, it was suggested that MOEST should provide essential teaching and learning resource materials to enable teachers to be effective in their teaching.

Other suggestions made included the following:

- HIV/AIDS education should be made an examinable subject at national level. This could make the teachers give it the importance it deserves in so far as its teaching is concerned.

- Use of 'other teachers' such as a resource person could greatly improve on the teachers' effectiveness in teaching. The resource persons may be in form of PLWA who are ready to share their experiences with the learners.

- HIV/AIDS lessons should be increased from one to two per week to facilitate adequate coverage of the syllabus.

- The government should network with the relevant NGO in giving awareness of HIV/AIDS to the community so as to demystify
HIV/AIDS. This could help to stamp out the retrogressive culture, which hinder the teachers from effectively teaching the HIV/AIDS curriculum.

5.2 Conclusions

The conclusions of this study are based on the field data and reflect the objectives and research questions that the study set to address. This study attempted to answer five research questions. They were:

(a) Whether teachers in selected primary schools were psychologically prepared to teach the HIV/AIDS curriculum.

(b) What the professional background and levels of training teachers had.

(c) What teaching methods were being used by teachers during HIV/AIDS lessons.

(d) What resource materials were being used by teachers to teach HIV/AIDS curriculum.

(e) Whether there were any limitations that faced teachers during the teaching of HIV/AIDS curriculum.

On the issue of teachers’ psychological readiness to teach, this study established that there were some factors that hindered them from teaching the curriculum effectively. Such factors include, stigmatisation, religious affiliations, cultural practices and norms, the presence of a large number of AIDS orphans in class,
teachers' standing morals in society, conflicting HIV/AIDS messages, lack of appropriate language to be used in HIV/AIDS education lessons and lack of teachers' commitment.

AIDS scourge causes a lot of stigma to those infected and/or affected in society. Teachers found it difficult to discuss AIDS messages in class because some pupils were perhaps infected or affected. Discussing HIV/AIDS in class would injure the feelings of those infected. Such a situation compromised the teachers' ability to effectively teach the curriculum. Efforts to demystify HIV/AIDS in the wider society should be intensified so as to minimise stigmatisation.

The study established that lack of appropriate language for use during the AIDS education lessons made teachers feel psychologically incompetent to handle HIV/AIDS curriculum. It was found that most of AIDS orphans in class could and were easily affected by a language which was insensitive to their plight. One of the aims of the HIV/AIDS curriculum is to help the infected and affected learners to cope with their situation. In this regard, the language used by teachers in class should be learner-friendly so as to encourage them to cope with their condition.

In terms of teachers' standing morals, the study established that teachers' credibility in society was questionable. Teachers need to portray a moral
uprightness in the community in order to be good examples to the learners. It would be difficult for the teachers to ask the pupils to do what they (teachers) say and not what they do as the saying goes. This would be even more difficult when HIV positive teachers were to teach the curriculum. The society has firmly associated AIDS infection with promiscuity. Thus, it is already an open secret that those suffering from AIDS including teachers, at one time or the other were promiscuous. This, way teachers are likely to continue experiencing difficulties in teaching HIV/AIDS curriculum unless their moral uprightness improved positively.

In terms of the teachers’ professional background and level of training, the study established that, all teachers sampled for study had attained minimum professional training to teach in a primary school. It was also revealed that some Aids messages were fused in the ‘carrier subjects’ which were being taught by the professionally qualified teachers. However, teachers expressed having experienced difficulties in teaching some HIV/AIDS messages because of either lack of knowledge or lack of adequate teaching skills.

The seminars, which some teachers purported to have attended, seemed not to have adequately addressed their teaching needs posed by the new curriculum. Teachers felt disadvantaged to authoritatively tackle some topics in the curriculum because of lacking basic preparation. Teachers who did not
command the required knowledge or did not have the appropriate teaching skills were likely to gloss over some challenging topics in the curriculum. In this regard, the MOEST should organise inservice courses for teachers tailored to meet the demands of the HIV/AIDS curriculum.

The study also established that although the MOEST introduced the teaching of the new HIV/AIDS curriculum in 1999, some teachers claimed not to have seen the syllabus for the curriculum. Thus some teachers did not know the aims and contents of the AIDS curriculum. A syllabus is an important guide in the teaching of any subject in schools. It spells out important aspects of a curriculum such as the aims and objectives, the content, and recommends the teaching/learning materials and methods to be used in teaching. Lack of a syllabus in schools meant that teachers could not effectively teach the curriculum. Thus, the MOEST should ensure that all schools had a copy of the syllabus and that teachers had access to it.

Several teaching/learning materials recommended in the HIV/AIDS syllabus were found not to be used during the lessons. It was noted that teachers who had been exposed to seminars could apply only some of the teaching methods during the lessons. However, most of those who had no training complained of being unable to confidently use most of the methods. In most cases therefore, the lessons turned out to be a failure. Teaching and learning techniques in any curriculum could only be acquired through training. Lack of inservice for teachers teaching HIV/AIDS curriculum greatly impacted negatively on teachers’ performance.
The study established that only a few schools, especially those located close to the major urban centres had adequate and relevant teaching/learning materials. Although it was indicated that they got most of the materials from local NGO, teachers were found to be well motivated in teaching HIV/AIDS curriculum. Hence, they were very innovative. Schools located close to the District and Divisional headquarters were found to have adequate teaching/learning resource materials, compared to the ones far in the interior of the study area.

It is important for the MOEST to make efforts to reach schools, which are in the interior so as to make the teaching/learning in schools uniform. Schools and, therefore, teachers and learners should not be made to suffer because of their location. In view of the foregoing, it is important to note that the reflections and arguments advanced in this study lead to certain conclusions concerning teachers' preparedness.

First, teachers' psychological readiness to teach the HIV/AIDS curriculum has been hampered by factors such as religious affiliations, societal traditions and customs, the large number of AIDS orphans in class and teachers' standing morals. Teachers who are not psychologically prepared will not be able to implement the new curriculum. To alleviate such anomaly, inservice courses and training for teachers should be programmed to empower them to handle the curriculum.
Second, data has established that most primary school teachers have little and in some cases no knowledge at all about the HIV/AIDS syllabus. The study has indicated that no HIV/AIDS education training and/or seminars either at local or national levels have been organized by the MOEST to sensitize teachers about the new curriculum. This has left teachers ill prepared and, therefore, unable to effectively teach the new curriculum.

Thirdly, the teaching/learning resource materials are notably lacking in the workplace. Consequently, the methodology used by teachers was found to be inadequate. Since the methodology has been less effective to the learners, there has been minimal impact of the lesson. Fourth, the study has indicated that no serious concerns have been given the HIV/AIDS lessons. In some sample schools, the subject is not timetabled nor does it get the attention it requires. This was attributed to lack of commitment on the side of teachers due to lack of HIV/AIDS content knowledge.

The study has also established that there still exists a notable gap between the teaching/learning of HIV/AIDS education on the one hand and religious inclinations and traditional beliefs on the other. This gap exists because some religious groups denounce some of the recommended HIV/AIDS control measures, whereas talking openly about sex is traditionally taboo in most African communities. Such a gap can be minimized by empowering teachers with
adequate HIV/AIDS knowledge so as to use proper language and techniques when teaching. Greater HIV/AIDS awareness should be expanded to the society so as to demystify HIV/AIDS.

The findings of this study have implications on the realization of positive synergy between the HIV/AIDS teaching and the available resources. One explicit point is that successful teaching in the classroom depends on various factors among them being the use of varied teaching/learning resource materials. These include, teachers’ references, pupils’ textbooks, charts, posters diagrams, etc. Lack of such teaching / learning materials is a serious setback to the successful teaching/learning of HIV/AIDS curriculum as the study established. It is for this reason that urgent measures to empower primary school teachers in the teaching of HIV/AIDS education should be put in place.

5.3.0 Recommendations

This study has revealed that most teachers felt ill prepared because of lack of knowledge of HIV/AIDS curriculum. This subject is relatively new in the primary school curriculum and is different from what teachers used to teach in the form of family life education or reproductive health education. Thus HIV/AIDS curriculum calls for a new approach. The government should, therefore, organise inservice courses for the practising teachers so as to equip them with the required knowledge on the HIV/AIDS education.
The success of any lesson is as a result of a combination of various factors. Among them are the teaching and learning resource materials and the teaching approaches used. Whereas teachers can be very innovative, the government should supply those items that cannot be improvised by teachers. These include, the HIV/AIDS education syllabus, teachers’ reference books and pupils’ textbooks.

It has been found that one of the major hindrances that teachers faced in their preparedness is cultural beliefs and/or religious orientation in the society they live in. Teachers and pupils being members of a larger society would seem to be rebellious if they practised what the society abhors. Some of these beliefs are retrogressive. The government should network with the relevant NGO and penetrate further in the society creating HIV and AIDS awareness so as to demystify it. This perhaps may positively appeal to the society to discard some of the retrogressive practices which hinder teachers from effectively teaching HIV/AIDS curriculum.

To succeed in empowering teachers to teach HIV/AIDS curriculum, the government should diversify and increase the sources of information available to teachers so that they can become better informed. School programmes such as daily HIV/AIDS videos and club/organisations and the formation of a HIV/AIDS health committee is highly recommended.
The curriculum should consider the diverse age groups who may have otherwise been grouped together due to their academic competence or incompetence. Thus programme which are age and culture specific should be put in place.

A community representation should be involved in all seminars aimed at preparing teachers to teach HIV/AIDS education. This recommendation arises due to the fact that, teacher respondents often expressed a feeling that they feared to be labeled by the society if they were found to talk about sex with their children, which itself (sex) is an integral part of HIV/AIDS curriculum.

The headteacher is, as the senior manager of the school, the key person to lead any change in the school environment. A senior teacher should be trained to have the capacity within the school to pass on the training to other teachers. One of the parents should also be invited so that the teachers can be sure that the parents know what the teachers are being asked to teach and can contribute to the plans to include the community in supporting a behaviour change process.

5.3.1 Teachers

- Teachers should use teaching methods that involve students and those that are skill based. They should as much as possible use real life situations.
- Teachers should be properly motivated and command adequate content knowledge to effectively teach HIV/AIDS curriculum.
- The challenge of HIV/AIDS education calls for a ‘whole school response’. Concepts like School Strategic Plan, drawing up Action Plans, working as a
team and sharing plans, involving parents etc. should be used to respond to the need for HIV/AIDS education in primary schools.

- There is urgent need for teachers to collaborate with the TAC tutor to develop additional resource materials for use in all classes and more importantly the need to develop participatory learning practices in schools.

5.4.0 Areas for Further Research

The scope and scale of this study has necessarily been limited. The following avenues of further, future research could and should be explored:

(a) An in-depth broader-based study covering a wider geographical region and embracing greater demographic, ethnic, political, education and social diversity than those achievable in this study would be valuable to establish whether conclusions can be generalized.

(b) It would also be interesting to conduct longitudinal study of the progression of HIV/AIDS knowledge and attitudes throughout primary, secondary and tertiary levels of education.

(c) Further studies should be conducted to verify this study and determine which variables are mostly correlated to teachers’ preparedness and the effective teaching of HIV/AIDS curriculum.

(d) Since this study established that some teachers were effectively teaching HIV/AIDS curriculum, studies should be carried out to actually determine whether learners portrayed positive behaviour change as a result of such education.
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JOURNALS REPORTS, NEWSPAPERS AND MAGAZINES


________________________ 11th May 2004.

________________________ 6th December 2004.


**THESES**


APPENDIX 1

PUPILS’ QUESTIONNAIRE

The following questions are intended to give information on how HIV/AIDS is taught in schools and the teaching/learning approaches used by teachers. Pupils will be helped to fill this questionnaire by the research assistants.

1. Name of your school _____________________________________________

2. Gender: Male ______________________ Female ______________________

3. Class ____________________________

4. Have you ever heard about sexually transmitted diseases (STD)? tick one ( √ )
   Yes ( ) No ( )

5. If Yes, What do you know about STD? Explain ______________________

6. Are you taught about STD in school? Tick one ( √ )
   Yes ( ) No ( )

7. If yes, in which subject are you taught about STD?

8. Do you know anything about HIV/AIDS? Tick one ( √ )
   Yes ( ) No ( )

9. If yes state briefly what you know

10. Are you taught about HIV/AIDS education in school? Tick one ( √ )
    Yes ( ) No ( )
11. If yes, state briefly what you know about HIV/AIDS education

___________________________________________________________________________

12. How many lessons per week do you learn about HIV/AIDS education?

Tick one (✓)
0 ( )  1 ( )  2 ( ) Many ( )

13. What do you enjoy in the teaching of HIV/AIDS education?

Tick one (✓)
Good teaching ( ) Topics taught ( )
Learning materials used during the lesson ( )

14. What don't you enjoy in the teaching of HIV/AIDS education?

Tick one (✓)
The way lessons are taught ( )
Feel shy during the lesson ( )
The language used by teachers ( )
Others-specify ( )

15. Do you have any textbooks on HIV/AIDS education? Tick one (✓)

Yes ( ) No ( )

16. How do you classify your teachers in teaching you about HIV/AIDS education in the following areas? Tick one (✓)

(a) Content of Aids education
   Good ( ) Average ( ) Not good ( )

(b) Teaching methods used
   Good ( ) Average ( ) Not good ( )
(c) Use of learning materials

Good ( ) Average ( ) Not good ( )

17. Would you like to be taught about HIV/AIDS education by a female or male teacher? Tick one ( √ )
Female ( ) Male ( )

18. Why do you say so? Explain

__________________________________________________________________________

__________________________________________________________________________

19. What are your general feelings about the teaching of HIV/AIDS education?
State

__________________________________________________________________________

__________________________________________________________________________

20. State what should be done to improve the teaching of HIV/AIDS education in your school

__________________________________________________________________________

Thank you for your response
APPENDIX II

TEACHERS' QUESTIONNAIRE

The aim of this instrument is to get data on the teachers' psychological readiness to teach, their professional background and levels of training, the teaching/learning materials and approaches being used.

1. Name of school

2. Type of school: Day ( ) Boarding ( )

3. Gender of teacher: Male ( ) Female ( )

4. What is your professional qualification?

5. Is HIV/AIDS curriculum taught as a subject or is it fused in the regular subjects?

6. Do you think the HIV/AIDS curriculum is different in approach from the other regular subjects? (Does it need special consideration)

7. If yes, state the difference (s)

8. Are there any psychological barriers that hinder you from teaching the curriculum?

   Tick one ( √ ). Yes ( ) No ( )

9. If yes, what are they?

10. Has there been any training or inservice courses organised for the teaching of the AIDS curriculum? Tick one ( √ ). Yes ( ) No ( )
11. If yes, indicate the type of training/seminars attended

12. What materials do you use in the teaching of HIV/AIDS curriculum?

13. What are the approaches/methods that you use in the teaching of the curriculum? (e.g. role play, group discussions, question/Answer, lecture, etc)

14. In your opinion does HIV/AIDS curriculum need to be taught?
   Tick one (✓). Yes ( ) No ( )

15. Why do you think so?

16. What challenges do you experience in the teaching of HIV/AIDS curriculum?

17. What efforts have been made to meet these challenges?

18. What suggestions/recommendations would you make to improve the teaching/learning of HIV/AIDS curriculum in primary schools?

Thank you for your responses
APPENDIX III

HEADTEACHERS INTERVIEW GUIDE

Name of school

Headteacher: Male ( ) Female ( )

1. Is there a ministerial policy on the teaching of HIV/AIDS curriculum in primary schools? (Probe)

2. How is your school implementing the policy? (Probe; e.g. Is it being taught?)

3. How is HIV/AIDS curriculum timetabled in your school? (Probe e.g. as a subject or fused and/or integrated in regular subjects).

4. What type of training/seminar has your teachers undergone? (Probe; e.g. how many trained, duration of seminar and content).

5. What teaching/learning materials are there for the curriculum? (Probe for type of materials available in school).

6. From your experience as a headteacher, are there any challenges in the teaching of HIV/AIDS education? (Probe; e.g. from the teachers, parents/community or religious groups).

7. How do you overcome the perceived challenges?

8. What suggestions/recommendations would you make pertaining to the teaching of the curriculum in primary schools?

Thank you for your responses
APPENDIX IV

INTERVIEW GUIDE FOR TAC-TUTOR

The aim of this interview is to seek your views on the ability of teachers to teach HIV/AIDS curriculum and the government support to the teachers in form of equipping them to be ready to teach the curriculum. The information you provide will be treated in confidence and will be purely used for academic purposes.

1. Designation _____________________ Division _____________________
   Number of primary schools in the Division _____________________
   Number of teachers _____________________ Pupils _____________________

2. Comment on your duties in relation to the primary school education.

3. How has the government policy on HIV/AIDS curriculum been implemented in this zone? (Probe).

4. In your opinion, how have teachers responded to the teaching of the new curriculum? (Probe e.g. their acceptance)

5. Are there any recommended teaching and learning materials for HIV/AIDS curriculum? If yes, what are they? (Probe for specific materials).

6. In your view does the Aids curriculum have new areas that require teachers’ inservice? If yes what are they? (Probe).

7. Have teachers been exposed to any training/inservice on the teaching of the AIDS curriculum? If yes, comment about the training? (Probe the nature, content and duration of the courses).

8. In your opinion, do teachers encounter any challenges in the teaching of the AIDS curriculum (If yes, probe in what areas).

9. Do you have any role in ensuring the preparedness of teachers to teach the AIDS curriculum? If so, which one? (Probe).

10. Do you have any suggestions to make as pertains to the effective teaching/learning of HIV/AIDS curriculum in primary schools?

   Thank you for your responses
APPENDIX V

FGD FOR TEACHERS

The discussions we are going to have seek your views about the teaching of HIV/AIDS curriculum in primary schools. This will involve information about the psychological readiness to teach, teaching/learning materials and approaches being used in class during the HIV/AIDS lessons. The opinions you express will be used for academic purposes and your identity will be treated in confidence.

1. Comment about the teaching of AIDS curriculum in this school. (Probe on regularity).
2. What can you say about your acceptance to teach AIDS curriculum in school? (Probe on psychological barriers).
3. Have you been exposed to any training/in-service courses on HIV/AIDS curriculum? (If yes, probe, nature, organisers, content and duration of courses).
4. Comment on the teaching/learning materials that are available for the AIDS curriculum. (Probe on type, source, quality and quantity of materials).
5. What are the teaching/learning approaches that you use when teaching AIDS lessons? (Probe on variation and suitability of each method mentioned).
6. Do you encounter any challenges in the teaching of HIV/AIDS curriculum? (If yes, probe the nature and suggested solutions).
7. In your view, is the teaching of HIV/AIDS curriculum in primary schools important?
8. What suggestions would you make for effective teaching of the AIDS curriculum?

Thank you for your participation
APPENDIX VI

FGD FOR PUPILS

The discussion we are going to have is intended to seek information about the preparedness of teachers to teach HIV/AIDS curriculum. The information you give will be purely used for academic purposes. Your identity will be treated in confidence.

2. Mention some of the topics that you have learnt about HIV/AIDS (Probe).
3. What methods do your teachers use during the HIV/AIDS lessons? (For example, question/answer, discussions, etc) (Probe).
4. Do you have any textbooks on HIV/AIDS education? (Probe).
   (b) If yes, which are they? (Probe, on how they share)
   (c) What other teaching/learning materials do your teachers use during the Aids lessons?
5. Do you do any tests on HIV/AIDS education? (If yes, probe nature and frequency).
6. Apart from learning in class, do you visit or receive visitors to talk about HIV/AIDS? (If yes, probe places visited and/or type of visitors).
7. Comment on how your teachers conduct the Aids lessons. (Probe on language, manner of presentation, content knowledge and use of teaching/learning materials).
8. Do you think HIV/AIDS as a subject is important to you? If yes, give reasons.
9. What do you recommend to be done to improve the teaching/learning of HIV/AIDS curriculum in primary schools?

Thank you for your participation
APPENDIX VII

CLASSROOM OBSERVATION SCHEDULE

Direct observation will be carried out. The observation will focus on two areas: Thus

(a) Teachers activities in class

(b) Pupils activities in class

(a) Teachers' activities in class
- Confidence in introducing the lesson
- Command of content knowledge
- Eye contact with pupils
- Language use
- Involvement of pupils in the lesson
- Teaching/learning method used
- Teaching/learning materials used
- Distribution of questions among the pupils
- Handling of questions from the learners
- Are there any notes given to the learners?
- Teacher-pupil relationship during the lesson

(b) Pupils' activities in class
- Are pupils attentive during the lesson?
- Ability to ask and answer questions
- Sharing of teaching/learning materials
- Participation in group discussions
- Interaction with the teacher
- Are pupils taking notes?
- Are there any pupils withdrawing or seem uncomfortable during the lesson?
APPENDIX VIII

GUIDE TO ANALYSIS OF DOCUMENTS

In this study, the documents, which will be analysed, are intended to give supportive data. They are:

(a) HIV/AIDS syllabus
   • Year of publication
   • The aims and content of the curriculum
   • The recommended teaching/learning methods
   • The recommended teaching/learning materials
   • Classes which are supposed to be taught
   • Mode of teaching AIDS education/timetabled as a subject or fused in other regular subjects

(b) Pupils' exercise books
   • Consistency of notes written
   • Relevance of written notes in relation to the syllabus
   • Tests and/or quizzes given