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**CHALLENGES FACED BY TEACHERS IN
IMPLEMENTING HIV/AIDS CURRICULUM IN PRIMARY
SCHOOLS FOR PUPILS WITH HEARING IMPAIRMENTS
IN RIFT VALLEY PROVINCE, KENYA**

BY

PAUL KIPKORIR/MUTAI

REG: E55/7188/02

**A Thesis Submitted to the Department of Special Education in Partial Fulfilment of
the Requirements for the Degree of Master of Education of Kenyatta University**

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Mutai, Paul Kipkorir
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teachers in*

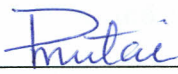


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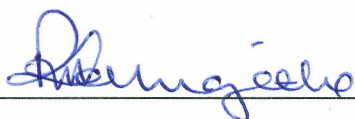
DECLARATION

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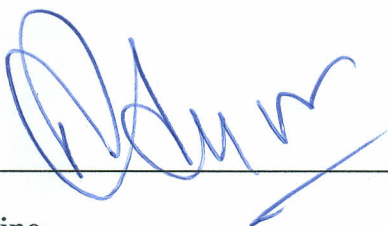
Signature  Date: 02/12/2008

Paul Kipkorir Mutai E55/7188/2002.

This thesis has been submitted with our approval as University supervisors:

Signature  Date: 02/12/2008

Dr. Rachael W. Kamau-Kang'ethe
Department of Early Childhood Education
Kenya University.

Signature  Date: 2/12/08

Prof. Philip Owino.
Director Open and Distance Electronic learning
Kenya University

DEDICATION

This thesis is dedicated to my late grandmother, Rhoda, who took me to school during my early years of schooling. She was a source of inspiration to me. To my family: my wife Evaline, an ardent supporter and friend, my beloved children, Joyce, Patrick, Caroline and Brian, who gave me hope and a reason to struggle. To my parents, Daniel and Esther, who always showed unfailing love and support when I was undergoing this programme.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
EFA	Education for All
HIV	Human Immunodeficiency Virus
KIE	Kenya Institute of Education
KDHS	Kenya Demographic and Health Survey
MOEST	Ministry Of Education Science and Technology
MOH	Ministry Of Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STD'S control Programme of Kenya
NGO	Non- Governmental Organization
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
DEO	District Education Officer
SPSS	Statistical Package for Social Science
ESAR	Eastern and Southern African Region

ABSTRACT

This study was designed to investigate the challenges the teachers who handle the hearing-impaired learners face in the process of teaching HIV/AIDS Education in primary schools in Rift-valley province of Kenya. The study was based on the view that HIV/AIDS is indeed a threat to all humanity, regardless of the physical or even mental condition. The study sought to determine the type and level of training the teachers undergo before handling this subject and the challenges they encounter in translating the AIDS education content into sign language to hearing impaired pupils. The study adopted the descriptive survey design. The research instruments used included the teachers' and pupils' questionnaires. Data collected was coded and entered in the statistical packages for social sciences (SPSS) programme. The descriptive statistics, that is, frequency distribution and percentages was used to describe and summarise the data in reference to such variables as age, gender, years of teaching and pupils' classes among others. Qualitative responses (data) were analysed using thematic approach, whereby each objective under the study was described in relation to the categories of responses given from the subjects. The results of the study indicated that majority of teacher respondents had acquired the certificate level of training in HIV/AIDS course, spending one week duration in undertaking the course. Majority of the respondents had also taught HIV/AIDS lessons for a period of three years. On the other hand, pupils' respondents indicated that they were 100% knowledgeable of HIV/AIDS and the teachers were their main source of knowledge. They knew that AIDS kills, and that AIDS is transmitted by both blood transfusion and sexual activities. Majority of teachers also indicated that there were fewer textbooks for HIV/AIDS, which hampered their efforts in disseminating Aids knowledge to learners. Nevertheless, female teachers use more books than their male counterparts, and more of books are used than posters and newspapers in dissemination of HIV/AIDS information to pupils. In addition, teachers indicated that abstract signs hinder them to effectively disseminate HIV/AIDS knowledge to pupils. In fact, more female teachers than males were puzzled by abstract signs in their teaching, while more men than female teachers experienced the same but in the case of difficult concepts. Majority of teachers were also of the view that more workshops should be conducted for them; while others were of the view that there was a need for more teaching learning materials. Recommendations were made for the government to expand provisions of training of HIV/AIDS in institutions up to degree level—higher education, so as to increase knowledge to teachers to aid their effective implementation of the HIV/AIDS curriculum. The government should also avail scholarships in this area to encourage further education and training of teachers of hearing impaired. In addition, the government and other organizations should provide seminars, workshops and conferences for more awareness on the part of teachers. Last but not least, teaching-learning materials should also be provided, including directives on conventional terminologies and signs to be used by teachers and pupils for effective implementation on the communication of HIV/AIDS curriculum in schools for hearing impaired. Further, research was recommended with regard to pupils' perception of risk sexual behaviours in schools for hearing impaired.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Over the last one decade, HIV/AIDS has become the world's most devastating epidemic, particularly in developing countries where HIV/AIDS has been declared an emergency. The Kenya Government, for example declared HIV/AIDS a national disaster in 1999. It was estimated that by the year 2001, 22 million people had died of AIDS worldwide; 36 million were already infected with HIV/AIDS and out of these, approximately 70% lived in Sub-Saharan Africa (Ministry of Health, 2001). HIV/AIDS is indeed acknowledged as a global health crisis, which has involved healthcare workers, policy makers and ordinary citizens in an almost never ending struggle. In mid 1989, a minimum of five million people were estimated by WHO to be carrying the virus, if no effective, cheap and widely available treatment becomes in place, more than half of that number will have developed AIDS by the year 2000 (ECONEWS Africa Magazine, July, 2001).

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimated at the beginning of the year 2000 that over 34 million people were infected with HIV/AIDS and that 15 million had died of the disease worldwide (ECONEWS Africa Magazine, July 2001). HIV/AIDS has continued to be a menace; for instance, by 1999, the total number of deaths since the beginning of the pandemic stood at 16.3 million (ECONEWS, 2001).

In Kenya, the first AIDS case was detected in the late 1970's, and by 1995, 63,179 cases had been reported (Ministry of Health, 2001). By the year 2001, it was estimated that 2.2 million Kenyans had already died from the viral infection. The most commonly pronounced mode of HIV transmission in Kenya is heterosexual contact while significant proportions pass the virus to the child during pregnancy, labour or delivery or through breast-feeding. In the early years of HIV/AIDS epidemic, not much was known about it. Programme managers often lacked information on the mode of transmission and the interventions necessary to slow down the spread of this deadly virus. However, in more recent years, knowledge about the virus has grown more tremendously making it easier to monitor the trends while measuring the impact of various interventions (Ibid p.13).

At the same time, the impact of AIDS epidemic has been felt across the sectors. In Education, for example, the system is affected in many ways: children infected with HIV at birth do not live to enrol in school and many children also have to drop out of school when they become orphans or to attend to sick family members. Teachers and other professionals in the Education sector are also dying from AIDS. In fact, by 2003, it was reported that at least five teachers were succumbing to the AIDS pandemic every week (Daily Nation, Monday, May 5, 2003). However, it would be interesting to find out whether education in itself could as a source of knowledge could be part of a useful solution to the problem. This is because it is widely believed that school based programmes can help young people understand how to avoid the risks of unsafe sex.

It is in this context that the Kenya Government has called for multi-sectoral response to contain the spread of the HIV virus and mitigate its spread. As such, several awareness initiatives have been taken in addressing the HIV/AIDS issue. Such initiatives have been conducted by non-governmental organizations (NGOs), Churches, the media, the government, and of late, schools and other institutions of learning. In other words, being part of the sufferer, the education sector should also be in the forefront in helping mitigate HIV/AIDS (MOH, 2001).

Until recently, HIV/AIDS awareness attempt have been made in most parts of the country, though in a haphazard manner. HIV/AIDS curriculum for schools has now been developed and is already in the implementation phase. A good number of schools in Kenya have already implemented it while others are yet to do so. This follows the National AIDS control Council's (NACC) observation that HIV prevalence is alarmingly high among youths in schools, especially girls. NACC is the organ that co-ordinates AIDS awareness activities and projects in the country (MOH, 2001).

Indeed, the curriculum has been introduced through NACC and the Ministry of Education. This has been done in the prime hope that full integration of comprehensive AIDS Education in schools will encourage and sustain responsible behaviour for HIV prevention. The implementation phase of this curriculum has however encountered mixed reactions that have to do with the issues such as conflicting views and values from parents and religious leaders and ethical or morality. The moral issues here include the fear of the children becoming more promiscuous.

The nature of training for those expected to implement the curriculum has also not been formally addressed despite the fact that the teaching of HIV/AIDS has to go on. But the success in the implementation of this curriculum depends on a number of factors, among them, the training of teachers in handling this subject. Indeed, during their training to become teachers, most of the practicing teachers did not handle the HIV/AIDS component, since the AIDS problem may not have grown to such an alarming position at the time of their training. Conversely, it may have been the case that the HIV/AIDS component had not been introduced in their training programme, thus, leaving them in a challenging position in relation to the teaching of this component. Worse still, those teachers who trained to teach children with special needs such as hearing impaired required to have gone through a special kind of training to enable them adequately handle the subject on HIV/AIDS for pupils with special needs. However, many of them did not undergo such training (MOH, 2001).

AIDS prevention education is a body of knowledge, skills and attitudes meant to assist the learners to develop, adapt and adopt behaviour that will enable them protect themselves and others from being infected with HIV/AIDS. Just before the initiation of the HIV/AIDS prevention Education, the Kenya Institute of Education (KIE) had in 1993 carried out a survey in some districts in Kenya; Kwale, Kisumu, Migori, Nairobi and Busia (KIE, 1999) on AIDS education for the youth in and out of school. From the findings of the survey, it became clear that teachers needed guidance on how to handle AIDS Education (both content and methodology). In other words, it revealed that

teachers needed to be equipped with necessary knowledge, skills and attitudes to enable them handle AIDS Education content adequately.

It was within these circumstances that the Kenya Institute of Education developed a syllabus for AIDS Education for primary and Secondary schools and colleges. The syllabus; especially the college one, would expose teachers to the subject content and equip them with appropriate methodologies of handling and assessing the content.

1.2 Statement of the Problem

Teaching is a profession that requires teachers to undergo some training before they are assigned the responsibility of teaching in order to carry out their responsibility competently. Furthermore, children with special needs such as the hearing impaired need a relatively different kind of approach in their learning. Such a group of pupils or learners need teachers who have taken a special kind of training for them to handle the curriculum for this group of learners effectively.

As one goes through the AIDS Education syllabus both for primary school, secondary school and especially the one for colleges, he/she notes that they fail to make reference to children with special needs. The syllabus tends to focus so much on the needs of the general learners. The training of the AIDS Education teachers also seems to be targeting teachers of the general schools and not necessarily those handling the children with special needs. At this point, it becomes important for research initiatives to find out the

kinds of challenges which teachers who handle these children with special needs face in disseminating AIDS Education.

A close scrutiny at the syllabus and more so, the facilitators handbook reveals some inadequacy especially when it comes to the preparation of the teachers who deal with the children with special needs, for example, the hearing impaired, who form the subject of this study. Aspects such as the teaching approaches and even the kinds of teaching aids have not been explicitly outlined in this syllabus. This leaves teachers with nothing beyond mere discretion to make decisions concerning how to teach this subject.

The task of this study was therefore to find out the challenges the teachers who handle the hearing impaired learners face in the process of teaching HIV/AIDS Education.

1.3 Purpose of the Study

The purpose of this study was to establish the challenges faced by teachers in the implementation of HIV/AIDS curriculum to the hearing impaired pupils. It did this by making an inquiry into the type and level of training of teachers in the context of HIV/AIDS. It further investigated the gender differences in teachers in the implementation of that curriculum and experience.

1.4 Objectives of the Study

The objectives of the present study were as follows:

- (i) To determine the type and level of training in the HIV/AIDS of teachers handling the HIV/AIDS curriculum
- (ii) To establish the teaching experience of the teachers who handle hearing impaired pupils.
- (iii) To establish the challenges teachers face in implementing the AIDS curriculum to hearing impaired students.
- (iv) To make recommendations for the improvement of the implementation of HIV/AIDS curriculum to the hearing impaired children

1.5 Significance of the Study

The findings of this study shall be useful to a number of stakeholders including curriculum developers, implementers and consumers for example teachers, and pupils alike. To the curriculum developers, the findings of this study will help them by providing guidelines in the development of the HIV/AIDS curriculum that is sensitive to the needs of the hearing impaired pupils. Indeed, this problem of lack of adequate guidance is widespread throughout the institutions in which this subject is taught to children with hearing impairment.

To the teachers, they will benefit by understanding how to go about with the challenges they face as they disseminate HIV/AIDS information to the hearing impaired pupils. The learners are the consumers of this knowledge. As such, if the teachers implement this

curriculum effectively, then the learners are at an advantage of having their awareness effectively raised

The findings of this study will also add to the existing body of literature regarding the implementation of HIV/AIDS education.

1.6 Research Questions

The study was guided by the following research questions:

- (i) What is the type and level of training of teachers in HIV/AIDS the teachers go through before implementing HIV/AIDS curriculum?
- (ii) What teaching experience do these teachers who handle the children with hearing impairment have before implementing HIV/AIDS curriculum?
- (iii) What challenges do these teachers face in implementing the AIDS curriculum to hearing impaired students.
- (iv) In what ways can the implementation of the HIV/AIDS curriculum to the hearing impaired be improved?

1.7 Assumptions of the Study

This study was based on the following assumptions:

- (i) The teachers and the learners in the study recognize AIDS Education as a means of controlling the spread of HIV/AIDS

- (ii) The respondents know about HIV/AIDS and would respond to the instruments sincerely
- (iii) The research instruments developed for the study yielded valid and reliable information.

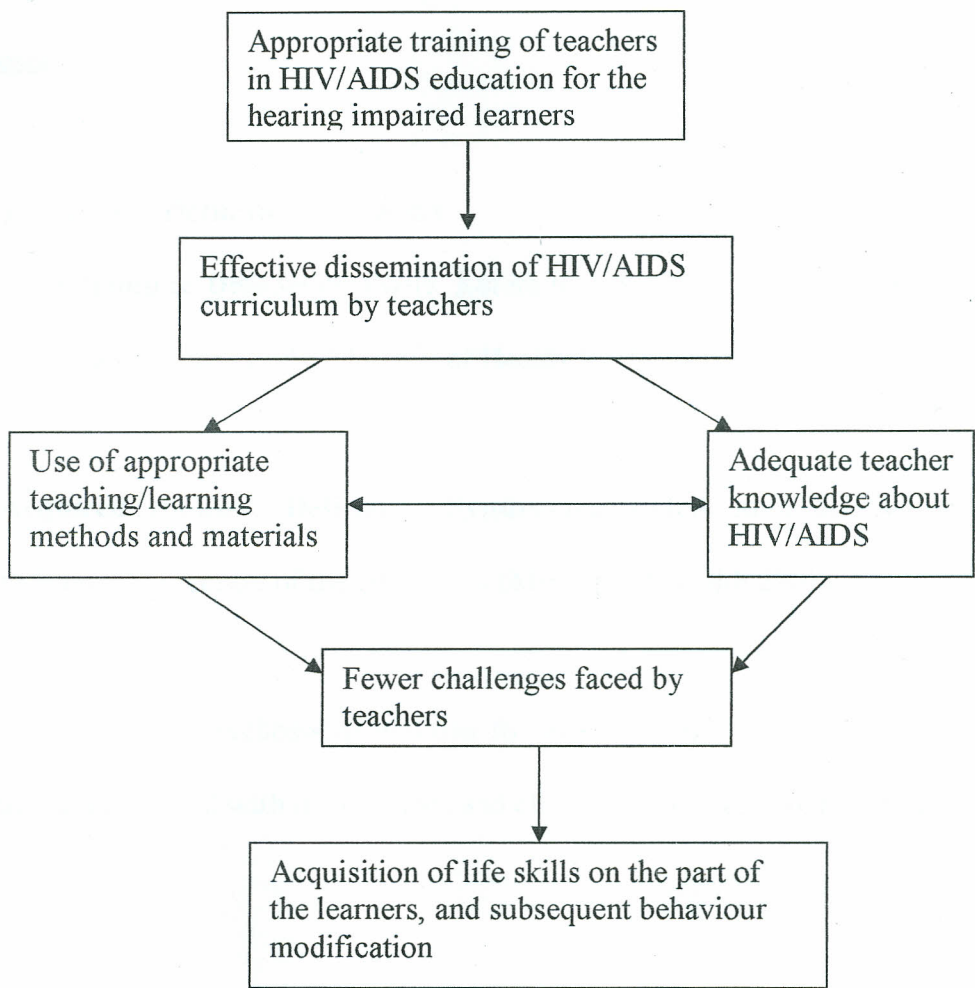
1.8 Scope and Limitations of the Study

The present study was conducted on teachers and the hearing impaired pupils in primary schools for the hearing impaired pupils in Rift Valley province of Kenya. In this case, the findings of this study only reflected the area and the issue under investigation; it may therefore not be possible to make generalizations to other general primary schools and even schools for the hearing impaired from the other parts of the country.

1.9 Conceptual Framework

Appropriate training of teachers on HIV/AIDS education would foster the implementation of AIDS curriculum to hearing impaired learners. Teachers who have undergone such training will then encounter fewer challenges in the dissemination of the AIDS information to the hearing impaired learners. Hence, effective learning will take place. On the contrary, when teachers undergo a training programme that does not equip them adequately on how to handle the AIDS education in the context of the hearing impaired learners, then they face many challenges and the AIDS curriculum implementation process becomes less effective.

Figure 1.1 Schematic Representation of the Impact of Teachers' Appropriate Training in Handling HIV/AIDS Curriculum in Schools for the Hearing Impaired



Source: AIDS Epidemic update, December, 1999, UNAIDS 1999

In the figure above, it is shown illustrated that effective training of teachers in HIV/AIDS education is a necessary condition for effective dissemination of HIV/AIDS curriculum by teachers. From the diagram, it is also illustrated that effective dissemination, on the other hand can be achieved through the use of appropriate teaching and learning materials as well as adequate teacher knowledge about HIV/AIDS. If these two aspects are taken care of the according to the figure, teachers would be faced with fewer

challenges. This would in turn enhance acquisition of life skills on the part of the learners and the subsequent behaviour modification. Appropriate teacher training is therefore very central to the effective teaching of such a subject especially if it has to lead to behaviour modification.

1.10 Operational Definitions of Terms

HIV-Human Immune Deficiency Virus: Refers to a deadly virus, which is contracted through exchange of body fluids (Ministry of Health 2001).

AIDS (Acquired Immune Deficiency Syndrome): Refers to a disease condition emanating from the infection of the HIV Virus (Ministry of Health 2001).

Life Skills: Refers to psychosocial abilities for adaptive and positive behaviours that enable individuals to deal with the demands and challenges of everyday life (KIE, 1999).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter focuses on the review of literature related to HIV/AIDS education and particularly the training of teachers in schools for the hearing impaired pupils. The literature was examined under the following topics:

- HIV/AIDS in the Global Perspective
- HIV/AIDS in Kenya
- Summary of HIV/AIDS curriculum for primary schools in Kenya
- Related studies in HIV/AIDS

2.1.1 HIV/AIDS in the Global Perspective

Worldwide, it is estimated that about 22 million people have died of AIDS, 36 million are currently infected with HIV approximately 70% are living in Sub-Sahara Africa (Ministry of Health, 2001). In this case, HIV/AIDS has become an extremely serious problem in many countries around the world. Joint United Nations programme on AIDS (UNAIDS) it was estimated that by the end of 1998, about 4 million people had died of AIDS. In addition, another 33.4 million people in the world were estimated to be infected with human immune deficiency disease virus (HIV), the virus that causes AIDS. In sub-Saharan Africa, about 22 million people were said to be already infected (National Aids and STI control programme (NASCOP), 1999).

In Thailand, for example, the first case of AIDS was reported in September 1984. By April 1994, a cumulative total of 5,990 cases had been reported and it was estimated that 600,000 people in the country had asymptomatic HIV infection. The rapid rate of transmission in heavily populated South and East Asian countries has produced more HIV infections than anywhere else except Sub-Saharan Africa (Lamtery, 1994).

Research indicates that in Malawi, the pandemic is one of the most severe one. Thirteen percent (13%) of the adult population was estimated to be HIV positive. Deaths among the country's 15-49, year olds as a result of HIV/ AIDS was leading in Malawi (UNAIDS 1999). Ever since the first cases of HIV were reported in 1980's, the pandemic has spread tremendously and the figures are quite high. However, the number of people dying of HIV/Aids globally on average daily was reported to be around 700 according to a report by Kinyangi (2003).

HIV/AIDS represents the greatest social, economic and health crisis of modern times. Research has shown that the major concentration of HIV/AIDS is in the developing world. These are mostly the countries, which are least able to afford care for infected people. In fact, 86% of people with HIV are said to be living in Sub-Saharan Africa and the developing countries such as Asia, which accounts for less than 10% of global Gross National Product (Malindi, 2004). The virus has many allies for one thing silence and denial have fuelled its transmission.

Just as cultural and religious taboos inhibit open discussion about sexual practices and preferences, including the use of contraceptives, shame and guilt have surrounded this virus that spreads mainly through sexual contact. Many governments have also been slow in acknowledging the crisis and formulating policies and programmes to halt the spread of the epidemic. And so the epidemic continues to pose profound impact on the lives of people.

While it is not clearly settled as to when exactly AIDS first appeared, AIDS cases were brought to notice in the USA in 1981 and in Uganda in 1982 (Willis, 2002). HIV slowly spread in many Western African Countries with pockets of faster growth in Nigeria Eastern Africa and now Southern Africa including Botswana, which has become one of the worst hit countries. The spread of HIV/AIDS can either be insidious or like wild fire (Ibid pp 10). As journalist Johanna Mcgeary writes, most people do not know how or when they caught the virus and may never know that they have it. Many who do not know do not tell anyone as they lay dying (Ibid pp 10). This implies inadequate levels of awareness, which could be attributed to the effectiveness of the awareness programmes in place. Indeed as Willis (2002) notes, the only true hope for the entire world is prevention and education offers another form of protection and the development of a vaccine. However, while the pharmaceutical scientists are searching for the aforementioned vaccine, progress is being made in the area of preventative education.

Health promotion activities are of central importance to efforts to prevent and to control AIDS. As pertains to effectiveness and closely relating to young children especially those

in school, it has been agreed that there is a positive relationship between the teachers, as agents of awareness, and their relative knowledge of HIV/AIDS (MOH, 2001).

2.1.2 HIV/AIDS in Kenya

HIV/AIDS has indeed become a serious health and development problem in many countries of the world ever since it was identified. In Kenya, AIDS infection was first identified in 1978 in communities around the shores of Lake Victoria (MOEST, 2001). Statistics from National AIDS and Sexual transmitted infections (STI) control programme (1999) has shown that HIV/ AIDS has affected very many people especially the youth aged between (15 and 49) years who are economically stable, energetic and sexually active.

Today, NASCOP estimates that 760, 000 people have actually developed AIDS since the epidemic started and most of them have died. Men and women have been infected in about equal proportions, 70% of these cases have occurred among people in the age group between 20-49 years with children under five years contributing between 8 -10 %. According to HIV prevalence the projection, adults 15 – 49 that are infected with HIV has risen from 5% in 1988 to 14 % in 1990 based on the surveillance data collected by NASCOP. HIV/AIDS in Kenya is acknowledged as a national health crisis (NASCOP, 1999).

Indeed, as Muraah and Kiarie (2001) note, HIV/AIDS has become part of everyday conversations in homes, workplace and social gatherings. It has crept into pastors'

sermon notes, propelled itself to the top of the social, economic and political agendas, it is in all news and it is the news. HIV/AIDS in Kenya is now clearly visible. More than 1.5 million people have succumbed to AIDS related illnesses since 1984 (Government of Kenya/National AIDS Control Council, 2001). The report also estimated that more than three million people are infected. All this is happening within the context of the realisation that to date, there is no formally established vaccine or cure for AIDS. As such all the approaches towards it are at the preventive level.

In 1998, the Kenya Demographic and Health Survey (KDHS) carried out a survey on information about personal knowledge of AIDS and risk behaviours. The survey interviewed 7881 women between the ages of 15-54 years. The results illustrated the level of the knowledge and awareness on AIDS in the general population and the extent of risky behaviour. Practically everyone has heard about AIDS 99% of women and 99% of men know that AIDS is transmitted through sexual intercourse. About 40% of respondents correctly identified at least two methods of protecting themselves from becoming infected. The majority (71%) also said that they personally knew someone who has AIDS or has died of AIDS. Despite these facts, HIV/AIDS is still taking its toll. It has also been noted that HIV/AIDS has not spared school children, that is, the youth and even their teachers and other education personnel. (NASCOP, 1999).

It is now clearly recognised that education sector like any other sectors in Kenya, is equally experiencing the adverse effects of the pandemic. United Nations Education and Scientific Corporate Organisation and Education vividly illustrate this in a report for All

UNESCO (2003), which indicates that teachers and educators are in dire need of care and support. Children infected by HIV/AIDS at birth barely live to enrol in schools. On the other hand, many of those affected have to drop out of school when they become orphans or have to attend to sick family members. Absenteeism on the part of both the pupils and teachers has also in one or the other led to the decline in quality education.

In the light of the seriousness of the threat posed by HIV/AIDS to the central business of educational institutions, a clear vision is critical about what needs to be done to minimise the impact of this epidemic on the part of the learners and their teachers. Hence, effective policies and practices to deal with the epidemic needs to be put in place to integrate HIV/AIDS teaching, research and community service activities. However, critical to the success of such teaching and learning policies is the ability of teachers in the implementation of the resulting curriculum in schools. As pertains to the schools with learners with special needs, the success of these policies depends to a large extent on the ability of the teachers in implementing the resulting curriculum to such learners.

According to the general developmental pattern of children, there is a significant period of sexual activity before marriage that definitely exposes the young people to the risk of HIV infection. Since most new infections are transmitted through heterosexual contact, people are at risk of catching these infections as soon as they become sexually active. This being the case, early preventive measures remains one of the best options to mitigate the effects of the pandemic. Gachuki (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 they have been reached by the life skills programmes...”pp.28.

As presented in the above perspective, through HIV/AIDS Education, children will be enabled to acquire knowledge and life skills that enable them to accommodate the most trying period of adolescent. As such, other than minimising the impact of the epidemic on the education sector; HIV/AIDS Education would maximise the impact of education on the epidemic by prevention of new HIV infection and providing care and support to those affected by HIV/AIDS.

There is therefore, a reasonable need for more inquiry into the aspects of HIV/AIDS education so as to maximise the impact of this education.

2.1.3 HIV/AIDS Curriculum for Primary Schools in Kenya

Curriculum is a tool that contains the contents to be covered by learners at various levels, that is, from Pre- Primary, Primary, Secondary, Colleges and University. A good curriculum is that which shows clearly how the contents are organized, duration each topic should cover, resources to be used to teach the various contents and suitable methods to be used by the teacher to effectively, teach the topics. The contents in primary schools' curriculum on HIV/AIDS are identified below:

- Others and myself

- Facts about HIV/AIDS and STD's/beliefs and practises
- Transmission of HIV/AIDS
- Prevention and control of HIV/AIDS
- Effects of HIV/AIDS on the family and the nation
- Care for people infected and affected by HIV/AIDS.

The content coverage progressively advances depending on the age and ability of the learners. The curriculum also suggests some of the teaching/learning strategies, which are employed during the delivery of the lessons. These are identified as, Story telling, Watching videos, Listening to tapes, Singing, Poems, Group discussions, Case Studies, Role play, Demonstration and Brainstorming

The preferred assessment methods on HIV/AIDS teaching as indicated in the curriculum include: - oral questions, written tests, essay and observations. The resources for teaching HIV/AIDS as suggested in the curriculum are newspapers, magazines, resource persons, picture/posters/charts and audiotapes. Time allocation is also suggested in the curriculum depending on the number of topics covered. Time allocated for each course ranges from 30-35 minutes for example “How to help people living with HIV/AIDS” is 30 Minutes, while ‘Prevention and control of HIV/AIDS’ is 35 Minutes. At this stage, it is pertinent to explore related studies in HIV/AIDS

2.2 Related Studies in HIV/AIDS

While it has been established that there is some need for AIDS education and that there is some general concern and interest shown in the control of HIV/AIDS through formal education, not many studies have been done in this area. As such, not much empirical data on the training and challenges teachers undergo in handling HIV/AIDS curriculum and more so with the hearing impaired learners is available. However, there are a few studies that point towards the importance of teaching HIV/AIDS education as a preventive and control measure.

One such study was done by Hyde et al (1993). The study sought to identify the role of education in the prevention of HIV/AIDS infection. Among other findings, the study revealed that the teachers and students encountered considerable embarrassment in discussing sexual and reproductive health topics in the classroom. The study also reported that the teachers were 'shy' to go into details of the HIV/AIDS subjects. Noting that the study was confined to the content of curriculum, the current study goes ahead to investigate the training of teachers in the implementation of HIV/AIDS Education for hearing impaired children.

In a study conducted by Bunyi (2000) for ESAR, the rationale for HIV/AIDS and gender education in the school curriculum was evaluated. In this study, it was observed and argued that HIV/AIDS education is important to the school children because they are affected by the epidemic in one way or the other.

In addition, 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 tended to limit itself to the importance of HIV/AIDS education. In particular, the proposed study focussed on the HIV/AIDS Education in schools for the hearing impaired in Rift Valley Province.

In a related study by Malambo (2000), the researcher sought to find out how teachers handling HIV/AIDS education were equipped. The study revealed that teachers found it difficult to teach HIV/AIDS because of insufficient learning materials. However, this study did not go ahead to investigate core issues such as the training levels of teachers in handling HIV/AIDS education and even the manner in which the teachers try to handle other social barriers that have a bearing on the teaching or implementation of HIV/AIDS curriculum an issue the current study is critically concerned with.

A study by Juma (2001) in Kenya and Tanzania with the overall purpose of assessing the impact of HIV/AIDS on education in selected districts in the two countries revealed a number of issues. Among these issues was the fact that the children learn of the problem from a variety of sources including the media and the school. But above all, the research observes that HIV/AIDS education programmes appear quite weak. The study also makes reference to lack of a formalised approach in teaching about HIV/AIDS.

In particular, this study was interested in schools for the hearing impaired in Rift Valley Province. Recently, Boler et al (2003) conducted a study in Kenya and India. The studies

tried to explain how HIV/AIDS Education is implemented and received by schools. Among the main findings in both countries, HIV/AIDS is perceived to be a serious problem and that there is a strong belief about education being able to mitigate that threat. Consequently, there is a strong demand for the youth to be taught about HIV. The report further indicates that 90% of Kenyan teachers viewed their profession as having a responsibility for teaching young people about HIV/AIDS. Nevertheless, the study did not consider the issue of training on the part of the teachers in the process of implementation of this curriculum. The present study intends to address this issue in particular.

One very important study done by Besset and Swainson (2002), aimed at assessing the impact of HIV/AIDS on primary and secondary schools. 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 a major impact on sexual behaviours in the Zambia, Kenya and Uganda. It also established that teachers in these countries were found to lack both the training and commitment to teach HIV/AIDS related subjects in an already overcrowded and examination driven curriculum. With this finding in mind it was found be very relevant to investigate the training of teachers in the implementation of HIV/AIDS curriculum and in particular, in schools for the hearing impaired.

HIV/AIDS education was introduced into the primary school curriculum in the year 2001. This was a follow up on the 1999 declaration of HIV/AIDS as a national disaster

and the subsequent multicultural approach to the fight against the pandemic. Along this line, the education sector through the ministry of education in conjunction with NACC developed a syllabus a bid to fight the pandemic from an educational angle.

2.3 Summary of Literature Review

The study reviewed the literature related to global prospective of HIV/AIDS, HIV/AIDS in Kenya's perspective and other studies that have been conducted on HIV/AIDS. In the global perspective, the study noted that HIV/AIDS is the world's devastating epidemic that causes untold sufferings to humanity, more so in the developing countries. Statistics shows that 22 million people have died of AIDS and the HIV virus that causes AIDS had already infected 36 million. Out of these infected, 70% were said to be living in Sub-Saharan Africa (Ministry of Health 2001).

Literature related to HIV in Kenya indicates that the pandemic has affected many people between the age of 15 and 49 years (NASCOPI 1999). It is estimated that 1.5 million people have already died of AIDS and 3 million are infected in Kenya (NASCOPI 2001). HIV/AIDS therefore is the country's worst enemy. One of the most affected sectors in the country is education. Teachers and students are dying of AIDS and majority are infected and affected by the pandemic. This is why it is important that adequate sensitisation is done. Teachers as well as students in the country need knowledge and skills on how to manage the situation (UNESCO/EFA 2003). The government has designed effective policy by integrating HIV/AIDS teaching in school curriculum. These calls for proper

training of teachers in handling the subject and more so those teaching learners with hearing impairment in the country are critical.

Related studies on HIV/AIDS focus on the importance of teaching HIV/AIDS education as a preventive and control measure. Several studies (Baraza et al 1993, Bunyi, 2000, Malambo, 2000; Juma, 2001; and Boler et al 2003); have come up with relevant findings that reinforce the current studies. Some of the findings include the following:

- (i) Teachers and students encounter considerable embarrassment in discussing sexual and reproductive health topics in the classroom
- (ii) HIV/AIDS education is important to the school children because they are affected by the epidemic.
- (iii) Teachers find it difficult to teach HIV/AIDS because of insufficient learning material.
- (iv) Children learn about HIV/AIDS problems from sources such as media and interaction with peers in schools.
- (v) There is lack of formalized approach in teaching HIV/AIDS

The current study goes further to investigate the challenges teachers face in the implementation of HIV/AIDS curriculum in schools for the hearing impairment pupils in Rift Valley province.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methods and procedures that were employed in data collection and analysis. However, the chapter mainly focus on research design, study location, study population, sampling procedures, research instruments, data collection and analysis procedures.

3.2 Research Design

This study adopted a descriptive survey design. It was relevant because it is used to assess attitudes and opinions about events, individuals or procedures (Gay, 1992). The design is in agreement with the views of Orodho (2004) and those of Lockesh (1984) who contend that descriptive research studies are designed to obtain pertinent and precise information concerning the current status of phenomena and whenever possible to draw valid conclusions from the facts discovered.

3.3 Measurement of Variables

In research, a variable refers to the identity of that which is subject to change (Rosenberg, 1993). According to Statt (1998), variables are conditions or a factor that is capable of changing or being changed. On the other hand, Babbie (1999) states that, variables are logical groupings of attributes. Thus, for example, male and female are attributes, and gender or sex, are variables composed of these two attributes. The relationship between

attributes and variables lies at the hearth of both description and explanations in science (Babbie, 1999).

Independent variables are conditions that explain changes in dependent variable. They are the determinant. The dependent variable is a measure used to register the effect of independent variable. In this study, independent variables comprise of mostly subjects variables such as type and level of training, attitudes of the teachers towards teaching the subject and availability of facilities among others.

Dependent variables are the ability of teachers in the implementation of HIV/AIDS curriculum in schools for the hearing impaired pupils in Rift Valley Province. It was measured based on teacher's responses on questions that relate to content, methodology, and the pupils understanding of the basic concepts currently being taught. This dependent variable was measured nominally as the value one for teacher being competent and otherwise Zero.

3.4 Study Location

The study was carried out in the five schools for the hearing impaired in Rift Valley Province. The province borders Nyanza Province, Western Province and Nairobi Province. It has its headquarters in Nakuru. This province is dominated by valleys hence its name. Farming is the main economic activity in this region. Dairy farming is also practiced in most parts of the province. Like most of the Kenyan provinces, the interior of this province has the feeder roads poorly maintained and as such, they are impassable

during the rainy season. Communication deep in the rural areas is not up to date. The province has 18 districts and seven schools for the hearing impaired.

The Rift Valley was chosen because it has some of the highest HIV prevalence rates per district. Such districts include Kericho 12%, Trans-Nzoia 12%, Bomet 12%, Bureti 12 %, Uasin Gishu 13% and Nakuru 25% (MOH, 2001). While these figures are not disaggregated to show those of the hearing impaired, it is likely that for the hearing impaired cases of HIV infection, there exists a close relationship with the learners without hearing impairment.

3.5 Target Population

The study targeted 28 primary school teachers and 336 learners in the 7 schools for the hearing impaired in Rift Valley Province of Kenya. Schools for the Hearing Impaired in Kenya are required by the Ministry of Education to admit a maximum of 12 pupils per class. These 7 schools are namely: St Kizito (Bureti District), Eldoret School (Uasin Gishu), Kabarnet School (Baringo), Kapsabet School (Nandi), Ngala School (Nakuru), Iten School (Keiyo) and Esageri (Koibatek). The 336 pupils with the hearing impairment in the seven schools for the hearing impaired form part of the target group.

This group consist of children from class 7-8. It was therefore assumed that this group of respondents would give the relevant information regarding the handling of HIV/AIDS curriculum information that would help in understanding the ability of their teachers. Of great importance and worthy of noting is the fact that these groups of learners can easily

be influenced to change their behaviour and adopt life skills which are in line with preventive attitudes as pertains to HIV/AIDS spread control. The unit of analysis is a teacher.

3.6 Sampling Procedure and Sample Size

In the Rift Valley, five out of the seven schools were used for the study. Purposive sampling technique was employed to select the five schools for the study. This is because out of the seven schools only five go up to class eight. As such these are the ones that the researcher selected. In each of the schools, two teachers teaching HIV/AIDS were interviewed making a total of 10 teachers. These teachers were purposively selected because they teach the subject. Accordingly, two teachers were selected from each of the sampled schools giving a total of ten teachers. In addition, 8 pupils in each of the five schools from standard 7 and 8 were interviewed. The 8 pupils in each class were selected through simple random technique using the lottery method. A total of 80 pupils was sampled for the interview as shown in the table below

Table 3.1 Distribution of Sample Size

NAME OF THE SCHOOL	Teachers	Class7	Class 8	Total
St. Kizito primary school for the Deaf	2	8	8	16
Kapsabet Primary school for the Deaf	2	8	8	16
Ngala Primary school for the Deaf	2	8	8	16
Eldoret (Sosiani) Primary School for the Deaf	2	8	8	16
Esageri Primary School for the deaf	2	8	8	16
TOTAL				80

The class 7 and 8 was chosen because by these level(s) the children can comprehend the information on the research instruments better.

3.7 Research Instruments

This study utilised questionnaires in data collection. Questionnaires were administered to all the selected pupils and their AIDS Education teachers. Consequently, they were expected to volunteer this information willingly. The administration of the pupils' questionnaires was done with the help of their teachers. These teachers also helped to explain some of the questions in sign language. These questionnaires consisted of closed and open-ended questions in order to elicit a particular range of responses from the respondents. Questionnaires were also administered to the teachers who handled this curriculum.

Precautions while conducting data collection:

In conducting the interviews, the researcher considered the following issues: -

- The moral values of the people he/she interviewed
- Gender parity both within the interviewers and the informants
- Avoided highly sensitive issues, lest informants become suspicious.
- Made sure he/she has established enough rapport with informants.

3.8 Pilot Study

In a bid to enhance validity and reliability of the research instruments, a pilot study was necessary. To achieve this, a pilot study was carried out in two schools for the hearing

impaired, one school from Kiambu District (Kambui School for the hearing impaired) and one from Machakos (Machakos School for the hearing impaired). These were selected purposively because of financial resource constraints and the two schools also have the same admission criteria as the study schools. These schools were not among those taking part in the actual study.

Piloting assists the researcher to detect any flaws in the administration of research instruments. After piloting, the researcher re-evaluated the instruments and adjusted them accordingly. This is because the members of these schools are likely to discuss the items in the questionnaire after the piloting exercise and would have had an added advantage if they were to participate during the actual research study. So giving them second chances to fill the questionnaire might trigger different responses from the same respondents due to the influence of discussions with other members thus affecting reliability of the study. Such a pilot study enabled the researcher to modify the research instruments if and where necessary.

3.8.1 Reliability and Validity of the Instruments

The study used instruments developed by the researcher. The questions in the two questionnaires were constructed based on the study objectives. All the questionnaires were piloted to establish reliability and validity. There was also a need to determine whether there was any ambiguity in any of the items and to determine if the instruments elicited the type of data anticipated. Finally, the data was meaningfully analysed in relation to research questions and purpose. Given that content validity is determined by

expert judgement, (Franklin and Thrasher 1976), the questionnaires were scrutinized and approved by an expert lecturer in special education.

The reliability of the research tools, that is questionnaire and interview guidelines, was determined by conducting test-retest exercise on the pilot study sample. The pilot study sample was composed of the teachers of hearing impaired children in the Central and Eastern Provinces of Kenya. The researcher presented the questionnaire to the concerned subject and noted the responses. The process of testing reliability of the research instrument took the following steps: -

- The developed questionnaires were presented to the study sample subjects.
- The answered questionnaires were scored.
- The same questionnaire was administered to the same subjects after 2 weeks.
- The answered questionnaires were again scored.
- The scores for the first test were compared to those of the second test.

The Pearson's product moment formula for the test retest was employed to compute the correlation coefficient in order to establish the extent to which the content of the questionnaires is consistent in eliciting the same responses every time the instrument was administered. The result of the correlation coefficient was 0.7 hence, the tool was quite reliable.

3.9 Data Collection Procedure

Data collection proceeded in various phases. In the first place, the researcher obtained a permit from the Ministry of Education Science and Technology. This permit was presented to the D.E.O. of each District of the sampled schools. With this permit, the researcher visited the schools and made arrangements with the head teacher.

During the actual data collection, two trained research assistants helped the researcher. The subject teachers (AIDS Education) facilitated data collection from pupils. Subject teachers were useful in the sense that they understood the communication approaches related to the subject and as such they helped in so far as clarification of what appears not to be clear was concerned. In effect, the teachers were very helpful when it came to signing in order to clarify the issues that were not very clear to the learners as respondents.

During the actual data collection, teacher questionnaire and pupil questionnaire were administered. Filled questionnaires were checked on a daily basis for accuracy of information collected.

3.10 Data Analysis

Data collected was coded and entered into the computer using Statistical Packages for Social Sciences (SPSS). The descriptive statistics, that is, frequency distribution and percentages were used to describe and summarise the data in reference to such variables as age, gender, years of teaching and pupils' classes among others.

Qualitative responses (data) were analysed using thematic approach, whereby each objective under the study was described in relation to the categories of responses given from the subjects. In addition, triangulation of the various methods of data analysis was used. This is where the various ways of data analysis are used in order to have a clearer and reliable picture of the findings.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents an analysis and interpretation of data that was collected during fieldwork. The analysis and interpretation have been done within the framework of the objectives that this study sought to address. The core objective of the study was to establish the challenges faced by teachers in the implementation of HIV/AIDS curriculum to the hearing impaired pupils

This study was conducted in Rift Valley province. The respondents included samples of both male and female pupils and teachers and teachers especially those who teach AIDS Education.

4.1.1 Organization of the Chapter

This chapter presents the findings organized into various themes. The themes were based on the key research questions that guided the study. The results of the study are presented according to the research questions focusing the study. In this way, the relevant research questions were first identified and then the associated responses analyzed and presented. This was followed by a summary statement of the conclusion of the results in regard to the question. Finally, summary of the findings are presented.

4.1 Type and Level of Teacher Training in HIV/AIDS

It has always been argued that teachers' effectiveness in implementing any curriculum is dependent upon the kind of training the teacher went through. For that reason, the researcher sought to establish the kind of training that these teachers went through before being involved in the implementation of the HIV/AIDS education curriculum. The analysis under this part was categorised into two parts. The first one dealt with teachers' responses; and the second part with the learners' responses, so as to establish the relative levels of effectiveness of teaching-learning of HIV/AIDS.

4.1.1 Analysis of Teachers Responses

The respondents were asked to indicate their level of training and Figure 4.1 summarises the results of their responses.

Figure 4.1 Levels Training in HIV/AIDS

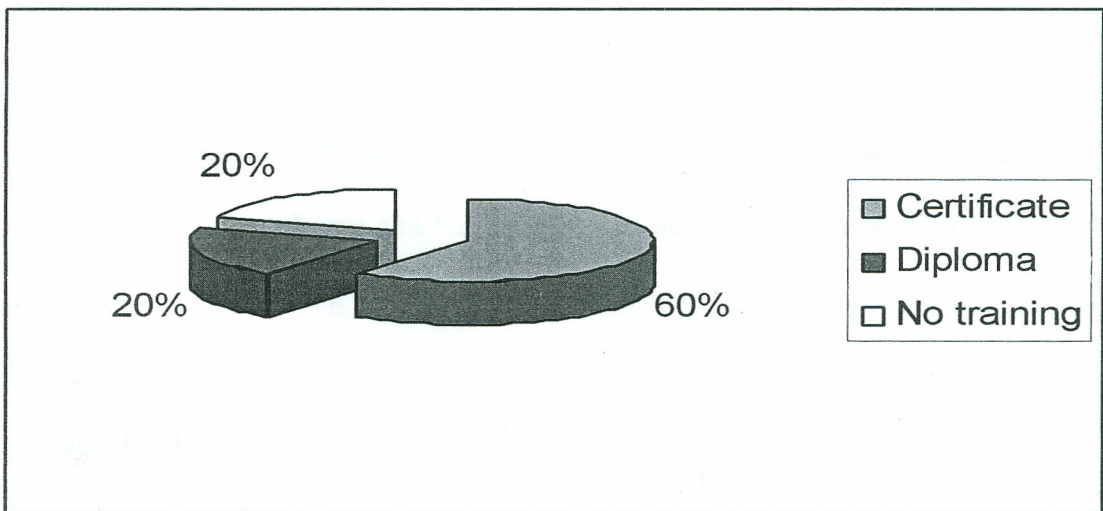
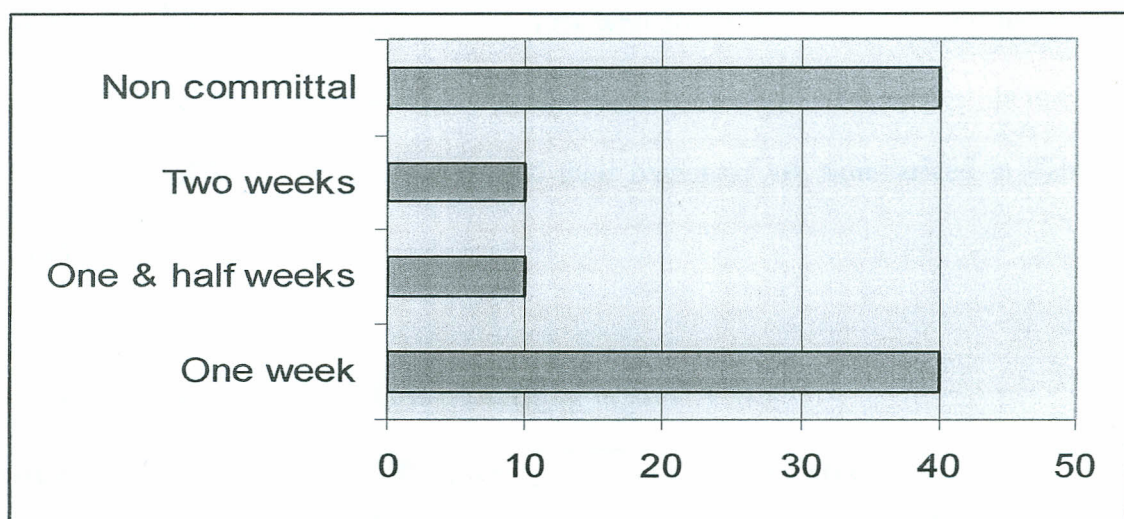


Figure 4.1 shows that the majority of respondents acquired the certificate level of training (60%) in HIV/AIDS course, while 20% had diploma training and another 20% had no training at all. Apart from knowing the level of training, it was also important to gather information regarding the duration the respondents spent in this training as summarized in Figure 4.2

Figure 4.2 Duration of the Course in HIV/AIDS



The majority of the respondents (40%) spent one week duration in undertaking the course, while 10% took one and half weeks, and another 10% undertook the course in two weeks. The remaining 40% did not respond to this item. Indeed, with majority of teachers (60%) having acquired training in HIV/AIDS, it was important for the researcher to establish whether they do enjoy teaching this subject to the learners. Their responses are summarized in Table 4.1

Table 4.1 Enjoyment in the Teaching HIV/AIDS Course

	Frequency	Percent
No	4	40.0
Yes	6	60.0
Total	10	100.0

As shown in Table 4.1 the majority of respondents (60%) indicated that they enjoy teaching the course to the pupils, against 40% who do not enjoy it at all. Besides, whether they enjoy teaching or not, the respondents were asked to state what interest them most in the teaching of HIV/AIDS to pupils, and their responses are summarized in Table 4.2 below :-

Table 4.2 Issues of Interest in the Teaching of HIV/AIDS

Issue	Frequency	Percent
Creates awareness	4	40.0
Educative	1	10.0
Full of Impact	1	10.0
Non committal	4	40.0
Total	10	100.0

In Table 4.3 majority of respondents indicated that what interest them in teaching HIV/AIDS is that it creates awareness (40%). Others believed that it is educative and full of impact (10% in each case).

On the other hand, the results of the analysis indicated that 40% of the respondents dislike teaching HIV/AIDS because it is a scaring lesson, while the remaining 60% did not indicate their responses to this item.

Apart from training qualifications, the other major bit that the respondents were asked regarded their experience in teaching HIV/AIDS course. Their responses are shown below in Figure 4.3.

Figure 4.3 Duration of Teaching HIV/AIDS

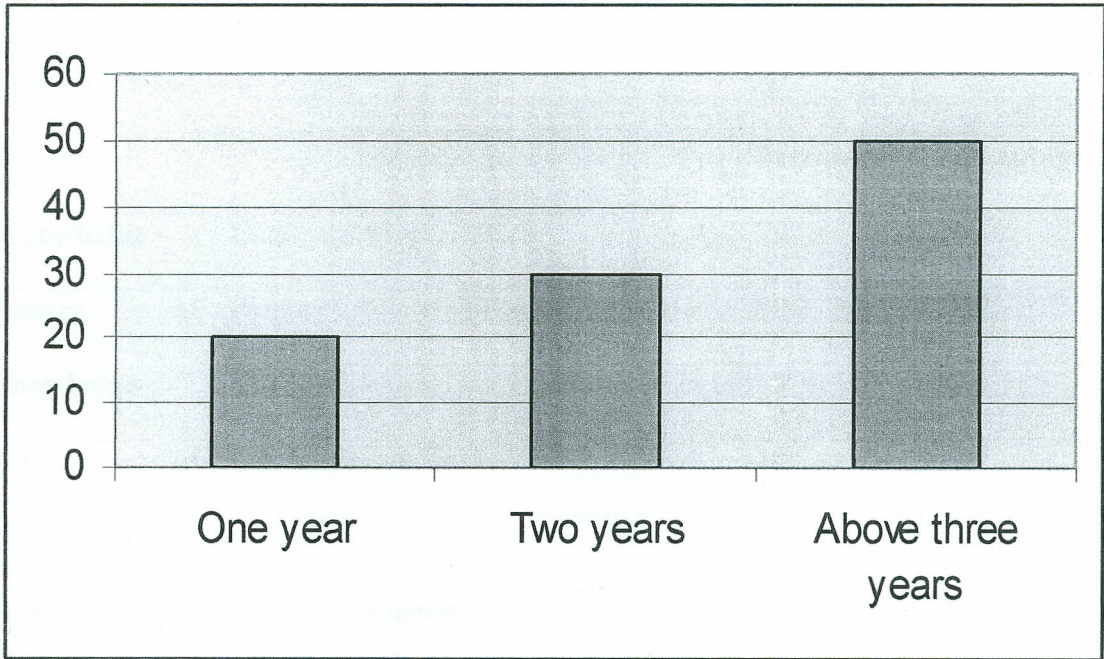


Figure 4.3 indicates that 50% of the respondents had taught HIV/AIDS lessons for a period of three years and above. Further analysis of the data did indicate that there are at least two lessons per week for HIV/AIDS teaching. Interestingly, regarding the adequacy

of such time given for this lesson, the respondents were 50:50 in their agreement and disagreement. For those who said that it is not adequate, their main reason pointed out to the fact that the hearing impaired (HI) needed more time to allow them interpret and understand the teaching-learning materials.

4.1.2 Analysis of Pupils Responses

The pupils' respondents were 79 in number, comprising of 54% males and 46% females. They were asked various issues in order to assess the effectiveness of their teachers in disseminating HIV/AIDS knowledge to them. Table 4.3 summarizes their responses on the various issues.

Table 4.3 Results of Pupils' Responses

Topics		Issues	Frequency	Percentage
Knowledge		Heard about HIV/AIDS	79	100.0
Source of knowledge		Parents	10	12.7
		Teachers	69	87.3
Nature of knowledge		It is infectious	14	17.7
		It kills	65	82.3
AIDS transmission		Blood transfusion	40	50.6
		Sexually transmitted	39	49.4
What is interesting in HIV lessons		Teaching	62	78.5
		Topics	17	21.5

Table 4.3 shows that the pupils were 100% knowledgeable on HIV/AIDS, teachers were their main source of knowledge (87%), they knew that Aids kills (82%), and that Aids is transmitted by both blood transfusion (50%) and sexual intercourse (50%). In addition, 78% of pupils indicated that what they enjoy most in the lessons is the teaching. Asked whether they have sexual partners, 65% said No, while 35% agreed. And on whether they engage in sex, 53% declined while 47% agreed. On the overall, the pupils' responses indicate that teachers effectively handle the HIV/AIDS lessons, despite some pupils indicating that they engage in sex.

4.2 . Challenges Faced by Teachers in Implementing the HIV/AIDS Curriculum

Teachers were asked to indicate the challenges they faced in implementing the HIV/AIDS curriculum in schools. Some of the challenges they highlighted includes difficulty in communication and understanding, insufficient learning-teaching materials, lack of trust and believing of facts by the pupils, and feelings of embarrassment by pupils. These challenges are analysed under the following categories in order to establish the percentages of respondents in each category.

4.2.1 Teaching Materials

Table 4.4 Lack of Teaching Aids and Materials

Teaching Materials	Frequency	Percent
Posters, newspapers	2	20.0
Text books	4	40.0
Non committal	4	40.0
Total	10	100.0

Table 4.4 shows that the majority of the teachers (40%) indicated that there are fewer textbooks for HIV/AIDS, which hamper their efforts in disseminating Aids knowledge to learners. In order to ascertain teachers' claims, pupils' respondents were asked whether they find any difficulties in the HIV/AIDS lessons. Fifty two percent said no, while 48% accepted. Perhaps many pupils' access HIV materials outside the class, a reason why they may find lessons not so much challenging to them.

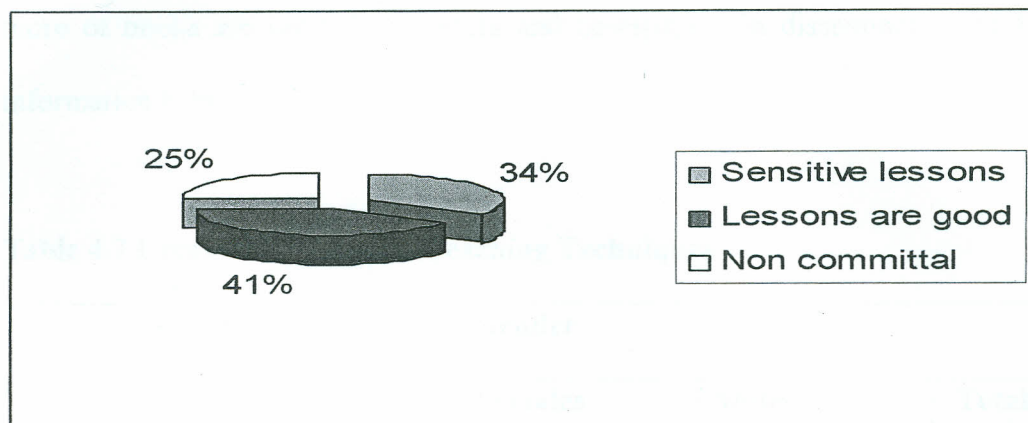
4.2.2 Techniques of Dissemination of HIV/AIDS Information

Table 4.5 Difficult Areas in Dissemination of HIV/AIDS Knowledge

	Frequency	Percentage
Abstract signs	6	60.0
Difficult concepts	4	40.0
Total	10	100.0

From Table 4.5 majority of respondents (60%) indicated that abstract signs hinder them to effectively disseminate HIV/AIDS knowledge to pupils. Because of abstract signs and difficult concepts, pupils may find HIV lessons very challenging, hence pupil respondents were asked about their feelings regarding HIV lessons and their responses are presented in Figure 4.4

Figure 4.4 Pupils Feelings about HIV Lessons



As shown in Figure 4.4, majority of the pupils' respondents (41%) found the lessons good, while 34% found them sensitive.

4.2.3 Dissemination of HIV/AIDS Information according to Gender Differences

The results of analysis are summarised in the following cross-tables.

Table 4.6 Cross Tabulation by Teaching Materials

		Gender		
		Females	Males	Total
Teaching Materials	Posters, newspapers	1	2	3
	Text books	4	3	7
	Total	5	5	10

From Table 4.6, female teachers use more books (4) than their male counterparts (3), and more of books are used than posters and newspapers in dissemination of HIV/AIDS information to pupils.

Table 4.7 Cross Tabulation on Teaching Techniques

		Gender		
		Females	Males	Total
Teaching techniques	Abstract signs	5	1	6
	Difficult concepts	0	4	4
	Total	5	5	10

Table 4.7 shows that more female teachers (5) than males were puzzled by abstract signs in their teaching, while more men (4) than female teachers experienced the same but in the case of concepts, which were difficult for them.

4.3 Improving the Implementation of the HIV/AIDS Curriculum to the Hearing Impaired

Teacher respondents were asked the ways in which the implementation of the HIV/AIDS curriculum for the hearing impaired can be improved, and the summary of the main recommendations they gave is shown in Table 4.8

Table 4.8 Recommendations for the Improvement in Implementing HIV/AIDS

Curriculum to the Hearing Impaired

		Frequency	Percent
Recommendations	More workshops for teachers	6	60.0
	Provide teaching-learning materials	4	40.0
Total		10	100.0

The results of analysis in Table 4.8 indicates that majority of teachers (60%) were of the view that more workshops should be conducted for them, while 40% said that there was a need for more teaching learning materials.

4.4 Summary of the findings

The results of this study indicated the following:

- (i) Majority of teacher respondents acquired the certificate level of training (60%) in HIV/AIDS course, while 20% had diploma training and another 20% had no training at all.
- (ii) The majority of teacher respondents (40%) spent one week duration in undertaking the certificate course, while 10% took one and half weeks, and another 10% undertook the course in two weeks.

- (iii) Majority of teacher respondents (60%) indicated that they enjoy teaching the course to the pupils, against 40% who don't enjoy at all.
- (iv) Majority of respondents indicated that what interest them in teaching HIV/AIDS is that it creates awareness (40%). Others believed that it is educative and impact full (10% in each case). However, 40% of the respondents disliked teaching HIV/AIDS because it is a scaring lesson.
- (v) Fifty percent of the respondents had taught HIV/AIDS lessons for a period of three years.
- (vi) Regarding the adequacy of such time given for this lesson, the respondents were 50:50 in their agreement and disagreement.
- (vii) Pupils' respondents were 100% knowledgeable of HIV/AIDS, teachers were their main source of knowledge (87%), they knew that HIV/AIDS kills (82%), and that HIV/AIDS is transmitted by both blood transfusion (50%) and sexual activities (50%).
- (viii) Seventy eight percent pupils indicated that what they enjoy most in the lessons is the teaching. Asked whether they have sexual partners, 65% said No, while 35% agreed. And on whether they engage in sex, 53% declined while 47% agreed.
- (ix) Majority of the teachers (40%) indicated that there are fewer textbooks for HIV/AIDS, which hampered their efforts in disseminating HIV/AIDS knowledge to learners.

- (x) In order to ascertain teachers' claims, pupils' respondents were asked whether they find any difficulties in the HIV/AIDS lessons. Fifty two percent said no, while 48% accepted.
- (xi) Majority of respondents (60%) indicated that abstract signs hinder them to effectively disseminate HIV/AIDS knowledge to pupils.
- (xii) Majority of the pupils' respondents (41%) found the lessons good, while 34% found them sensitive.
- (xiii) Female teachers use more books (4) than their male counterparts (3), and more of books are used than posters and newspapers in dissemination of HIV/AIDS information to pupils.
- (xiv) More female teachers (5) than males were puzzled by abstract signs in their teaching, while more men (4) than female teachers experienced the same but in the case of difficult concepts.
- (xv) Majority of teachers (60%) were of the view that more workshops should be conducted for them; while 40% said that there was a need for more teaching learning materials.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.0 Introduction

This chapter discusses the findings of the study along each research question and thereafter the recommendations are presented.

5.1 Type and Level of Training in HIV/AIDS before Implementing HIV/AIDS Curriculum

The results of analysis showed the following regarding teachers level of training:

- (xvi) Majority of teacher respondents acquired the certificate level of training (60%) in HIV/AIDS course, while 20% had diploma training and another 20% had no training at all.
- (xvii) The majority of teacher respondents (40%) spent one week duration in undertaking the course, while 10% took one and half weeks, and another 10% undertook the course in two weeks.
- (xviii) Majority of teacher respondents (60%) indicated that they enjoy teaching the course to the pupils, against 40% who don't enjoy at all.
- (xix) Fifty percent of the respondents had taught HIV/AIDS lessons for a period of three years.

To confirm how effective these teachers were in teaching HIV/AIDS with their level of training, pupils' responses indicated that teachers effectively handle the HIV/AIDS lessons because:

- (i) Pupils' respondents were 100% knowledgeable of HIV/AIDS, teachers were their main source of knowledge (87%), they knew that Aids kills (82%), and that AIDS is transmitted by both blood transfusion (50%) and sexual activities (50%).
- (ii) Seventy eight percent pupils indicated that what they enjoy most in the lessons is the teaching.

On overall, the above findings indicate that the training these teachers undertook made them able to at least handle the HIV/AIDS curriculum effectively. This is an important finding because in the study by Besset and Swainson (2002), study it was established that teachers were found to lack both the qualifications and commitment to teach HIV/AIDS related subjects in an already overcrowded and examination driven curriculum. This hindered effective teaching of HIV/AIDS in schools studied. Hence, training becomes a crucial demand for teachers to effectively implement HIV/AIDS curriculum.

5.2 Challenges Teachers Face while Implementing the HIV/AIDS Curriculum to the Hearing Impaired Children

The findings on this aspect showed some difficulties experienced by teachers with regard to teaching learning resources and teaching methodology. The summary of these findings shows that:

- (i) Majority of the teachers (40%) indicated that there are fewer textbooks for HIV/AIDS, which hampered their efforts in disseminating Aids knowledge to learners. This is an important issue of concern given the fact that the results of analysis established that female teachers use more books

(4) than their male counterparts (3), and more of books are used than posters and newspapers in dissemination HIV/Aids information to pupils.

- (ii) Majority of respondents (60%) indicated that abstract signs hinder them to effectively disseminate HIV/AIDS knowledge to pupils. In fact, it was found that 34% of pupils found some signs sensitive and uncomfortable to them. And that more female teachers (5) than males were puzzled by abstract signs in their teaching, while more men (4) than female teachers experienced the same but in the case of difficult concepts.

The issue of teaching/learning resources has also been highlighted in a related study by Malambo (2000), who sought to find out how teachers handling HIV/AIDS education were equipped. The study revealed that teachers found it difficult to teach HIV/AIDS because of insufficient learning materials. Also the difficulties concerning abstract signs and concepts were highlighted in Hyde, Kiage, Barasa and Ekatan (1993) study. In this study it was found that teachers and students encountered considerable embarrassment in discussing sexual and reproductive health topics in the classroom due to abstract signs. In addition, the study also reported that the teachers were 'shy' to go into details of the HIV/AIDS. Thus, there is a need to develop more conventional signs and provide alternative explanations for abstract concepts to be used by teachers for effective implementation of HIV/AIDS curriculum.

5.3 Ways of Improving the Implementation of the HIV/AIDS Curriculum for the Hearing Impaired Pupils/Students

Results on this aspect indicated that majority of teachers (60%) were of the view that more workshops should be conducted for them; while 40% said that there was a need for more teaching learning materials. Indeed, in order to improve on the training they have acquired, workshops and seminars should be conducted for these teachers by both the government and non-governmental organisations. Also teaching learning resources should be provided since teachers find it difficult to teach HIV/AIDS because of insufficient learning material (Malambo, 2000).

5.4 Recommendations of the Study

5.4.1 Government and Other Policy Makers

- (i) The government is hereby called to expand provisions of training of HIV/AIDS in institutions up to degree level. This will increase knowledge in teachers hence they can effectively implement the curriculum of HIV/AIDS.
- (ii) Scholarships should be availed in this area to encourage further education and training for teachers of hearing impaired.
- (iii) The government and other organizations should also provide seminars, workshops and conferences for more awareness on the part of teachers.
- (iv) Teaching and learning materials should also be provided to these schools.
- (v) Professionals in curriculum matters should devise conventional terminologies and signs to be used by teachers and pupils for effective implementation of HIV/AIDS curriculum in the schools for hearing impaired children.

5.4.2 Recommendations for further research

Further research is recommended with regard to pupils' perception of risky sexual behaviors.

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APPENDICES

APPENDIX I

QUESTIONNAIRE FOR PUPILS IN STANDARD 7& 8

INTRODUCTION

Hello my name is Paul Mutai. I am a Master of Education (Special Education) student at Kenyatta University, Nairobi. I am carrying out a study on challenges/problems of teachers in the implementation of HIV/AIDS Education in schools for the hearing impaired and I would like you to help me complete this study.

I want to ask you some questions on your learning about HIV/AIDS in the school. You do not have to give your name because we want to maintain confidentiality. I am asking questions to many pupils in schools.

Your answers will help me make recommendations for improved teaching/ learning about HIV/AIDS.

Thank you for your cooperation.

NAME OF SCHOOL: _____

GENDER: MALE FEMALE

1. In which class are you?

Std 7 () Std 8 ()

2. (a) Have you ever heard of Sexually Transmitted Diseases?

Yes () No ()

(b) If yes, from who?

Teachers () Friends () Parents () Print Media () Others
(Specify) _____

(c) What do you know about it?

.....

(e) Are you taught about it in school?

Yes () No ()

3. (a) Do you learn about HIV/AIDS in school?

Yes () No ()

(b) If yes, how many lessons per week?

One () Two () Three () Many lessons ()

5. What are the symptoms of HIV/AIDS?

(i) General body weakness ()

(ii) Contracting other diseases easily ()

(iii) Swelling of the body ()

6. Tick the way you think HIV/AIDS is passed from one person to another?

(i) By sharing foods and clothes with an infected person ()

(ii) By having sexual intercourse with an infected person ()

(iii) By getting blood from an infected person ()

7. Which of the following ways is best in protecting oneself from getting HIV/AIDS?

(i) Going to a doctor when sick ()

(ii) Looking for a witchdoctor when sick ()

(iii) Avoiding pre-marital sex ()

(iv) Use of condoms ()

- (v) Being faithful to one partner ()
- (vi) Not having sex at all ()
- (vii) Others

specify.....

8. (a) Have ever engaged in sexual activity?

Yes () No ()

(b) Do you have a girlfriend/boyfriend?

Yes () No ()

9. Do you think AIDS is curable?

Yes () No () Don't know ()

10. (a) Do you enjoy HIV/AIDS lessons?

Yes () No ()

(b) If yes, what do you like most?

Good teaching () The topics taught ()

(c) If no, what don't you like?

The way lessons are conducted () You feel shy during lessons ()

The language used by teachers ()

11. (a) Do you hold group discussions on HIV/AIDS in class?

Yes () No ()

12. (a) Do you get any difficulties when learning HIV/AIDS lesson(s)?

Yes () No ()

(b) If yes, which are they?

Specify.....

13. What are your feelings about HIV/AIDS lessons?

Specify.....

APPENDIX II

TEACHERS QUESTIONNAIRE

SCHOOL.....

GENDER.....

1. Have you had any training on teaching HIV/AIDS subject?

Yes () No ()

If yes, list down the levels of training and duration.

.....
.....

2. (a) Do you enjoy teaching AIDS as a subject?

Yes () No ()

(b) If yes, what exactly interest you in teaching HIV/AIDS as a subject?

(c) If no, what do you dislike about teaching HIV/AIDS as a subject?

(d) If yes, which classes do you teach?

Specify.....

.....
.....

(e) Do you have challenges as far as teaching this subject is concerned?

.....
.....
.....

Explain your answer in (d) above

.....
.....
.....

3. How long have you been teaching HIV/AIDS?

One year () Two years () Three years ()

More than three years ()

4. (a) If not integrated, how many HIV/AIDS lessons do you teach per week?
 One () Two () Three ()
- (b) In your opinion, do you think the time allocated to teach HIV/AIDS is adequate?
 Yes () No ()
- (c) If no, explain
5. (a) Are there any teaching materials that you use during HIV/ AIDS lesson?
 Yes () No ()
- (b) If yes, give any examples
- (c) If yes, list them down.
6. In your opinion are there areas that you find difficult when teaching HIV/AIDS?
 Yes () No ()
 If yes, which areas?
 Specify.....
7. In your opinion is HIV/AIDS education important to the pupils?
 Yes () No ()
 If yes, why do you think so?
 Specify.....
8. Does your school organise for any extra curriculum activities within AIDS curriculum Context e.g. guest speaker/ plays etc
 Yes () No ()
9. What other teaching materials do you use in class where necessary?
 Yes () No ()

10. Do you participate in seminars related to AIDS?
Yes () No ()
11. Do you take children out on field trips or field observation as part of HIV/AIDS education lessons Yes () No ()

Explain your answer.....
.....
.....

12. What suggestion / recommendations would you make to improve the teaching / learning of HIV/AIDS education in hearing impaired schools?

.....
.....
.....
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