

TEACHER-RELATED FACTORS INFLUENCING IMPLEMENTATION OF
HIV AND AIDS CURRICULUM IN SECONDARY SCHOOLS IN
NGONG DIVISION KAJIADO DISTRICT,
KENYA (2001 – 2004)

BY

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DECLARATION

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

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DEDICATION

To my late father, Joseph Wandera Ichudi, my mother Hendrica Nasirumbi whose love for education brought me this far. My children Elsie, Steve, Joseph and the late Edna. My husband Edward. My brother and sister Mr. and Mrs. Amemba. My colleagues, Mr. and Mrs. Rori , sisters, Cate ,Nelly,Jane ,Betty, Pam and Julie and brothers Ben, Tony ,Moses and Edgar, for your moral and spiritual support.

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ABSTRACT

The study sought to identify influential teacher-related factors in the implementation of HIV and AIDS curriculum. This was in recognition of the fact that this was a new curriculum and teachers were most likely facing challenges. The problem of the study was that implementation of a new curriculum is a challenge to teachers as a result of new content, new resources, and new teaching/learning strategies. The concept of integration was also a challenge in the HIV AND AIDS curriculum. This is because in Kenyan Education system, the curriculum is subject based. . The study sought to find out to what extent teachers had been in-serviced, availability and use of teaching learning materials, instructional strategies used by teachers and the difficulties that teachers faced in implementing the HIV AND AIDS curriculum. The study was undertaken in Ngong Division in Kajiado District. A total of 13 headteachers of secondary schools and 182 teachers were purposively sampled. A total of 470 students of form three and four classes were randomly selected. The study adopted a descriptive survey design. Questionnaires were filled by students and teachers while headteachers were interviewed. Data were analyzed using descriptive statistics. Findings were tabulated and discussed. The study established that in-service training had not taken place in Ngong Division; recommended teaching/learning materials were available but inadequate. Teachers mainly used lecture and discussion methods of teaching. Teachers were also facing difficulties in implementing HIV and AIDS curriculum. It was concluded there were influential teacher related factors affecting the implementation of the HIV and AIDS curriculum positively such as; the teachers were aware that HIV and AIDS was a national disaster and therefore took the initiative to inform students about it both in class and in co-curricular activities, however, negatively, teachers lack of in-servicing hindered them from implementing the curriculum as it was intended. Personal attributes of teachers such as cultural beliefs, age and shyness hindered them from implementing the HIV and AIDS curriculum. It was recommended that there is need of in-servicing of teachers on the new curriculum in Ngong Division and continuous support.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome.
CRE	Christian Religious Education
CU	Christian Union
FIE	Family Life Education.
HIV	Human Immunodeficiency Virus.
KIE	Kenya Institute of Education.
MOEST	Ministry of Education Science and Technology
NGO	Non Governmental Organization
PCEA	Presbyterian Church of East Africa
SEE	Social Education & Ethics
SHEP	School Health Education Programme.
STD	Sexually Transmitted Diseases.
UNAIDS	United Nations AIDS Society.
UNICEF	United Nations International Children's Education Fund
USA	United State of America.
WHO	World Health Organization
YCS	Young Christian Students

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CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION TO THE STUDY

This chapter covers the background to the problem, the statement of the problem, the purpose of the study, the objectives, research questions, scope and theoretical framework.

1.1 Background to the Problem

1.1.1 HIV and AIDS: A historical perspective

In the early 1980s, doctors in the United States of America (U.S.A.) noticed a frequency of an unusual form of pneumonia. The first name for this illness was Gay Related Immunodeficiency Syndrome (GRIDS). This was because the first cases to be diagnosed were related to homosexuals. Cases were later diagnosed in heterosexuals. In 1982, The USA Centre for Disease Control coined the name Acquired Immune Deficiency Syndrome (AIDS) (Barnett Blaikie, 1992; Hubley, 1995). Human Immunodeficiency Virus (HIV) is a virus that causes AIDS.

In Africa, doctors also came across patients with unusual symptoms. In 1980s in Kigali, Rwanda and Kinshasa, Zaire, now Democratic Republic of Congo (DRC), there was an outbreak of Cryptococcal Meningitis, a disease caused by bacteria whose symptoms include severe headache and a stiff neck and the patients later died.

Hubley, (1995). In Rakai District of Uganda and in Zambia in 1983, a disease was diagnosed where young people dramatically lost weight and died. These made the locals refer to this as 'slim disease' (Hubley, 1995). It seemed likely that these diseases in Africa were the same as the AIDS disease in the USA, (Hubley, 1995).

In Kenya, the first patient to be diagnosed with HIV and AIDS in 1984 was from Rwanda. The immediate reaction by Kenyans was that AIDS was a foreign disease. However, many Kenyans have since been identified to be infected with HIV and AIDS. According to the Minister for Health, the number of people infected with HIV and AIDS in Kenya was expected to rise from 2.2 million in 2003 to 2.6 million by the year 2005. (E. A Standard, 4th November 2003,pg 5) .However, according to the Daily Nation editorial, 1st December (2005) pg 6, there were 1.5 million Kenyans living with HIV and AIDS in 2005 which shows some good news in that there are less Kenyans living with HIV and AIDS

The Human Immunodeficiency has been identified as one of the major human problems worldwide. In Kenya, HIV and AIDS was declared a national disaster in the year 1999 by the then president His Excellency Daniel Arap Moi (Daily Nation, 12th November 1999 pg 1).The move by the president was because the epidemic in Kenya peaked in the late 1990s with an overall prevalence of 10% in adults. The spectrum software model estimates that the peak incidence (new cases) of infection in Kenya occurred around 1993 with over 200,000 new adult infections. MoH, (2005).

1.1.2 Cases of HIV and AIDS Infection

According to estimates by United Nations AIDS Programme (UNAIDS) in 2002, there were 40 million people globally living with AIDS (Daily Nation, 4th September 2003 pg.10). In December 2005, there were 40.3 million people living with AIDS in the world (Daily Nation 1st December 2005 pg 6). According to the acting director, National AIDS Control council (NACC) Professor Orago, 384 people were dying in Kenya daily due to AIDS. He also said that the annual infection rate stood at 140,000 people (The East African Standard, 12th March 2006 pg. 8). In the year 2000, UNAIDS stated that most of the emergent HIV and AIDS cases were among people aged between 15-25 years. The Kenya demographic and survey data (1995-2000) showed that HIV prevalence was highest among the young in the age bracket 10 –25 years, standing at 14%. The cases included some 6.0 million children in the 17,080 primary schools, 0.71 million and 0.2 million students in secondary schools and tertiary institutions respectively (Lodiaga 2000). By the year 2010, there will be 25 million HIV and AIDS orphans worldwide. Daily Nation, 6th December (2005) pg.7

From the statistics presented above, the number of people infected (those with HIV virus) and the affected by HIV and AIDS (those whose relatives, guardians and neighbours have either died of HIV and AIDS or have HIV virus) is quite large and hence the need to prevent further infections.

1.1.3 HIV and AIDS Education

Due to the fact that there is no vaccine to prevent HIV AND AIDS infection, many scholars maintain that the only means for HIV and AIDS prevention is through

education. Sepilveda, et al. (1992), emphasized the need for HIV and AIDS education. In their report, the above scholars state that many people especially the youth are not receiving information that is vital to their health and wellbeing because of our reticence in dealing with the subject of sex, sexual practices and homosexuality. These scholars emphasise that this silence must end so that there can be frank and open discussions about sexual practices.

In the USA, the Presidential Commission on HIV and AIDS epidemic endorsed integration of HIV and AIDS content into a comprehensive programme of school health in 1990. The same idea was also mooted by leading educational organizations such as National Association of School Boards and National Association of State Boards of Education Miller et al (1990). Hyde et al. (2001), in their study on HIV and the education sector in Uganda recommended that at the secondary school level, cognisance must be taken of the fact that students were probably wrestling with personal decision-making about sexual activity and hence the need for education on sex and HIV and AIDS.

In Kenya, the National AIDS and Sexually Transmitted Diseases Control Programme (NASCOP) recommended the introduction of HIV and AIDS curriculum in Kenyan schools. NASCOP, (1996). In 1997, the Kenya Government published the Sessional Paper No.4 on AIDS in Kenya and gave the go-ahead for the introduction of HIV and AIDS education in schools, (Daily Nation, 4th June 1999 pg. 7).

In 1999, the commission of inquiry into the Kenya education system recommended that knowledge on HIV and AIDS be included in Social Education and Ethics (SEE), Home Science and Biology. This marked an important step towards the teaching of HIV and AIDS in schools in Kenya (GoK, 1999).

1.1.4 The HIV and AIDS Curriculum in Kenya

During an HIV and AIDS awareness symposium for MPs in Mombasa in the year 1999, the then president announced that to prepare children for the threat of HIV and AIDS, special lessons were to begin in all schools and colleges by January 2000. (NGOs Consortium: Kanco 2002). In the year 2000, the permanent secretary in the Ministry of Education Science and Technology (MoEST) launched the HIV and AIDS syllabus to be taught in schools and colleges. The curriculum was to be implemented in schools with effect from the year 2001 (*The East African Standard*, Nov. 2000). According to the HIV and AIDS syllabus for schools and colleges in Kenya, HIV and AIDS education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that will prevent them from being infected with HIV and AIDS and to enable those infected or affected to cope with the disease. It is also meant to equip the learners with the necessary skills to disseminate information on HIV and AIDS to other people.

The information gathered from the HIV and AIDS project organizer at the Kenya Institute of Education (KIE) shows that KIE has played a very important role in providing teaching/learning materials and in-servicing teachers to implement the curriculum, (Interview on 15th Oct 2002). By the time of the interview, the following

resources had been distributed to secondary schools for HIV and AIDS curriculum in secondary schools: AIDS Facilitator's Handbook, Let Us Talk About AIDS, Bloom or Doom and the HIV AND AIDS syllabus. According to the HIV AND AIDS curriculum project organizer, all the books were developed at the KIE while the United Nations AIDS programme (UNAIDS) and the United Nations Children's Educational Fund (UNICEF) assisted in the printing of the books. According to the same source, all these books were distributed to all secondary schools in the Republic by the year 2001. The training of teachers on HIV and AIDS curriculum implementation was still going on by the day of the interview. During each workshop in a given district, a total of 60 teachers were trained including a headteacher and one teacher from each school.

KIE recommended the integration of the HIV and AIDS content into the school curriculum. This was meant to give teachers an opportunity to counsel students on the dangers of sexual risks leading to HIV and AIDS infection. Integration of HIV and AIDS education refers to the inclusion of HIV and AIDS messages into the formal and into the co-curricula and any other activities in and out of class. This means that all teachers are expected to be on the alert for opportunities that may arise and make use of these opportunities to pass HIV and AIDS related messages to the students KIE, (1992).

For a curriculum innovation to succeed, all stakeholders in education must be involved. Factors, which may affect curriculum implementation such as the attitude of

teachers and students, lack of resources and training of teachers should be addressed Shiundu and Omulando, (1992).

Any new curriculum innovation presents new challenges to teachers and it requires new knowledge, skills and attitude to implement it effectively (Hawes,1979). Additionally, it requires the in -servicing of teachers to keep them abreast of the new strategies of implementing the new curriculum innovation. Oluoch,(1982). In this case, the HIV and AIDS curriculum is integrated into the school curriculum. For it to be well-implemented there is need to ensure that the teachers are in-serviced and convinced on the necessity of the innovation. Teachers are the implementers of the curriculum. Most importantly, teachers have to be convinced of the necessity of the innovation since they are the main implementation agents (Hawes, 1979).

1.2 The Statement of the Problem

To what extent are teachers in Ngong Division, Kajiado District adequately prepared to implement the HIV and AIDS curriculum?

HIV and AIDS has been identified as one of the major human problems worldwide. As a result, the Permanent Secretary in the MoEST launched the HIV and AIDS syllabus to be taught in schools and colleges in the year 2000. The purpose of this curriculum was to inform young people with the aim of persuading them to avoid careless sexual behaviour. Implementing any new curriculum is always a challenge because it makes new demands on teachers especially in acquiring new knowledge skills and attitudes the new subject content and acquisition of new teaching/learning resources. These challenges for teachers are further aggravated by the fact that in

Kenya, the curriculum is subject-based. However, the HIV and AIDS curriculum stipulates that the content be integrated in all subjects of the curriculum. Consequently, the HIV and AIDS curriculum poses new challenges for teachers in Kenya as regards the new content and integration. This study, therefore, sought to establish teacher-related factors influencing the implementation of HIV and AIDS curriculum.

1.3 Purpose of the Study

Teachers play an important role in curriculum implementation. This is because they are the ones who finally decide the arrangement of learning experiences and methods of content presentation. Therefore, curriculum implementation always constitutes a challenge for teachers. The purpose of this study was to examine factors related to teachers that might be hindering or assisting in the implementation of the HIV and AIDS curriculum. The study aimed at surveying whether teachers had been trained to implement HIV and AIDS curriculum. To identify what teaching/learning materials were available, instructional strategies used by teachers and difficulties that teachers face in implementing the curriculum.

1.4 Objectives of the Study

1. To investigate whether teachers had been in-serviced to implement the HIV and AIDS curriculum in secondary schools in Ngong Division.
2. To find out the teaching/learning materials on HIV and AIDS available and used in secondary schools in Ngong Division.
3. To find out the teaching/learning strategies adopted by teachers to implement the HIV and AIDS curriculum.

4. To identify the difficulties encountered by teachers in implementing the HIV and AIDS curriculum.

1.5. Research Questions

The research questions that guided the study were:

1. What HIV and AIDS orientation in service teacher training programmes have teachers undertaken for implementing the HIV and AIDS curriculum?
2. Are the HIV and AIDS teaching/learning materials available in Ngong Division secondary schools?
3. What strategies were being used by teachers to implement the HIV and AIDS curriculum?
4. What were the difficulties encountered by teachers in implementing the HIV and AIDS curriculum in secondary schools in Ngong Division, Kajiado district?

1.6 Significance of the Study

The findings of the study will be of significant value in the following ways:

1. The study will provide findings on the challenges faced by teachers in integrating the HIV and AIDS curriculum into the school curriculum. Teacher trainers who are striving to provide necessary information to the teacher trainees concerning the implementation of HIV and AIDS curriculum can use this information.
2. The findings should be of importance to the national curriculum developers (KIE). They may benefit from the knowledge of the factors that hinder the

effective implementation of HIV and AIDS curriculum in secondary schools. They may consider using this knowledge in revising the curriculum and in their teacher in-service training programmes.

3. The study will also add to existing literature on HIV and AIDS curriculum

1.7 Limitations of the Study

This study was carried out in one out of the 7 divisions in Kajiado District due to financial and time limitations. This is a limitation because the results may not present the situation in the whole of Kajiado District.

The HIV and AIDS curriculum is implemented in primary, secondary schools and colleges whereas the study sample included only secondary schools. This is not representative of the implementation of the curriculum at all levels of education. The findings may give a biased view of implementation of the HIV and AIDS curriculum at other levels of education. The study involved only one division in Rift Valley Province which is unrepresentative of all secondary schools in the district thus limiting generalization of the findings.

1.8 Assumptions of the study

The following assumptions are made:

1. Teachers play a key role in the implementation of the HIV and AIDS curriculum.
2. Teachers will express their true opinion about the implementation of the HIV and AIDS curriculum.

1.9 Theoretical Framework

This study was guided by the theory of a teaching ideology. Sharp et al (1975), describe a teaching ideology as a connected set of systematically related beliefs and ideas about what are felt to be the essential features of teaching. A teaching ideology involves both cognitive and evaluative aspects. It will include general ideas and assumptions about the nature of knowledge and the human nature. How humans are motivated to learn, the nature of learning and educability of an individual. It includes the roles and functions of education. It influences the knowledge of the tasks teachers have to perform. The specific skills and techniques required to assist students to learn.

Teaching ideology also includes criteria to assess adequate performance of students as well as teacher self-evaluation. In turn, a teaching ideology is developed as a result of a clear understanding of the subject to be taught and teacher experience thus Bishop's, (1985) argument that the quality of the teacher depends on firm academic grounding and experience which can be developed during pre-service and in-service teacher preparation.

Coombs, (1981:168), also stresses the importance of continuous preparation of teachers so that they implement the educational programme effectively thus he argues:

Education system will not be modernized until the school system of teacher training is overhauled stimulated by the pedagogical research, made intellectually richer and more challenging and extended far beyond pre-service training into a system of continuous professional renewal and career development for teachers.

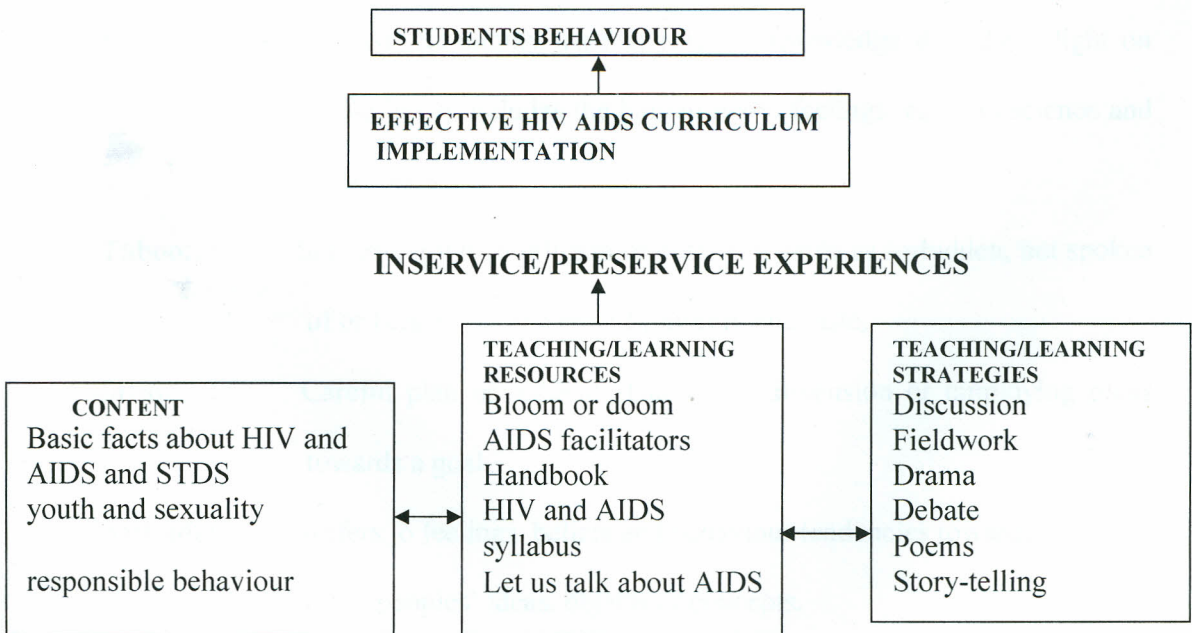
The teacher education during training is an important factor in determining how he/she will view the teaching of effective responses. Griffith, (1944:34) says that:

The most important person is the teacher who must have the experience for teaching and more importantly posses the gift of imparting knowledge in a simple straightforward manner. He must understand the young people and be sympathetic towards them. Basing on the teaching ideology, the HIV and AIDS curriculum can be effectively implemented when the teachers are in-serviced on the content and use of the teaching learning materials and application of teaching strategies. Effective curriculum implementation eventually leads to behaviour change among students.

1.9.1 Conceptual Framework

This study has adopted a conceptual framework based on the theory of teaching ideology. A connected set of systematically related beliefs and ideas about what are felt to be the essential features of teaching.

Schematic Relationship Between HIV and AIDS Curriculum, In-service Training, the Teacher and the Students.



110. Definition of Significant Terms

- Curriculum:** Is all that is planned to enable students to acquire and develop the desired knowledge, skills and attitudes (Oluoch, 1982).
- Resources:** The money, time, material and personnel necessary for the pursuit of educational goals.
- Pandemic:** Occurrence of a disease in a community or region above the expected. In common usage refers to a disease that is relatively new or previously suppressed in a given population.
- Prevalence:** Number of people in a population who have a certain disease at a certain point or interval divided by the population of interest.
- Implementation:** The stage when syllabuses and teaching/learning materials are being used by the target groups usually the teacher and pupils.
- Persistence:** The number of recurrences of a disease in a given population at a specific time.
- Sex education:** A term commonly used to refer to knowledge that sheds light on sexuality. It includes the human body, feelings, ego, conscience and self-image.
- Taboo:** Something which religion or custom regards as forbidden, not spoken of or banned on grounds of morality and taste.
- Strategy:** Careful plan or method. The art of dimension or employing plans towards a goal.
- Attitude:** Refers to feelings, beliefs and behaviour tendencies towards other peoples' ideas, objects or concepts.

Integration: The fusing of different themes, topics or areas of learning that are more or less considered separate subjects into one discipline.

Teaching methods: Refers to the approaches and strategies used by teachers in the establishment of cognitive rapport to bring about desired changes in the students.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter focuses on the review of literature that is related to teacher – related factors influencing the implementation of the HIV and AIDS curriculum in secondary schools. The literature has been reviewed under the following headings:

Factors affecting the implementation of a school curriculum, curriculum integration and the role of teachers in curriculum implementation.

2.1 Factors Affecting the Implementation of A School Curriculum

There are many factors that affect the implementation of a school curriculum. According to Oluoch (1982), and Omulando and Shiundu (1992), one of the factors in curriculum implementation is the pre-service and in-service training of teachers. preservice is the training of teachers on a certain curriculum before they start teaching while inservice is the training of teachers on how to implement a certain curriculum while they are already in the field.

Given their vital role in curriculum implementation, teachers need appropriate and relevant training to be able to handle a new programme. Curriculum specialists must utilize the saying that “no education system is better than its teachers.” It is the teacher who translates the broad general curriculum goals into instructional objectives.

It is the teacher who finally decides the arrangement of learning experiences and the methods of content presentation and he/she does most of the evaluation. It is the teacher therefore who initiates, develops and directs pupils' learning. Therefore, a teacher who has a positive attitude towards the HIV and AIDS curriculum and uses appropriate instructional strategies is likely to influence the students to develop the same attitude.

The idea that it is very important for teachers to be in-serviced and to have a positive attitude towards the HIV and AIDS curriculum is also expressed by Mbua (1995), in his study titled "An investigation into how HIV and AIDS information is communicated and perceived in Kenya; A case study of Kenyatta University". One of the findings of the study was that the agents disseminating HIV and AIDS information in Kenyatta University were not sufficiently knowledgeable about the subject hence were less effective. This was in spite of them having a good knowledge base in other disciplines. The study recommended the in-service training for those involved in disseminating HIV and AIDS information.

The necessity of training of teachers is also emphasized by Mwendar (2001) who carried out a study on attitudes and instructional methods on Family Life Education (FLE) 'carrier subjects' teaching in the secondary school curriculum. The study found that slightly fewer than 50% of the teachers responding had acquired extra skills in handling FLE topics within their subjects. Skills acquired were guidance and counselling offered by non-governmental organizations (NGOs). Teachers underwent training in skills on handling the subject matter. Teacher preparation, which starts with a new innovation, should be intensified and extended during the implementation

stage. Effective teacher preparation enables teachers involved in the programme to understand and accept the new ideas contained in the new curriculum. This enables them to own the curriculum.

Hyde et al (2001), in their study on HIV and AIDS and the education sector in Uganda, found that while the School Health Education Programme (SHEP) was successful in promoting knowledge, it was not having any discernable impact on behaviour. The teachers' embarrassment and inappropriate methodology were presenting barriers to effective teaching of attitudes that would lead to behaviour change. Teachers interviewed in the study both individually and in the focus groups felt strongly that they were not well-prepared to teach sexual and reproductive health topics either professionally or culturally. Owing to the fact that is evident from the above studies, the training of teachers is a factor that needs to be considered in the implementation of any curriculum. This study therefore investigated whether secondary school teachers in Ngong Division had been trained on the teaching of the HIV and AIDS curriculum.

The other factor that affects the implementation of any curriculum is attitude. Thurstone (1931), defines attitudes as the effect for or against a psychological object. Thurstone proposed that there is need to test people's attitude, this can be accomplished by assessing people's opinions and beliefs which he considered to be verbal expressions of attitudes. In the implementation of a school curriculum, the teacher's attitude is very important. This is because teaching is an art guided by educational values, personal needs and by a variety of beliefs or generalizations that

the teacher holds to be true. In this study, the researcher intended to find out the attitude of secondary school teachers towards the HIV and AIDS curriculum as one of the teacher-related factors that may affect the implementation of HIV and AIDS curriculum.

The other factor that affects curriculum implementation is the availability of teaching/learning resources. The report of the Presidential Working Party on Planning and Manpower Development for the Next Decade and Beyond (1988), recommended "Cost sharing system" whereby the cost of education was to be shared between the government and the local communities and the parents associations. Parents were expected to provide teaching/learning materials. However, not all communities are in a position to provide adequate materials. This, therefore, leads to lack of teaching/learning resources in some schools.

Mananua, (1998), carried out a study on factors affecting the implementation of 8-4-4 curriculum in primary schools in Egoji Division, Meru District.' One of the findings of the study was that most of the sampled primary schools in Egoji Division lacked adequate physical facilities necessary for the 8-4-4 curriculum.

In her study, Ananda (1990), also found that most of the sampled schools in Emuhaya Division lacked adequate teaching/learning materials. These included textbooks, teacher's guides, reference materials, maps, games facilities and stationery. This study revealed that inadequacy of facilities is a problem in curriculum implementation. In this study, the researcher sought to find out the teaching/learning materials available

for implementing the HIV and AIDS curriculum in secondary schools in Ngong Division, Kajiado District.

The implementation of HIV and AIDS curriculum can be affected by the fact that HIV and AIDS is a disease that activates people's deepest fears and prejudice. Its control requires people to think and speak about sex as a subject that has been traditionally private or a taboo. Many people are not willing to speak about such subjects, Sepilveda, et al. (1992).

The idea expressed above is emphasized by *Parents magazine* 2003 that states that there are setbacks in the teaching about HIV and AIDS in schools. This is because the subject is considered controversial. In many societies, the adults responsible for their children are often uneasy to teach children about HIV and AIDS and sexually risky behaviours. They feel that this encourages young people to experiment with sex prematurely. However, several studies have shown that education on sex and HIV and AIDS does not lead to increased sexual activity but creates awareness. Instead, it is ignorance that may lead to risky behaviour, (Tuju, 1996).

This study intended to find out whether teachers may be having problems in passing HIV and AIDS information to students and what teacher-related factors influencing the implementation of HIV and AIDS curriculum.

2.2 Curriculum Integration

Taba (1962), states that integration emphasizes the horizontal relationship between various curricular areas. Curriculum integration is in an attempt to interrelate content or learning experiences. Curriculum experts generally feel that knowledge is basically related and therefore, learning is more effective when content in one subject is meaningfully linked to content in another field. For example, when what is learnt in language is related to what is learnt within social studies.

Bishop (1985), states that integrated studies involve a change in the normal role of the teacher. It is experience that gives teachers their professional identity. They see themselves as historians, geographers, mathematicians or scientists. An integrated curriculum takes away from them their specialised role. In this study, the researcher sought to find out how the integrated HIV and AIDS curriculum was received by the teachers in secondary schools in Ngong Division, Kajiado District.

The HIV and AIDS curriculum was introduced in schools and colleges in 2001. The available studies on the subject of integration are found in languages particularly English and Literature. Omolo (1990); Magoma (1999); Matuu (1993), for example, found that teachers encounter the following difficulties when implementing the integrated English course in secondary schools; teachers' negative attitudes towards integrated English course, too many pupils and few textbooks, lack of guiding materials.

It follows from the above researchers that implementing an innovation requires teachers with the right knowledge, skills and attitudes which they can get through in-service training. It also requires adequate teaching learning materials.

Luvanga (2003), carried out research on teacher-related factors that affect the implementation of the integrated secondary school, Christian Religious Education (CRE) syllabus in secondary schools in Mombasa District. He found that there are teacher-related factors that influence the implementation of the 1985 integrated CRE syllabus. The factors that he found include; Inadequate preparation of the teachers during the pre-service training, over reliance on talk and chalk strategy, overuse of the lecture and discussion strategy, insufficient textbooks, negative attitude of the teachers towards the curriculum. This study sought to find out teacher-related factors affecting the implementation of HIV and AIDS curriculum in secondary schools.

2.3 Role of Teachers in Implementation of Curriculum Innovation

Implementation refers to the stage when the target group, usually the teacher and the pupils begin to use the new syllabus and teaching-learning materials. Malusu (1997). This is the next logical step once a programme has been designed, developed and piloted, (Oluoch, 1982).

Curriculum implementation in its wider sense refers to specific activities taken to ensure that the educational programme is executed as planned, (Bishop, 1985). The most important variable in implementing an innovation is the classroom teacher. This is because the teacher is the one to interpret the intended objectives of the innovation and do the actual implementation by teaching. In addition, the teacher adopts the innovation, chooses suitable learning/teaching resources and motivates students to

learn. To be able to effectively implement the innovation, the teacher needs to be adequately familiar with the innovation.

In any centralized system, there is always a gap between the plans and the materials issued centrally by the National Curriculum Developers (the KIE in Kenya) and the actual implementation in schools. Hawes (1979), observes that, this gap has always been very wide and continues to be so in Kenya. The gap has existed due to the ambitious nature of the centralized syllabus both in content and the language to be used in relation to the capabilities of teachers. As a result, teachers who play a key role in curriculum implementation have been ineffective in this respect. Indeed, the success of any curriculum innovation depends on the input from the classroom teacher. Hence, the need for in-servicing of teachers.

Hyde et al. (ibid, 2001), recommends the improving of the skills of teachers to impart HIV and AIDS content and the promotion of peer education strategies. This can be done through school level extra curricular activities such as HIV and AIDS club and drama groups. In this study, the researcher investigated the teacher-related factors affecting the implementation of HIV and AIDS curriculum. This study differs with Hyde's in that it was done in one division, which is Ngong Division unlike Hyde's study which was done in two districts. This was due to financial constraints.

The Report of the National Committee on Educational Objectives and Policies (NCEOP) of 1976 popularly known as the Gachathi Report recommends that secondary schools should train students for community leadership, family life and sex

education. It also emphasizes that the teaching methods adopted should emphasize requirements in making education relevant to the day-to-day problems, enabling the learner to observe phenomena of the environment, gather data about them, interpret the data and then use the experiences to solve the problems. The HIV and AIDS syllabus recommends the following teaching/learning activities: case study, discussion, reciting poems and role-plays, among others. These teaching/learning strategies are in line with the recommendations by the Gachathi Report. Mwendar (2001), finds that teachers of Family Life Education (FLE) career subjects predominantly used expository techniques such as lecture and note-taking while heuristic and learner-centred methods such as role play, value clarification, response skill, educational drama, fieldwork and others were ignored although these methods have been found to be more effective in changing understanding and behaviour in students.

Mwendar also found that teachers of FLE carrier subjects concentrated on the cognitive domain and ignored the affective domain. This was because of the exam-oriented education system. She recommended the child-centred approach. This approach stresses the importance of students' involvement in the acquisition of values. It is argued that the value acquired in this way becomes part of the individual's life. The students should therefore be actively involved by freely thinking and choosing their values. This study looked at the teacher-related factors affecting the implementation of the HIV and AIDS curriculum in secondary schools.

Goddard (1972), states that to a large extent, effective teaching and learning depend on the teaching methods and techniques employed by the teacher. Magoma (1999), also expresses the same idea in his study which recommends that teacher-centred methods that are found to be in common use during classroom observations should be discarded in favour of learner-centred methods of teaching.

Hyde et al (2001), in their study in Uganda, referred to earlier in this chapter found that although the school system had very little formal HIV and AIDS instruction, the combination of extra curricular events and programmes and the system of public health education resulted in a good level of knowledge about HIV and AIDS among students. The study therefore recommend the promotion of peer education strategies through school level extra curricular activities such as clubs and drama. The KIE recommends the infusion of HIV and AIDS knowledge in co-curricular activities. According to KIE personnel, the HIV and AIDS curriculum in Kenya is to be taught through infusion and integration. The researcher in this study sought to find out which methods the secondary school teachers in Ngong Division, Kajiado District are using to pass on information on HIV and AIDS to students.

2.4 Summary of Related Literature

There are gaps in the literature reviewed in that the scholars have not discussed the implementation of the HIV and AIDS curriculum in secondary schools in Kenya, which is a current innovation. There is, therefore, need for a study to be carried out on the implementation of the HIV and AIDS curriculum in secondary schools in Kenya.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

In this chapter, the researcher highlights the research design, study sample, research instruments and piloting of instruments. Data collection procedures and analysis are also discussed.

3.1 Research Design

This was a descriptive survey study on the implementation of HIV and AIDS curriculum in Ngong Division Kajiado, District secondary schools. The study aimed at ascertaining the teacher-related factors affecting the implementation of the HIV and AIDS curriculum.

Abagi (1995), citing Sandeep (1983), explains that descriptive research attempts to describe what was or what is in a social system such as the school. The methodology involved in such a design is mostly qualitative in nature producing descriptive data.

Orodho (2004), says that a descriptive study involves making careful description of phenomena to allow the researcher to gather information, summarise, present and interpret for the purpose of clarification. In this study, the researcher sought to collect qualitative information about the teacher-related factors affecting the implementation of the HIV and AIDS curriculum in Ngong Division, Kajiado District.

3.2 Variables

A variable is defined as a measurable characteristic that assumes different values among the subjects, Mugenda and Mugenda, (1999). The independent variable in this study is factors attributed to teachers such as knowledge of content, and use of teaching/learning strategies. The dependent variable is the implementation of the HIV and AIDS curriculum. The effective implementation of the HIV and AIDS curriculum depends on the teachers' knowledge of content, use of resources and teaching/learning strategies.

3.3 Location of the Study

Ngong Division is located in Kajiado District of the Rift Valley Province of Kenya. Kajiado District is located at the South of the Province. It is bordered by the Republic of Tanzania to the south- west, Taita-Taveta District to the south-east and, Machakos and Makueni districts to the east, Nairobi to the north-east, Kiambu District to the north and Narok District to the west,(See map in appendix four).

The district covers an area of 21,105 kilometers squared. Republic of Kenya, (1997-2001). The district is part of the arid and semi-arid lands (ASALS) of Kenya that are economically disadvantaged. The district has very poor communication and infrastructure.

Ngong Division is one of the seven divisions in Kajiado District see map on appendix five. It is located twenty kilometers from Nairobi, the capital city of Kenya. Administratively, it lies between Central Province and Nairobi Province .The division is

one of the most populated divisions in the district. The main economic activity is subsistence farming, vegetable farming and keeping of cattle and goats. Rains are unreliable and the population depends on food produced from other neighbouring regions like Kiambu District.

According to a report by MOH, (2002-2004), Most places in the Rift valley Province recorded a decline in HIV prevalence except Nakuru, Kajiado and Kaplong with increased prevalence in 2004. The prevalence rate in Kajiado District was five in the year 2002, two in 2003 and it increased to three in 2004.

Singleton (1993), observes that the ideal setting for any study should be easily accessible to the researcher and allow immediate rapport with the participants. The researcher therefore selected Ngong Division because of its accessibility. Moreover, during an interview with the Kajiado District Health Officer in May 2003, the researcher was informed that data for 1999-2000 from the hospitals in Kajiado District indicated 13% HIV prevalence. Prevalence was higher in urban areas than rural areas. Ngong Division is one of the urban divisions in Kajiado District with a prevalence rate of 11%. This prevalence rate is the second highest in the district. There was, therefore, need to carry out a study on HIV and AIDS curriculum in Ngong Division.

3.4 Study Sample

The target population consisted of 27 headteachers of all the secondary schools in Ngong Division, 400 secondary school teachers in the Division and 12720 secondary school students. The sample of this study comprised 13 secondary school headteachers, 182 teachers and 470 students who were in forms three and four classes in Ngong Division Kajiado District. The student and teacher population varied from one school to the other.

3.5 Sample and Sample Selection Procedures

Ngong Division had a total of 27 secondary schools out of which 11 schools did not have forms three and four classes that were targeted by the study. Three schools were used for piloting of instruments. A total of 13 secondary schools were used for the study. This formed about 48% of the total number of schools. Cohen et al (1994), observe that for descriptive studies, one third of the accessible population is a representative sample in social science research. The study sample was slightly higher than expected because the numbers of schools were few. The choice of 13 schools catered for various categories of schools viz: four girls only schools, four boys only schools and five mixed sex schools.

The headteachers of all the sampled schools participated in the study. Purposive sampling was used to select teachers representing the subjects they teach. There were cases where one teacher represented two subjects depending on his/her combination for instance history and geography combination. The teachers in charge of creative arts were also selected. This was necessary because the HIV and AIDS content was

supposed to be integrated into all subjects and co-curricular activities offered in the school.

Purposive sampling was used to select forms three and four classes whereby only students in forms three and four classes participated in the study. The sampling procedure used to choose one third of the students in forms three and four classes was random sampling. The word 'yes' was written on pieces of paper, representing one third of the total population of students in a given form four class which were mixed with other papers written 'no', representing two thirds of the total population of the class, they were then given to students to pick. The procedure was repeated for form three students. Students in each class who picked the 'yes' papers were included in the sample.

Kerlinger (1973), points out that a sample drawn at random is unbiased in the sense that no member of the population has any more chance of being selected than any other member. In mixed schools, an equal number of girls and boys participated in stratified random sampling procedure.

The total number of respondents was 13 headteachers, 182 teachers and one third of the students from each sampled class totalling to 470 students.

3.6 Research Instruments

In this study, three research instruments were used viz:

- a) Interview guide – for the headteachers

- b) Questionnaire – for teachers
- c) Questionnaire- for and students

The research instruments were constructed by listing the objectives to be accomplished by the study. This helped in writing items since each item had to relate to a certain objective. The researcher also looked at how each item in the instrument would be analysed. It was also ensured that enough information was included in each item so that it is meaningful to the respondent.

Interview Guide

According to Prasad (1983), to find out behaviour and experience of people, the interview method is considered as one of the best. The Interview guides were administered to 13 headteachers to establish how the HIV and AIDS curriculum was being implemented in their schools. The interview guide provided supplementary data to those gathered through questionnaires on teacher factors that affect HIV and AIDS curriculum implementation, and problems encountered by teachers during implementation process. It also allowed the respondents to express their opinions and views freely.

Questionnaires

Questionnaires were used because of anonymity of the respondents, which encourages expression of true feelings. They were divided into two parts. The first section was on general information about the respondents while the second part was on HIV and AIDS curriculum implementation. Questionnaires were personally administered to teachers and students by the researcher.

3.7 Piloting

The research instruments were piloted to establish the validity and reliability of each item. One Boys school, one Girls school and one mixed school which had the highest no of students in the division were used for pilot study.

Before the actual study, the questionnaire and interview guide developed for the study were pre-tested in three secondary schools that were sampled for pilot study the schools were; Najile Boys secondary, Masaai Girls and Magnet Mixed Secondary. The purpose of pre-testing was to enhance content validity of the instruments by refining vague statements in the instruments or removing them altogether. The headteachers of the three schools were interviewed using the headteachers interview guide. The questionnaires for teachers were filled by teachers representing various subjects and co-curricular activities in each sampled school totalling to 27 teachers. Questionnaires for students were filled by one third of the total number of students in forms three and four classes in each sampled school. From data collected, ambiguity detected in the instruments was then corrected and the instruments were prepared for final study. The schools used for pilot study were exempted from the main study.

3.8 Reliability and Validity of Instruments.

3.8.1 Reliability

To ascertain the reliability of the instruments, the test-re-test technique was used whereby scores of the first pilot running were correlated to scores of the second pilot running. The scores of the first test were correlated to scores of the second test and

SPSS Spearman's correlation co-efficient of 0.890 was derived. According to Mugenda and Mugenda [1999], a correlation co-efficient of 0.8 and above is sufficient to ascertain instrument reliability. Teachers questionnaire after test retest it yielded a positive correlation of $r = .752$. The students' questionnaire yielded a positive correlation of $r = .850$ while the headteachers questionnaire yielded a positive correlation of $r = .789$.

3.8.2 Validity

Validity of the instruments was ascertained through several measures; for example several instruments were used to check biases connected with using data derived from one instrument content validity was ascertained by giving out the instrument. Content validity was ascertained by giving out the instruments to professionals (my supervisors) and my colleagues to determine whether the instruments did measure what they purported to measure.

3.9 Data Collection Procedures

The researcher visited the headteachers of the sampled schools and informed them of their involvement in the study. She sought their approval and co-operation. They were also informed that the information to be gathered would be confidential. After agreeing with the headteachers on when the study would be done in their schools, the researcher drew a visit schedule whereby two schools were visited in a day. To ensure maximum rate of response, the researcher administered the instruments personally.

The headteachers were interviewed using interview guides and their responses were recorded in writing. Questionnaires were given to teachers to fill at their own time. They agreed on when the researcher should pick them, a few hours later or the next day. Forms three and four class students in each school were asked to assemble in one room (school hall, lab or classroom). They were explained to the purpose of the study. Papers written 'yes' equivalent to one third of the population of students and papers written 'no' equivalent to two thirds of the total population of students which had been prepared earlier were given to the students to pick. Those who picked papers written 'YES' (one third of the population) were given questionnaires to fill, which they handed to the researcher immediately they were through.

3.10 Data Analysis

As indicated, data were collected using three instruments. Data collected were coded and the information obtained was presented in the form of percentages and frequencies. It was analysed in terms of discussions and tabulations using descriptive statistics and tables. From data analysis, the researcher was able to come up with findings, conclusions and recommendations.

3.11 Logistical and Ethical Considerations

Before embarking on the research, permission to conduct the study was sought from the Office of the President, District Education Officer, Kajiado and the Area Education Officer, Ngong.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION.

4.0 Introduction

This was a descriptive study of the implementation of HIV and AIDS curriculum in secondary schools in Ngong Division, Kajiado District. The study aimed at gathering data on the teacher-related factors that have an effect on the implementation of the HIV and AIDS curriculum. To fulfill this objective, data were collected from heads of secondary schools using interview schedules. In addition, 182 secondary school teachers and 470 students in form three and four classes in 13 schools filled questionnaires.

To facilitate presentation and analysis of data, tabular layouts were used. Harper (1988), observes that the use of tabular layout would enable any desired figure to be located more quickly and it would also help in comparison between two different categories to be made more easily. For comparison, frequencies and percentages were used. This chapter therefore presents the data, their analysis and interpretation with regard to the research questions of the study. The research questions that guided the study were:

1. What HIV and AIDS curriculum orientation teacher training programmes have teachers undertaken?
2. Are the HIV and AIDS teaching/learning materials available in Ngong secondary schools?

3. What strategies were being used by teachers to implement the HIV and AIDS curriculum?
4. What are the difficulties encountered by teachers in implementing the HIV and AIDS curriculum in secondary schools?

In the following section information on the respondents in this study is presented.

4.1 Teachers In-servicing Programmes

The questions that this study sought to answer were: -

Question one.

What HIV and AIDS curriculum orientation teacher training programmes have teachers undertaken?

During an interview with the researcher on 17/3/2004, the Kenya Institute of Education (KIE) HIV and AIDS project co-coordinator stated that the process of in-servicing of teachers to implement the HIV and AIDS curriculum was still going on by the day of the interview. The KIE and the Ministry of Education, Science and Technology (MoEST) headquarters personnel were organizing one-week, in-service courses with funding from United Nations Children's Education Fund (UNICEF). On the other hand, other organizations especially churches were also offering in-service teacher training on HIV and AIDS.

Information was sought from headteachers of the sampled secondary schools and subject teachers from each sampled school.

When teachers were asked to indicate the in-service courses they had undergone on the HIV and AIDS curriculum implementation before and during the curriculum implementation period, their responses are shown below;

Table 4.1: HIV and AIDS curriculum in-service training undertaken by teachers

In-service training	Teachers' Response N=182	
	N	%
No training attended	137	75.0
Training offered by PCEA church (unofficial)	21	11.5
Training offered by the catholic secretariat (unofficial)	15	7.7
Training offered by KIE personnel (official)	10	5.8
Total	182	100.0

In preparation for the implementation of the HIV and AIDS curriculum, only 46(25%) teachers indicated that they had undergone in-service training on the implementation of the HIV and AIDS curriculum. A total of ten (5.8%) teachers indicated that they had attended a one-week seminar offered by KIE personnel on the implementation of the HIV and AIDS curriculum. However, the teachers who attended the seminars mentioned above attended the seminars in the schools they were teaching in previously before being transferred to Kajiado District. There were 21 (11.5%) teachers who stated that they had attended a one-week in service course on life skills and HIV and AIDS curriculum organized by the Presbyterian Church of East Africa (PCEA). Only 15 (7.7%) teachers indicated that they had attended a one-day in-service training sponsored by the Catholic Church on awareness of HIV and AIDS

and the HIV and AIDS curriculum. However, during an interview with MoEST HIV and AIDS Control Unit personnel held in May 2004, the researcher learnt that although Non-Governmental Organizations (NGOs) were in-servicing teachers, the curriculum they used was different from the KIE HIV and AIDS curriculum. However, NGOs were making good contribution to the in-servicing of teachers because they had the same objectives as the KIE for example; their aim was to enable teachers to create awareness on HIV and AIDS issues among the students.

The 46(25%) teachers who had attended in-service courses on the implementation of the HIV and AIDS curriculum stated that the courses were useful to them in that they were sensitized on the HIV and AIDS pandemic and on how to integrate information on HIV and AIDS into their teaching subjects. However, it was noted that only ten (5.8%) of the teachers had attended in-service courses on the implementation of the HIV and AIDS curriculum by the official providers (KIE). This finding suggests a setback in the HIV and AIDS curriculum implementation in that teachers who are supposed to implement the curriculum were not themselves in-serviced. Teachers that had been in-serviced indicated that they were of the opinion that more follow-up seminars should be organized so as to reach all the teachers. There was also need for more courses to keep the teachers informed of any changes in the curriculum and to remind them of what they had been taught earlier. The teachers also needed more examples of how to integrate information on HIV and AIDS in their various teaching subjects.

In an interview with KIE personnel by the researcher on 15th April 2004, it was revealed that teachers in some districts in the country had not been in-serviced on the implementation of the HIV and AIDS curriculum, three years after it was launched. This was because UNICEF was the chief funder for these activities and funded KIE to in-service teachers in UNICEF focused districts only. These districts are Kisumu, Busia, Migori, Nairobi, Mombasa Municipality, Kwale, Malindi and Nakuru. Ngong Division, the focus of this study is in Kajiado District that is not among the focused districts. The MoEST sponsored workshops for teachers on HIV and AIDS curriculum in Homa Bay, Suba, Migori, Vihiga, Kakamega, Trans Nzoia, Isiolo, Nairobi, Garissa, Muranga, Nyeri, Taita-taveta, Kwale, Malindi and Kilifi. The in-servicing of teachers in these districts was still going on by the day of the interview. KIE personnel stated that they had planned to request for more funds from UNICEF to in-service teachers in other districts which had not been targeted earlier. This was to be done once they were through with in-servicing of teachers in UNICEF focused districts.

The teachers stated that in some subjects such as mathematics and physics, there are very few topics that they could integrate HIV and AIDS content. These teachers therefore required more information on how to integrate information on HIV and AIDS in the various topics in their subjects. The teachers' opinion that there was need for regular in service course is in line with Hawes' (1979) argument that there is need for regular in-service training to enable teachers to acquire the necessary knowledge, attitude and skills to implement a new curriculum.

The fact that the government had not fulfilled its obligation to in-service teachers in the implementation of the HIV and AIDS curriculum, three years after the curriculum was implemented was confirmed by headteachers during the interviews. A total of ten (76%) headteachers indicated that they were not aware of their teachers taking any in-service course on the implementation of the HIV and AIDS curriculum. Only three (24%) stated that a few of their teachers, around three teachers per school, had attended the in-service courses on the implementation of the HIV and AIDS curriculum, which were offered by NGOs. None of the headteachers said that their teachers had been in-serviced by KIE in the schools that they were teaching in previously as indicated by ten (5.8%) teachers. Most likely, they were not aware of this fact since most teachers hardly discuss their previous achievements with headteachers unless they are requested to.

From the above findings, it's clear that the majority 137 (75%) of the sampled teachers had not attended any in-service course on the implementation of the HIV and AIDS curriculum. This poses a big challenge in the implementation of the curriculum in that teachers are the ones who carry out curriculum implementation and yet most of them had not been in-serviced. This lack of in-service training may lead to difficulties in the implementation of HIV and AIDS curriculum as Oluoch (1982:15), argues that:

For a curriculum venture to succeed, the teachers involved must understand and accept the ideas contained in the new curriculum being proposed or implemented, teachers need to gain understanding and acceptance of the reasoning behind the new ideas, materials and teaching methodology advocated in the new curriculum. Teachers can gain this understanding by going through specially designed educational programmes.

It is, therefore, necessary for teachers to be in-serviced on how to implement the HIV and AIDS curriculum, which requires new skills and strategies i.e. integrating information on HIV and AIDS in all the subjects and co-curricular activities in the school curriculum. Studies in other parts of the country have revealed that one of the factors that led to poor implementation of an innovation is lack of orientation courses. For instance, Tugee (1987) in his study found that in-service courses in Mount Elgon District were quite irregular in the event of curriculum change. He concluded that lack of in- service courses was one of the factors that hindered teachers from playing an effective role in curriculum implementation. In the next section, the findings of the second research question are discussed.

4.2 Teaching/learning Resources Used

The second research question sought to find out to what extent teaching/learning materials were provided and used.

Question two.

What teaching/learning materials for implementing the HIV and AIDS curriculum were available and used in Ngong Division?

The researcher tried to find out what the situation was as regards the availability and use of both recommended and supplementary teaching/learning resources. The KIE recommended the following teaching/learning resources for the implementation of the HIV and AIDS curriculum; HIV and AIDS syllabus for schools and colleges, Bloom or Doom, HIV and AIDS facilitators' handbook, magazines, charts, pictures, pamphlets, newsletters, the Bible and the Quran. The KIE personnel were also in the process of producing another book entitled 'Life skills'.

Table 4.2 shows the results on the information on the teaching/learning resources used by the sampled teachers in implementing the HIV and AIDS curriculum.

Table 4.2: Teachers who used recommended teaching/learning resources

Recommended Teaching/Learning Resources	No. of times resource was mentioned by teachers= 182	
	N	%
Bible	106	58.0
Bloom or Doom, HIV and AIDS syllabus and HIV and AIDS facilitators handbook (all the recommended textbooks)	77	42.0
Magazines	60	33
Pamphlets	34	19.0
Charts & pictures	32	18.0
Newsletters	28	15.0

From Table 4.2, it can be observed that the majority of the teachers 106(58%) used the Bible as a teaching resource for HIV and AIDS curriculum implementation. The researcher posits that, this was because the Bible was readily available in Ngong Division, which is a predominantly Christian. The Bible was also a resource book in Christian Religious Education (CRE), which was being offered in the sampled schools. Some of the topics in the HIV and AIDS curriculum for which the bible was used as a resource include: Responsible sexual behaviour and religious practices such as chastity, obedience, honesty and faithfulness.

It was noted by the researcher that the teachers who indicated that they used the Bible were mainly arts teachers. The researcher realized that this was because most of the topics in which the Bible can be used as a resource are found in arts subjects i.e. CRE and SEE. Some teachers indicated that there was a contradiction between the information in the bible and other resource books. This was because the Bible teaches abstinence from sex and chastity until marriage while some resource books such as those recommended for the HIV and AIDS curriculum and magazines give the option of practising safe sex by using a condom when one is not able to control his/her sexual desires. According to KIE personnel, there was need to give youth all the options in HIV and AIDS prevention so that those who are unable to control their sexual desires can opt for condoms.

From the same Table 4.2, it can also be observed that 77 (42%) teachers indicated that they used the HIV and AIDS syllabus and recommended texts i.e. Bloom or Doom, and the HIV and AIDS facilitator's handbook that constitute the HIV and AIDS curriculum package. Teachers who indicated that they used the recommended books stated that the books were not enough since schools had either one or two copies of each book. Therefore, there were no reference books specifically for students. Two copies per school were not even enough for the teachers because each teacher needs one copy of each recommended book for reference.

From Table 4.2, it can also be noted that 60 (33%) teachers indicated that they used magazines in implementing the HIV and AIDS curriculum. A total of 32 (18%) teachers indicated that they used charts and pictures on HIV and AIDS. A total of 34

(19%) teachers indicated that they used pamphlets on HIV and AIDS, 28 (15%) teachers used newsletters.

Information from respondents at KIE indicated that the schools were not supplied with magazines, pamphlets, newsletters, charts and pictures but that they were supposed to acquire the materials on their own. However, there were no guidelines on how to acquire these materials. The schools that had these resources got them from donors such as various church and NGO officials who visited their schools. Some teachers indicated that they relied on information from mass media e.g. Newspapers and other supplementary materials to teach students about HIV and AIDS. Table 4.3 shows the supplementary materials used by some teachers.

Table 4.3: Supplementary Resources Used by Teachers

Supplementary resources	No & % of times resource was mentioned by teachers. N=182	
	F	%
Newspapers	18	9.6
Living with AIDS (textbook)	15	8.0
Choose freedom (textbook)	10	5.7
Keep Dreams Alive (textbook)	15	8.0
Adventure Unlimited (textbook)	10	5.7
No supplementary resource used	115	63.0

From Table 4.3 above, it is observed that 18 (9.6%) teachers indicated that they used newspapers as a supplementary resource to disseminate information to students' on HIV and AIDS. There were 49 (27%) teachers who indicated that they used

supplementary books with information on HIV and AIDS such as “Choose Freedom Leaders Guide to a Course on Life skills and Relationships for Young People” by Scripture Union –Africa. There were ten (5.7%) teachers who indicated that they got information on HIV and AIDS from a book entitled “Adventure Unlimited – Life Skills for an AIDs Free Generation by Scripture Union Aid for AIDS. A total of 15 (8%) teachers got information on HIV and AIDS from a book entitled “Living with AIDS in the Community. A total of 15 (8%) teachers used “Keep Dreams Alive “. The majority of teachers 115(63%) did not use any supplementary resource. This may be because most schools did not have supplementary resources.

From Table 4.3, it can also be noted that the number of teachers who indicated that they used supplementary resources to disseminate information to students information on HIV and AIDS were few 50 (37%). The reason why supplementary resources were not widely used could be that they were not available in most schools and where they were available, they were inadequate.

Interviews with headteachers confirmed that the teachers in their schools were not provided with adequate teaching/learning resources for implementing the HIV and AIDS curriculum. Table 4.4 has the views of the sampled headteachers

Table 4.4: Headteachers Whose Schools had Recommended Resources

Recommended teaching/learning resources	No. of times resource was mentioned by headteachers. N=13	
	No	%
Bible	13	100.0
Bloom or Doom	11	84.0
HIV and AIDS syllabus	11	84.0
AIDS Facilitator's handbook	11	84.0
Chart/pictures	3	23.0
Pamphlets	2	15.0
Newsletters	2	15.0
Magazines	2	15.0
None	2	15.0

All the 13 headteachers interviewed stated that they had Bibles in their schools. The headteachers also said that students read the bible during school assemblies. There were 11 (84%) headteachers who stated that their schools had textbooks recommended by KIE for the implementation of HIV and AIDS curriculum. They said that they were only given two copies of each of the recommended books. These books were not enough to be used by all the teachers and students in their schools.

There were two (15%) headteachers who indicated that their schools had magazines on HIV and AIDS. A total of three (25%) headteachers stated they had charts and pictures on HIV and AIDS in their schools. Only two (15%) headteachers said that they had pamphlets with HIV and AIDS information in their schools. There were two (15%) headteachers who said that their schools had newsletters on HIV and AIDS.

There were two (15%) headteachers who said that they had neither received nor seen any official reference book on HIV and AIDS and that they were also not aware that they were supposed to implement the HIV and AIDS curriculum. They admitted having read in the newspapers about the necessity of implementing the HIV and AIDS curriculum but they had not received any official communication on the subject. These headteachers had, therefore, assumed that the HIV and AIDS curriculum had not yet been implemented. They requested the researcher to inform them where they could get the recommended books. This was interpreted by the researcher as failure on the part of the government in that the curriculum was launched but not all the headteachers received information on the same. However, headteachers need to be abreast of the developments in curriculum changes. The headteachers who were aware of the curriculum implementation said that they learnt about it during an official headteachers meeting when it was casually mentioned that schools were to implement the HIV and AIDS curriculum. However, they did not receive any official circular on the new curriculum. According to MoEST HIV and AIDS Control Unit personnel, the recommended HIV and AIDS textbooks were sent to provincial education officers who distributed them to district education officers in their provinces. The district education officers in turn distributed the books to the Divisional Education Officers in their districts. In Ngong Division, the Divisional Education Officer said that she received the books and distributed two copies per school in the year 2001.

During interviews with headteachers, the researcher learnt that the recommended textbooks were given to headteachers or teachers who visited the divisional education

offices to take to their various schools. It was, therefore, possible that some of the teachers who were given books did not take them to their schools at all. Also, those headteachers who may not have visited the offices at the appropriate time may not have received the books. This explains why some (two) of the schools did not have the recommended textbooks for HIV and AIDS curriculum. The fact that some teachers stated that they had not seen the books recommended for the HIV and AIDS curriculum could also be because some headteachers took the books to their schools and kept them without showing teachers. The reasons behind this was the fact that the teachers had not been in-serviced and therefore, were not aware that they were to be given some textbooks, they would have asked for them if they were aware. Students in their response to questionnaires also confirmed the inadequacy of the teaching/learning resources. Table 4.5 shows students' responses on teaching/learning resources used by their teachers.

Table 4.5: Teaching Learning Resources Used by Teachers as Indicated by Students.

Teaching/Learning resources used by teachers	No. & % of times Students mentioned Use of Resources. N=470	
	F	%
Bloom or Doom	210	45
Magazines	210	45
HIV and AIDS facilitator's handbook	200	43
Charts & pictures	160	35
Pamphlets	45	10

From Table 4.5, it is evident that students indicated that their teachers had used a variety of resources on HIV and AIDS in class. There were 210 (45%) students (roughly 16 students per school) who indicated that they had been given "Bloom or

Doom” to read both in class and privately. While 200 (43%) students (roughly 15 per school) indicated that teachers had given them “HIV and AIDS Facilitator’s Handbook” to read. However, the students stated that they were not able to get the books on demand as the schools had very few copies (two per school). It is worth noting that in the distribution of the recommended textbooks in Kajiado District, MoEST targeted teachers but not students (two copies per school). This implies that most of the students were not able to get these books and therefore had to rely on information from teachers who were expected to read these books and pass the information to students. However, according to MoEST personnel interviewed by the researcher in April 2004, the government was in the process of distributing more recommended HIV and AIDS textbooks to schools. From Table 4.5, it can also be noted that 210 (45%) students (roughly 16 per school) indicated that they had read magazines on HIV and AIDS in school that they were given by teachers. A total of 160 (35%) students (roughly 12 per school) indicated that their schools had charts and pictures on HIV and AIDS while 45 (10%) students (roughly three per school) indicated that there were pamphlets on HIV and AIDS in their schools.

From the above data, it is clear that the sampled secondary schools in Ngong Division did not have adequate teaching/ learning resources for the implementation of the HIV and AIDS curriculum. Havelock and Huberman (1972), have highlighted lack of resources and equipment as one of the barriers to educational innovations. Lack of adequate teaching/learning resources in the sampled secondary schools was an indication that the schools were experiencing problems in implementing the HIV and AIDS curriculum.

Lack of adequate teaching/learning resources has been a problem facing many schools in other parts of the country. This has affected implementation of curriculum innovation in these areas. For instance, Mananua (1998), observed that lack of teaching resources was one of the factors hindering the implementation of 8-4-4 curriculum in primary schools in Egoji Division, Meru District. On her part, Ananda, (1990), found that majority of the primary schools in Emuhaya Division, Vihiga District lacked teaching/learning resources. She observed that the pupils took to schools the teaching/learning resources found in their homes.

Bishop (1995), argues that for a curriculum to succeed, teachers must have the tools for the job. There must be ready and continuous supply of teaching/learning resources with adequate support resources. This would enable teachers to carry out curriculum implementation efficiently. It follows that successful implementation of HIV and AIDS curriculum cannot be achieved when teaching/learning resources are insufficient. It is, therefore, necessary for the schools to acquire the recommended teaching/learning resources to ensure that the objectives of the HIV and AIDS curriculum are achieved.

In the next sub-section the researcher will provide information on the third research question.

4.3 Strategies Used in Teaching about HIV and AIDS

The third research question that sought to identify strategies which were being used by teachers is stated below.

Question three

What strategies were being used by teachers to implement the HIV and AIDS curriculum?

According to the HIV and AIDS syllabus for schools and colleges by KIE, the following teaching/learning activities were recommended for disseminating information on HIV and AIDS: discussions, singing, debate, story-telling, watching tapes, role play, drawing, project work, observation, essay writing, demonstration and participation in HIV and AIDS awareness programmes. Findings on teaching/learning strategies by teachers are presented in Table 4.6.

Table 4.6: Teaching/ Learning Activities Utilized by Teachers

Method used	No. of times mentioned. N=182	%
Discussion	102	55.8
Story-telling	73	40.4
Lecture	71	38.5
Debate	45	25.0
Poems	42	23.0
Drama	32	17.9
Drawing	15	7.7
Fieldwork	7	3.8

As it can be seen in Table 4.6, most of the teachers indicated that they used discussion, story-telling and lecture methods more often than other teaching methods in teaching about HIV and AIDS. For example, 102 (55.8%) teachers used discussion

method. A total of 73(40.4%) teachers used story-telling method while 71 (38.5%) teachers used the lecture method to disseminate information to students on HIV and AIDS. The other methods that were used by the teachers include: debate 45(25%) teachers, songs 42 (23%), drama 32 (17.9%), drawing 15 (7.7%), and fieldwork seven (3.8%) When the teachers were later asked why they preferred certain teaching methods to others, their responses are presented in Table 4.7

Table 4.7: Teachers Reasons for Using Certain Teaching Methods: -

Method	Reasons	No. of times reason was mentioned N=182	%
Discussions	Interesting, students enjoy, motivates students (easy to use)	137	75.0
Fieldwork	Expensive, time consuming, i.e. logistics as booking of venues ((difficult to use)	133	73.0
Story-telling	Interesting, motivates students (easy to use)	122	67.0
Lecture	Saves time, effective, easy to give, covers wide ground (easy to use)	133	73.0
Debate	Time-consuming (difficult to use)	91	50.0
Songs (poems)	Time-consuming (difficult to use)	71	38.0
Drama	Not popular with most students, students feel shy, not keen, time-consuming (difficult to use)	45	25.0

Table 4:7 reveals that 137 (75%) of the teachers reasons for stated that discussion method promoted interest and motivated students who also enjoy the discussions. A total of 122 (67%) of the teachers preferred story-telling giving the same reasons as those for discussion method. Lecture method was another popular method indicated by 133(73%) of the teachers. Reasons for using it were that it saves time, is effective,

easy to use and allows coverage of wide ground. According to teachers, drama, songs, debate and fieldwork were less used. The reasons for the less use of drama 45(25%) by teachers were that; it was not popular with students, it was time consuming and most students were shy to act. There were 71(38%) of the teachers who stated that the use of song was time-consuming and the same reason was given for the use of debate by 91 (50%) of the respondents. Finally, the use of fieldwork was said to be difficult to use due to being expensive and time-consuming when it comes to booking for venues. This was cited by 133 (73%) teachers. The analysis shows a wide variety of reasons as to why respondents used certain methods more frequently but found other methods difficult to use or did not use them at all.

Table 4.7 also indicates that most teachers tended to consider expository methods such as lecture and interactive methods such as discussions and story-telling, least difficult to use. Experiential methods such as fieldwork and drama were generally considered difficult to use. The teachers preferred lecture, story telling and discussions most because they felt the methods saved time and therefore enabled them to concentrate on syllabus coverage in their various subject areas. This is probably due to the nature of the Kenyan exam-oriented system. There is no HIV and AIDS examination in the Kenyan education school curriculum. The teachers are, therefore, in a rush to cover the syllabus to prepare students for exams than to give attention to topics that are not examinable like HIV and AIDS.

Covering the syllabus without paying attention to the process of acquisition of values especially when considering HIV and AIDS related topics that centre on the

cultivation of effective desirable responses does not help in achieving behaviour change as desired by HIV and AIDS curriculum. Simulation methods like dramatizing and peer tutoring help to educate adolescents in living and coping with their feelings and emotions (McPhail, 1982). Teachers opting for teacher-friendly (least difficult) teaching/learning methods is one of the factors affecting implementation of the HIV and AIDS curriculum.

According to KIE personnel, the HIV and AIDS curriculum was to be integrated with other subjects within the school curriculum, for example, English, Biology etc and co-curricular activities. Students were asked to list the subjects within the school curriculum through which they had learnt about HIV and AIDS. Table 4.12 shows their responses.

Table 4.8: Students' Indication of the Subjects Through Which They Had Learnt about HIV and AIDS

Subject	No. of times mentioned N=470	%
SEE.	340	72.0
CRE.	330	70.0
Biology	280	59.5
English	150	31.0
Geography	120	25.5
Kiswahili	120	25.5
Home Science	70	14.8
Mathematics	60	13.0
History	50	10.0
Chemistry	40	8.5
Agriculture	30	7.0
Physics	8	1.7.
Commerce	8	1.7
HIV AND AIDS	4	0.85

Legend:

SEE Social Education and Ethics

CRE Christian Religious Education

As it can be observed from Table 4.8, there were 340 (72%) students who indicated that they had learnt about HIV and AIDS in SEE while 330 (70%) of the students indicated that they had learnt about HIV and AIDS in CRE; 280 (59.5%) of the students had learnt about HIV and AIDS in Biology, while 150 (31%) learnt about HIV and AIDS during English lessons. Another 120 (25.5) students learnt about HIV and AIDS during Geography and Kiswahili lessons while 70 (14.8%) learnt during Home Science lessons. In Mathematics, only 60 (13%) of the students learnt about

HIV and AIDS. In History, 50 (10%) students learnt about HIV and AIDS while in Chemistry 40 (8.5%) of the students learnt about HIV and AIDS. A total of 30 (7%) of the students indicated that they had learnt about HIV and AIDS during Agriculture lessons. In Physics and Commerce lessons, 16 (3.4%) students stated that they had been given information on HIV and AIDS. There were eight (1.7%) students who learnt about HIV and AIDS. There were four (0.85) students who indicated that they learnt about HIV and AIDS when HIV and AIDS was taught as a subject.

From the findings above, it can be noted that information on HIV and AIDS was being integrated into all the subjects within the school curriculum. It can also be noted that the integration was being done in some subjects more often than in others. This could be attributed to the fact that most of the teachers were not in-serviced on how to integrate information on HIV and AIDS into their subjects. It can also be attributed to the fact that it is easier to integrate information on HIV and AIDS in some subjects more than in others. The other reason may be that some teachers were more informed on HIV and AIDS and were more willing to share the information with students than others.

The subjects in which most students indicated they had learnt about HIV and AIDS were mainly arts subjects e.g. SEE, CRE., English, Geography and Kiswahili. With the exception of Biology, very few students indicated that they had got information on HIV and AIDS in science subjects. The reason why Biology teachers may have been able to integrate information in their subject more than other Science subject teachers could be that Biology has content on disease and AIDS is a disease.

In spite of the fact that HIV and AIDS curriculum was to be integrated into the school curriculum, there were a few cases where it was being taught as a separate subject. This was viewed by the researcher as a result of breakdown of communication between teachers and the KIE and lack of in-servicing of teachers. These are some of the factors that can lead to poor implementation of a curriculum. There is need for KIE to communicate with the teachers on the objectives and nature of a new curriculum. The KIE also needs to involve teachers in any curriculum innovation.

The teachers were also asked to indicate which co-curricular activities their schools had been able to integrate information on HIV and AIDS. Table 4.9 shows their responses.

Table 4.9: School activities with HIV and AIDS messages according to teachers

Activity	No. of times activity was mentioned N=182	%
Guidance and counselling	78	42.0
Drama	32	17.0
HIV and AIDS club	15	7.0
Non	106	58.0
Guest speakers	10	5.0
Religious clubs	28	15.0
Music	7	3.0

As Table 4.9 shows that 78 (42%) of the teachers passed information on HIV and AIDS to students during counselling sessions. This was because HIV and AIDS was one of the challenges facing the youth today. The youth are either infected or affected by the virus in that they probably have relatives, neighbours, classmates or friends who may be living with the virus or who have died from the virus. Some students may also be infected with HIV virus. This may be the reason why most teachers used guidance and counselling sessions to pass on to students information on HIV and AIDS.

A total of 32 (17%) of the teachers used drama as a means of passing information on HIV and AIDS to students. The teachers managed to coach the students to act plays that had HIV and AIDS messages. In fact, in two of the schools, the plays on HIV and AIDS had been staged up to the provincial level in the annual schools drama festival. There were 15 (7%) of the teachers who stated that they had formed HIV and AIDS clubs, such as Life Skills Promoters Club, HIV and AIDS Club, HIV and AIDS Awareness Club and Straight Talk Club. In these clubs, the members discussed about HIV and AIDS awareness, its prevention and how to cope with the disease when infected or affected. In one of the schools, teachers indicated that in the beginning, the members were very few; students were reluctant to join because other students referred to members of these HIV and AIDS clubs as HIV and AIDS members or HIV and AIDS students and the patron was referred to as the HIV and AIDS teacher. Due to the stigma associated with HIV and AIDS, many of the students' had to shy away from joining the HIV and AIDS club. However, the students were slowly sensitized

on the need and benefits of joining the HIV and AIDS Club. This led to the growth in the number of members.

A total of 106(58%) teachers indicated that they had not used any co-curricular activity to pass the HIV and AIDS information to students. This could be attributed to ignorance, lack of time or interest on the part of some teachers. HIV and AIDS was declared a national disaster in the year 1999 and therefore, teachers need to be advised to use all means at their disposal to pass information on HIV and AIDS to students as a way of preventing its spread.

There were ten (5%) teachers who indicated that they invited guest speakers to speak to their students about HIV and AIDS and advise them on how to ensure they were not infected and how to cope with the disease once one is infected or affected. The guest speakers were mainly professional counsellors, church leaders or medical personnel. The teachers who indicated that they invited guest speakers stated that the students liked the idea of outsiders coming to speak to them because they emphasized on what their teachers had told them and they thus felt challenged to act on the pieces of advice given.

Only seven (3%) teachers indicated that they used music and poetry to pass to students information on HIV and AIDS. Those who used this strategy said that this involved some students singing songs and reciting poems on HIV and AIDS during school functions such as parents' day or during music festivals. There were 28 (15%) teachers who indicated that they passed on to students information on HIV and AIDS

in religious clubs such as; Young Christian Students Union (YCS) and Christian Union (CU). It can also be noted that teachers who stated that they did not use co-curricular activities to pass on to the students information on HIV and AIDS were many 106(58%). The researcher got the impression that most of the teachers were not aware that they were to integrate information on HIV and AIDS in school activities or they were not willing to do so.

The students were asked to indicate the school activities in which they learnt about HIV and AIDS. Their responses are shown in Table 4.10.

Table 4.10: School Activities in which Students Learnt about HIV and AIDS

Activity	No. of times mentioned by students N=470	%
Guidance and Counselling	115	24
Clubs	110	23
Religious functions	100	21
Guest speakers	30	6
School assembly	30	6

Table 4.10 above indicates that 115 (24%) students learnt about HIV and AIDS through guidance and counselling sessions. A total of 110 (23%) students indicated that they got information through clubs such as HIV and AIDS Club, Straight talk, Entertainment Club, Drama club and Young Christian Students (YCS). and Christian Union (CU). A total of 100 (21%) students indicated that they learnt about HIV and AIDS during religious functions such as Weekend Challenge and religious conference

and during mass and Sunday service. There were 30 (6%) students who indicated that they got information on HIV and AIDS from guest speakers while the same number of students indicated that they learnt about HIV and AIDS during assembly. It can be noted that students got information on HIV and AIDS through various activities in school. This is a positive sign in that students were getting information on HIV and AIDS curriculum in most of the school activities.

4.4 Difficulties Teachers Face

Question four:

What are the difficulties encountered by teachers in implementing the HIV and AIDS curriculum?

In implementing any new curriculum, there are bound to be challenges faced by the curriculum implementers. As it can be observed in table 4.11 most teachers stated that they had difficulties.

Table 4.11: Difficulties Encountered by Teachers

Difficulty	Frequency of responses by teachers N=182	
	No.	%
Problems related to lack of in servicing	137	75
Problems related to teaching/learning resources	122	67
Student- related problems	80	44
Problems related to content	45	25
Problems related to workload	34	19
Problems related to integration	80	44
Lack of awareness of curriculum	28	15

Majority of the teachers stated that they had not received in-service training on the implementation of the new curriculum. This was indicated by 137 (75%) teachers who stated that they were told to inform the students about HIV and AIDS in their classes by the headteachers but they were not sure of how to go about giving the students the information.

Although the teachers were giving students information on HIV and AIDS, they were not sure on how exactly they were required to integrate information on HIV and AIDS into their subjects. They were not aware of how frequently they were to inform the students about HIV and AIDS i.e. "is it every lesson, once in a week, or every topic?" they wondered. Some teachers also had a problem in relating HIV and AIDS information to the topics they were teaching e.g. Mathematics teachers felt they had

very few topics in which to integrate information on HIV and AIDS whereas, some teachers had very many topics in which they could integrate information on HIV and AIDS e.g. CRE, SEE, Biology and language teachers.

Some teachers believed that the HIV and AIDS curriculum needs to be taught as a subject. The teachers, therefore, had difficulties in implementing a curriculum, which they did not understand fully. They needed some in- service training to guide them in the curriculum implementation process.

Teachers also stated that lack of adequate teaching/learning resources for implementing the HIV and AIDS curriculum. This was stated by 122 (67%) teachers. Inadequacy of resources poses a problem to teachers especially those who did not have the HIV and AIDS syllabus and the recommended text books in that they were not in a position to know which information they were to pass on to the students and which information they were to leave out. They were teaching with no set objectives to achieve. This problem led to some teachers not passing on any information on HIV and AIDS to students while some teachers resorted to passing on to students information they had heard about HIV and AIDS some of which may not necessarily be true e.g. HIV and AIDS is a disease for prostitutes.

A total of 80(44%) teachers indicated that they experienced student- related problems when passing HIV and AIDS information to students. Examples of such problem indicated by teachers included the following:

1. Some students were having HIV and AIDS symptoms such as tuberculosis, loss of too much weight and sores on their bodies.
2. Some of the students had parents who were HIV positive.
3. Other students were HIV and AIDS orphans.

The teachers stated that they did not know how to conduct discussions about HIV and AIDS with HIV and AIDS victims and orphans without hurting them. The teachers viewed topics on HIV and AIDS as a reminder to the orphans and victims of their problem. This was as a result of the stigma associated with AIDS. Some teachers therefore avoided discussions on HIV and AIDS in classes where they suspected some students to be HIV and AIDS victims. This could lead to ignorance on the facts about HIV and AIDS by most students who were not given the information. This was due to lack of training on how to go about passing such information to victims i.e. guidance and counselling skills.

Teachers also experienced problems related to content in implementing the HIV and AIDS curriculum. Some teachers stated that they found some topics especially on human sexuality to be quite embarrassing. This was indicated by 45 (25%) teachers.

The teachers listed some of the topics, which they found to be embarrassing e.g. youth and sexuality, signs and symptoms of sexually transmitted diseases (STDs) and HIV and AIDS, and mentioning sexual organs by name. The teachers indicated that they found the topics embarrassing due to their cultural upbringing whereby talk about sex

was considered a taboo. It was, therefore, difficult for them to explain to students everything that they were supposed to know about human sexuality.

This may have led some of the teachers avoiding to avoid giving students information on the topics, which they found embarrassing, it therefore, means that some students did not get all the information on HIV and AIDS in school as expected by the curriculum. It was intended by the curriculum that students learn about HIV and AIDS in school to create awareness about the disease as a way of preventing the spread of the disease.

Some of the students, the teachers stated, were too shy or embarrassed to talk about sex. This was due to their cultural upbringing where open discussion about sex especially in the presence of adults like the teachers was forbidden. The teachers may not have had the skills on how to break the shyness and embarrassment due to lack of in-service training.

A total of 34 (19%) teachers complained about workload. They indicated that they found the HIV and AIDS curriculum to be an extra burden that had been added to their already heavy workload. They were, therefore, finding it difficult to handle this extra work.

Integrating HIV and AIDS content in some subjects was a difficult task. This view was indicated by 80 (44%) teachers because the content in their subjects had very little content that could be related to HIV and AIDS.

There were 28 (15%) teachers who indicated that they were not aware that they were to implement the HIV and AIDS curriculum. This is a problem because the teachers were not aware of their responsibility of implementing the HIV and AIDS curriculum and were not able to carry it out.

Data collected from students using questionnaires confirmed that teachers were having difficulties when passing on information on HIV and AIDS to students in their subjects and co-curricular activities. This was because students were also experiencing difficulties while learning about HIV and AIDS. Table 4.12 shows the students' difficulties.

Table 4.12: Difficulties experienced by students when learning about HIV and AIDS

Difficulty	No. of times mentioned N=470	
	No.	%
Shy and embarrassed teachers	300	64
Age & sex difference with teachers	200	43
Personal problems	100	21
Boring information	60	13
Lack of awareness	60	13
Contradictory information	50	10

From Table 4.12, it is evident that 300 (64%) students indicated that their teachers were too shy to tell them all the facts about human sexuality. In the questionnaires,

the students stated that the teachers kept on beating about the bush and hence giving students very sketchy information on human sexuality. Some of the students also stated that in the course of teaching/learning, teachers become very harsh whenever students requested for more information on sex. This made the students to fear such teachers. According to some students, such teachers frustrated students since they needed to learn about HIV and AIDS from teachers whom they considered being a reliable source.

From this finding therefore, it is evident that some teachers were having difficulties in passing on some information on HIV and AIDS to students. This implies that not all the information in the HIV and AIDS curriculum was passed on to the students by the teachers. The inability to pass to students all the required information on HIV and AIDS could eventually lead to students' lack of awareness and lack of behaviour change, which are some of the objectives of the HIV and AIDS curriculum.

The age of the teacher and sex were also a problem according to some students. A total of 200 (43%) of the students indicated that they did not feel free when a teacher of the opposite sex taught them about HIV and AIDS. They also did not feel free to discuss with teachers who were elderly. The students also indicated that they did not feel free to discuss certain topics such as human sexuality, prevention of HIV and AIDS with their classmates of the opposite sex. They indicated that they would be freer with people of the same sex and age as themselves. This was interpreted to be as a result of socialization among the youth whereby they tend to socialize more with people of the same age and sex.

The students also indicated that they felt freer discussing HIV and AIDS with the younger teachers whom they believe experience the same problems as themselves and would therefore understand them better. This finding is a shift from the African culture where the old were used to pass on to the youth information on sex. This finding indicates that teachers were having difficulties teaching HIV and AIDS content to students who were not free with them since the learners may not participate in the learning process.

From Table 4.12, it can also be noted that there were also some personal problems, which made it difficult for some students to learn about HIV and AIDS. There were 100 (21%) students who indicated that they had some personal problems that made them lose interest in the information on HIV and AIDS. Students' personal problems included:

1. Some students found the information on HIV and AIDS scaring. To them, the information was not helpful since they were unable to control their sexual desire. Moreover, the teachers rightly emphasized that sex was the main mode of transmission and sexually active students felt they had been condemned to die of HIV and AIDS.
2. Some of the students indicated that they were HIV positive and did not want to be reminded about their status. This was interpreted by the researcher to be as result of the social stigma associated with HIV and AIDS whereby those who test positive are considered to be immoral by the society. It could also be as a result of hopelessness knowing that AIDS has no cure. They, therefore, felt lonely and unwanted.

3. Some students' stated that their parents engaged in sexual immorality and therefore discussing about HIV and AIDS whose main mode of transmission is sex made them worry about the HIV status of their parents. This made them feel insecure fearing their parents would die.

The above stated problems therefore, show that teachers were having difficulties in passing on information on HIV and AIDS to students who had personal reasons for having no interest in learning about HIV and AIDS.

Table 4:12 also shows that 60 (13%) students indicated that they found information passed on to them by their teachers on HIV and AIDS to be boring. This was because they had already heard so much about HIV and AIDS through the media and in the churches. They, therefore, found the information on HIV and AIDS to be monotonous.

Some of the students 60 (13%) were still not convinced that it was possible for them to be infected with HIV and AIDS virus. They claimed that they had not seen anybody suffering from AIDS. They, therefore, concluded that the teachers warning them about HIV and AIDS was propaganda to deny them pleasure. These students considered what teachers taught them about HIV and AIDS (abstaining from sex) as old fashioned. They believed that sexual relationships were fashionable as long as one used a condom for protection. This argument by students is not right because research has shown that the use of condoms does not offer 100% protection against HIV virus, Tocally, (1998).

Some 50(10%) students indicated that they got confused when told about HIV and AIDS by various teachers whereby some emphasized abstinence while others said that proper and regular use of condoms was an option. Lack of uniformity on the information on HIV and AIDS was due to lack of in-servicing of teachers. It could also be a reflection of different teachers' beliefs or religious backgrounds.

The negative perception of the HIV and AIDS curriculum by a few of the students was one of the problems that teachers experienced in passing on HIV and AIDS information to students. It was difficult for teachers to pass to them the information they did not value. However, only a small percentage of the students 60(13%) fell in this category.

From this finding, the researcher realized that there was need to intensify guidance and counselling programmes for both teachers and students in order to overcome the difficulties faced by both teachers and students in implementing the HIV and AIDS curriculum.

The finding that students were facing difficulties in implementing HIV and AIDS curriculum shows that teachers were facing difficulties. This is because in their responses, the teachers had only indicated the fact that students were having personal problems that made it difficult to teach them about HIV and AIDS. The teachers therefore, were not aware of the other problems their students face as indicated in the table above.

Lack of awareness of students' problems means that the teachers were not in a position to solve such problems. There is need for students to be advised to make teachers aware of the problems they face while learning in order to have them solved.

During the interviews, the headteachers said that they had difficulties supervising the HIV and AIDS curriculum. Table 4.13 shows some of the difficulties that the headteachers faced.

Table 4.13: Difficulties Faced by Headteachers.

Difficulty	No. of times mentioned by headteachers N=13	
	No.	%
Learnt about curriculum implementation late	10	76
Not sure of how to implement	5	38
Not aware of curriculum implementation	2	15

From the data presented in Table 4.13 above, it can be noted that ten (72%) headteachers learnt the fact that they were to implement the curriculum late in the year 2001 or even later. The HIV and AIDS curriculum was launched in the year 2000 to be implemented in schools and colleges with effect from the year 2001. This was a failure on the part of the KIE, which was to ensure that all the headteachers were informed about the new curriculum. Learning about the implementation of a new curriculum after it had already been implemented was a problem to the headteachers affected who felt left out and yet as curriculum leaders in schools, they were expected to provide professional guidance to the teachers.

Table 4.13 also shows that 5(36%) headteachers were not sure of exactly how to go about implementing the HIV and AIDS curriculum. This led to differences in the implementation of the curriculum e.g. two (15%) headteachers said that in their schools, information on HIV and AIDS was integrated into the following subjects only: Biology, CRE., and SEE) while two (15%) said that they left the responsibility of teaching the students about HIV and AIDS to the guidance and counselling teachers only. There were three (23%) headteachers who said that in their schools, information on HIV and AIDS was integrated into co-curricular activities such as reciting poems, HIV and AIDS club, music, and drama and debate. Only one (8%) headteacher stated that HIV and AIDS was taught as a subject only in forms one and two classes. A total of six (46%) headteachers stated that in their schools information on HIV and AIDS was being taught to students both in class and co-curricular activities.

The fact that the headteachers were not sensitized on the HIV and AIDS curriculum implementation led to confusion and different approaches in implementing the curriculum. According to the KIE personnel, information on HIV and AIDS was supposed to be integrated and in all the subjects and co-curricular activities within the school.

It can also be noted from Table 4.13 that two (15%) headteachers were not aware that they were supposed to implement the HIV and AIDS curriculum. They said that they had read in newspapers and heard over the radio the fact that schools were to

implement the HIV and AIDS curriculum but they were not aware that the implementation was to be carried out effective from the year 2001. The two headteachers also said that they had not received the HIV and AIDS syllabus or the recommended textbooks. The two headteachers were partly implementing the curriculum without knowing. This was because they said that they talked about the dangers of HIV and AIDS and prevention to students during school assemblies. One school's drama club had also staged plays on HIV and AIDS and the plays had gone up to district level.

This finding shows that three years after the launch of the HIV and AIDS curriculum, some headteachers were not aware of the development. Since HIV and AIDS had been declared a national disaster, most teachers were talking to the students about HIV and AIDS and then to some extent though unknowingly contributing to the achievement of the HIV and AIDS curriculum. Teachers were therefore facing difficulties in implementing the HIV and AIDS curriculum by virtue of the fact that their curriculum supervisors who are the headteachers were not informed on how the new curriculum was to be implemented.

In the next chapter of this study, findings, conclusions recommendations and suggestions for further research are presented.

CHAPTER FIVE

SUMMARY OF RESEARCH FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.0 Introduction

The purpose of this study was to investigate teacher-related factors affecting the implementation of HIV and AIDS curriculum in secondary schools. The study was a descriptive survey, carried out in Ngong Division, Kajiado District. The study employed questionnaires and an interview guide as the main research instruments. This chapter presents summary, conclusions and recommendations

5.1 Summary of Findings

In this section, summaries of the findings of the study are presented in accordance with the questions of the study.

Question one: What HIV and AIDS orientation in-service teacher training programmes have teachers undertaken on the implementation of the HIV and AIDS curriculum?

Data collected revealed that only 46(25%) of the teachers had undertaken orientation courses to implement the HIV and AIDS curriculum. The courses attended were seminars and workshops offered by non-governmental organisations. Teachers who attended seminars offered by KIE personnel did so in the schools they had taught previously before they were transferred to Kajiado District. The majority of the sampled teachers 137 (75%) had not attended any in service courses for the implementation of the HIV and AIDS curriculum. There were 137(75%) teachers who

were therefore implementing the curriculum without understanding how to go about it.

Although majority of the teachers had not been in-serviced, they were implementing the HIV and AIDS curriculum when teaching and in co-curricular activities.

Question two: Are teaching/learning resources on HIV and AIDS available and in use in secondary schools in Ngong?

The finding revealed that most of the sampled secondary schools did not have adequate teaching/learning resources recommended for implementing the HIV and AIDS curriculum. There were 106 (58%) teachers who indicated they used the Bible, 77 (42%) teachers indicated they used KIE textbooks; 60 (33%) teachers indicated they used magazines, 34 (19%) teachers indicated that they used pamphlets; 32 (18%) teachers used charts and pictures; while 28(15%) teachers indicated they used newsletters. A total of 28 (15%) teachers indicated that they did not have any of the recommended resources, and relied on information from the media. The sampled teachers used both the recommended and supplementary teaching/learning resources to pass on to students information on HIV and AIDS. However, the resources were not adequate. There were only two copies of each recommended book per school.

In spite of the fact that teaching/learning resources were inadequate, the curriculum was being implemented. The teachers had even made efforts to acquire supplementary resources. It is easy to acquire such resources because a lot has been written on HIV/AIDS which is a worldwide problem

Question three: What strategies were being used by teachers to implement the HIV and AIDS curriculum?

Data gathered revealed that various strategies were being used by teachers to implement HIV and AIDS curriculum. Teachers used a variety of strategies to pass on to students information on HIV and AIDS. Most teachers tended to consider strategies such as lecture, discussion and story-telling the least difficult to use while experiential methods such as fieldwork and drama were considered difficult to use.

Most teachers passed on information on HIV and AIDS to students, although the frequency at which it was done was higher in the following subjects: English, Kiswahili, Biology, Geography, Social Education and Ethics and Christian Religious Education.

Students also learnt about HIV and AIDS through other school activities such as: guidance and counselling sessions, clubs, poems, music, drama, talks by guest speakers, headteachers talks during the school assembly and religious functions.

Question four: What were the difficulties encountered by teachers in implementing the HIV and AIDS curriculum in secondary schools in Ngong Division?

Data gathered in relation to this question revealed that teachers faced difficulties in implementing the HIV and AIDS curriculum since they had not taken any orientation course. They, therefore, did not know how to go about passing information on AIDS to HIV and AIDS orphans and victims.

Teachers who were AIDS victims felt uncomfortable when required to discuss about the disease. The teachers indicated that schools did not have adequate recommended teaching/learning resources forcing them to rely on information from the media.

Some teachers found the content in the HIV and AIDS curriculum embarrassing especially the topic on human sexuality. They were therefore not frank and open enough to explain to the students and make them understand such topics leaving students unsatisfied.

There were teachers who indicated that they were having problems with students some of whom were too shy to discuss or answer questions on topics such as human sexuality. The students also felt they knew everything from mass media and church and did not find it necessary to be taught about AIDS. This was worsened by the fact that there was no examination on HIV and AIDS.

There were teachers who indicated that the HIV and AIDS curriculum was too demanding since they already had too much on their hands to complete in their own subjects in terms of syllabus coverage. The difficulties that the teachers faced were mainly as a result of lack of in-service training, stigma associated with HIV and AIDS cultural beliefs and personal attributes such as age and shyness.

5.2 CONCLUSIONS

It was concluded that there were teacher-related factors hindering the implementation of HIV and AIDS curriculum both positively and negatively. Teachers were aware

that HIV and AIDS was a national disaster and therefore, took the initiative to pass to students information on HIV and AIDS hence implementing the curriculum. Some teachers used co-curriculum activities such as songs, drama, poems and clubs to pass to students information on HIV and AIDS.

There were negative factors attributed to teachers affecting the implementation of the HIV and AIDS curriculum such as; lack of in-service training which hinders the teachers from using resources and teaching/learning strategies as intended by the curriculum. Personal attributes of some of the teachers such as age, shyness and lack of guidance and counselling skills hindered curriculum implementation.

5.6 Suggestions for Further Research

5.3 RECOMMENDATIONS

On the basis of the findings of this study, the following are recommendations regarding the teacher-related factors influencing the implementation of the HIV and AIDS curriculum. They are addressed to policy makers/curriculum designers and teachers in secondary schools.

- 1) The KIE should try and provide teacher in-service training courses on the HIV and AIDS curriculum in Ngong Division.
- 2) The government and headteachers to try and provide schools with adequate teaching/learning resources so that both teachers and students may have copies of the recommended materials.
- 3) Guidance and counselling services should be emphasized in schools by having trained guiding and counselling teachers who will

in turn counsel HIV and AIDS victims and those affected in schools so that they live positively and not feel offended when the disease is discussed.

5.5 Implications

The fact that majority of the teachers were not in-serviced did not hinder the implementation of the curriculum as shown by responses from students. This implies that teachers had knowledge on the content since AIDS is a worldwide problem. Being innovative, teachers used various strategies to pass to students information on HIV and AIDS.

5.6 Suggestions for Further Research

Due to the limited scope of this study, the researcher would like to make suggestions on areas in which further research can be carried out. These include:

- 1) This study covered only one Division in Kajiado District. Related studies can be done in other geographical areas not covered by this study .A larger sample can also be used to see the nature of findings and conclusions it will generate.
- 2) Further research should be carried out to determine the role of the co-curricular activities in secondary schools in disseminating information on HIV and AIDS.
- 3) There is need to conduct a research on student's knowledge and information received from various sources in and out of school on HIV and AIDS and related issues.

REFERENCES

- Abagi, O. (1995). Understanding Social Science Research: An Overview of the nature and Function of Educational Research in Mwiria, K. and Wamahiu, A. (eds.) *Issues in Educational Research in Africa*. Nairobi: East Africa Educational Publishers.
- Ananda, O.A. (1990). Factors Affecting the Implementation of 8-4-4 Curriculum in Primary Schools: A survey of Emuhaya Division, Vihiga District", Unpublished M.ED Thesis. Nairobi. Kenyatta University.
- Barnett, T. and Blaikie, P. (1992). *Aids in Africa, its Present and Future Impact*. New York: John Wiley and Sons.
- Bishop, G. (1985). *Curriculum Development, a TextBook for Students*. London: Macmillan.
- Cohen, L. Marion, L. (1994). *Research Methods in Education*. New York: Croon helm Ltd.
- Coombs, P.H. (1981). *The World Educational Crisis, a System Analysis*. New York: O.U.P.
- Daily Nation 1999 "Aids a National disaster- Moi" 26th November Pg.1.
- Daily nation 1999'HIV and AIDS education' 4th June pg 5
- Daily Nation (2003) 'Editorial' 1ST December pg 6
- Daily nation 2003 'HIV/AIDS 4th September pg.10
- Daily Nation 2005.Editorial 1st December pg 6
- Daily Nation 2000 "AIDS robbing us a whole generation" 7th January pg.6.
- East African Standard_2000'HIV and AIDS syllabus for schools' 4th November pg 5
- East African Standard 2006 'HIV and AIDS 8th March pg 8

- Goddard, N. (1972). *Literacy: Language Experience Approaches*. Macmillan Publishers, London.
- Graffith, E.F. (1944). *The Road to Maturity*. London: The Camelot Press Ltd.
- Harper, M.W, (1988) *Statistics* (5th edition) London: Allyn and Bacon.
- Havelok, R, and Heberman, D. (1972). *Solving Educational Problems. The Theory and Realty of Education in Developing Countries (IBE Studies and Surveys Comparatives Evaluation)*.London: Croom Helm.
- Hawes, H. (1979). *Curriculum and Reality in African Primary Schools*. Singapore: Longman Group Ltd.
- Hubley, J. (1995). *The Aids Handbook: Guide to Understanding of Aids and HIV*. (2nd edition).China: Macmillan Education Ltd.
- Hyde, A.L.K., Ekatan, A., Kiage, P. and Barasa, C. (2001). "HIV AND AIDS and Educational Sector in Uganda". Unpublished report.
- Kanco, NGO's Consortium. Vol.7 No. IPP3, 2002. By Njoki Ngugi Stigma and discrimination: FIGHT AIDS not people with AIDS.
- KIE, (1999). *Aids Education Syllabus for Schools and Colleges*.Nairobi: KIE, Nair
- KIE, (1999). *Aids Education Facilitator's Handbook*.Nairobi: KIE.
- KIE, (1999). *Bloom or Doom: Your Choice*.Nairobi: KIE.
- Kerlinger, F. N. (1973). *Foundations of Behavioural Research*. NewYork: Rinehart Holt and Winston Inc.
- Kirby, D. (1997). *No Easy Answers: Research Findings on Programmes to Reduce Teen Pregnancy*. Washington DC

- Lodiaga, J. (2000). "Youth, HIV and AIDS and Education Sector Priorities". Discussion at the national AIDS Control Council/ Provisional Administration, O.P. ACU workshop to sensitize PC and DC on their role In the Management and Coordination of HIV and AIDS disaster response Programmes held at KIA Kabete, October 2000.
- Luvanga, H. (2003). "Teacher-Related Factors Influencing the Implementation of Integrated CRE Syllabus". Unpublished MEd Thesis. Nairobi: Kenyatta University.
- Magoma, C.M. (1999). "Teacher Related Factors which Influence the Implementation of Integrated English Course in Secondary Schools. A Case Study of Ibacho Division, Kisii central District". M.Ed Thesis. Nairobi: Kenyatta University.
- Malusu, J.M. (1997). "Role of the Christian Church in Curriculum Development in Kenya. A case study of CISRET and CRE ATE in-service teacher education programmes." Unpublished MEd Thesis Nairobi: Kenyatta University.
- Mananua, J.K. (1998). "Factors Affecting the Implementation of 8-4-4 Curriculum in Primary Schools In Egoji Division, Meru District". Unpublished M.Ed Thesis Nairobi: Kenyatta University.
- Mann, J., Tarantola, J.M. and Netter, T.W, (1992). *Aids in the World*. , London: Harvard University Press
- Matuu, N. R. (1993). "An investigation into the current state of the integration of English language and literature review in secondary schools, in Nairobi province". PGDCD project report. Nairobi. Kenyatta University,
- Mbua, M.Paul (1995). "An Investigation into how HIV and AIDS Information is Communicated and Perceived in Kenya. A case study of K.U. M. Libstudies". Kenyatta University, Nairobi.
- Mc Phail, P.C. (1982). *Social and Moral Education*. Oxford: Basil Blackwell.
- Miller, H. Turner, C. and Lincoln, E. (1990). *Aids; The Second Decade*. Washington: National Academy Press.

- Mugenda and Mugenda(1999)Research Methods-Qualitative and Quantitative Approaches. Nairobi: Acts Press.
- Mwendar, R. A; (2001).“Family life Education ‘Carrier subjects’ in Secondary School Curriculum. A study of heads of departments’ attitude and instructional methods in the Nairobi province”. Unpublished M.Ed Thesis.Nairobi: Kenyatta University.
- Okeyo, T.M, (1996). *Aids in Kenya: Background Projections, Impact Interventions*. Nairobi: Nascop.
- Oluoch, G.P. (1982). *Essentials of Curriculum Development*.Nairobi:. Elimu Bookshop.
- Omolo, D. A. (1990). “An Investigation into the Techniques and Problems of Integrating the Teaching of English Language and Literature in Kenyan Secondary Schools”.Nairobi: Unpublished MED Thesis, Kenyatta University.
- Orodho,J.A.(2004)*Elements of Education and social Sciences Research*.Nairobi: Masola
- Parents (2002). Learning and Teaching about Aids in School. Parents Magazine No.193, July.
- Prasad, R.S. (1983). “Interview” in Sharma, B.A., Prasad, D. R. and Satyanarayana, P. *Research Methods in Social Sciences*. New Delhi: Sterling Publishers Private Ltd.
- Republic of Kenya (1997). *MOH Sessional Paper No.4 of 1997 on Aids in Kenya*. Government Printer, Nairobi.
- Republic of Kenya (1999). *Report of Inquiry into the education system of Kenya*.Nairobi: Government Printer.
- Republic of Kenya (1976). *The Report of the National Committee on Educational Objectives and Policies*.Nairobi: Government Printers.

- Republic of Kenya (1988). *The Report of the Presidential Working Party on Education and Manpower Development for the Next Decade and Beyond*. Nairobi: Government Printer.
- Republic of Kenya (1997-2001) Kajiado District Development Plan. Nairobi: Government printer.
- Republic of Kenya (2005) AIDS in Kenya, Trends, Interventions and Impact, 7th edition. Nairobi: MOH. NASCOP.
- Republic of Kenya (2004) Sentinel Surveillance of HIV and STDs in Kenya Report. Nairobi: NASCOP, MOH.
- Sandeep, P. (1983). Types of Research Design: Descriptive and Diagnostic in Sharma, B.A., Prasad, D.R. and Satyanarayana, P. *Research Methods in Science*. Nairobi and Newdelhi: Sterling Publishers.
- Sepilveda, J, Fineberg, H. and Mann, J. (1992). *Aids Prevention through Education: A World View*. New York: O.U.P.
- Sharp, R, Green, A and Lewis, J. (1975) *Education and Social Control: A Study in progressive Primary Education*. London and Boston: Routledge & Kegan Paul,
- Shiundu, J. S and Omulando, S.J. (1992). *Curriculum Theory and Practice in Kenya*. Nairobi :O.U.P.
- Singleton, R.A. (1993). *Approaches to Social Research*. New York: Oxford University Press.
- Taba, H. (1962). *Curriculum Theory and Practice*. New York: Harcourt: Brace and World Inc.
- Thurstone, L. L. (1931). "The Measurement of Attitudes" In *Journal of Abnormal and Social psychology*.
- Tocally, Egidio MCCJ (1998) *About AIDS*. Limuru: Kolbe Press.

Tugee, R.K,(1987). "The Role of Primary School Heads of Departments in Implementing Change in the Primary School Curriculum: A case study of Mt. Elgon District". Unpublished M.Ed Thesis. Nairobi: Kenyatta University.

Tuju, R. (1996). *Aids: Understanding the Challenge*. Nairobi: English Press Ltd.

APPENDICES**APPENDIX I****INTERVIEW GUIDE FOR HEADTEACHERS**

1. Name of school
2. Total enrolment (a) boys (b) girls
3. Staffing position (a) male (b) female
4. Your sex
5. Your highest academic qualification
6. Your highest professional qualification
7. When did you learn about HIV and AIDS curriculum?
 - (i) Through the Ministry of Education circular
 - (ii) Seminar on HIV and AIDS curriculum
 - (iii) Other heads of schools
 - (iv) Any other
8. How did teachers in your school receive the new curriculum?
9. What teaching/learning resources does the school have for HIV and AIDS curriculum?
 - (i) Did you give them to the teachers?
10. Were your teachers in-serviced or did you undergo any orientation course in preparation for effective implementation of HIV and AIDS curriculum?
11. When did your school start teaching students on HIV and AIDS?

12. What teaching/learning strategies do the teachers use to pass on to students information on HIV and AIDS.
13. Do you encounter any problems when going about your responsibilities in supervising the implementation of HIV and AIDS curriculum in your school?
- (i) If "yes", what are the problems?
 - (ii) Have teachers reported to you any problems they are experiencing in implementing the HIV and AIDS curriculum.
14. Please suggest any four ways and means of overcoming the problems stated above.

APPENDIX II**QUESTIONNAIRE FOR TEACHERS****INSTRUCTIONS**

Please read the questions below and answer them honestly. The information will be used strictly for the purpose of the study and will be treated with strict confidence.

Below you are provided with statements. Kindly give the appropriate answer either by ticking in the brackets () or by giving further information in the space provided.

PART I

General information about the school

1. Name of school _____

PART II

Personal Details: please tick where appropriate

2. Your sex Male () Female ()
3. Your teaching subject combination
4. Your Religion

PART II IMPLEMENTATION OF HIV AND AIDS CURRICULUM

1. How did you learn that you were supposed to implement the HIV and AIDS curriculum?
 - (i) Told by principal
 - (ii) Told by other teachers
 - (iii) During in-service course
 - (iv) Any other
2. What was your reaction when you received the above information?

- (i) Disappointment
- (ii) Felt obliged to teach
- (iii) Any other reaction (please specify)

3 (i) were you in-serviced or did you undergo any orientation course in preparation for the effective implementation of HIV and AIDS curriculum?

- a) Yes () (b) No ()

4. If "yes," what preparation did you undergo?

- i. In-service training _____
- ii. Seminar(s) _____
- iii. Any other _____

5. How do you rate the preparation you underwent?

- a) Very useful() (b) Useful()
c) Not useful ()

6. a) Do you feel that the training you received in college exposed you to a variety of teaching methods in your subjects to effectively (confidentially) handle HIV AND AIDS curriculum?

Yes () No ()

b) Please explain your answer.

7. What teaching/learning resources does the school have for effective teaching of HIV and AIDS (please tick)

- a) Charts/pictures

- b) Pamphlets
- c) Magazines
- d) Newsletters
- e) KIE materials e.g. reference books
- f) Audio tapes
- g) Others please specify.

8. Which of these resources do you use?

9. Do the resources provided have adequate information on HIV and AIDS?

10. (i) Do you as a teacher encounter any problems when going about your responsibilities in the implementation of the HIV and AIDS school curriculum?

- a) Yes. () (b) No ()

(ii) If 'yes' state the problems

1 _____

2 _____

3 _____

4 _____

11. (i) Have other teachers discussed with you any problems they are experiencing in the implementation of the HIV and AIDS curriculum?

- a) Yes () (b) No ()

(ii) If "yes" state the problems

- 1 _____
- 2 _____
- 3 _____
- 4 _____

12. Please suggest to other teachers any three ways and means of overcoming the Problems stated above.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

13. Do you communicate freely to your students when teaching HIV and AIDS related content in your subjects?

Yes () No ()

b) If no, what problems do you experience in communication?

Explain

14 In which of the following co-curricular activities do you pass on to students information on HIV and AIDS.

- (a) Guidance and counselling
- (b) Drama
- (c) Music

(d) Any other please specify

15. How do you rate the amount of HIV and AIDS content you infuse in your teaching subjects?

(a) Discussion

(b) Lecture

(c) Story telling

(d) Any other

(i) Give reasons as to why you prefer certain teaching learning activities and why you do not use others.

APPENDIX III

QUESTIONNAIRE FOR STUDENTS

Instructions

1. Do not write your name on this paper.
2. Please read the questions below and answer them honestly.
3. The information will be used strictly for the purpose of this study and will be treated with confidence.
4. You are provided with statements below, kindly give the appropriate information either by ticking in the brackets () or by giving further information in the space provided.

SECTION I

General information on the school

1. Name of your school.....
2. Your class.....

SECTION II

3. Your sex. Male..... () Female.....()

4. Your age

PART III

Information on the implementation of HIV and AIDS curriculum.

5. Have you been taught HIV and AIDS topics during your lessons in class?

If 'Yes' how regular

- (a) Every lesson

- (b) Every topic
- (c) Once a term
- (d) Any other (please specify)

6. In which subjects are you taught about HIV and AIDS? (Please tick)

- | | |
|----------------|--------------------------------|
| a) English | g) Social Education and Ethics |
| b) Kiswahili | h) Physics |
| c) C.R.E | i) Biology |
| d) Geography | j) Chemistry |
| e) History | k) Agriculture |
| f) Mathematics | l) Any other |

7. Among the resources listed below, tick the resources that your teacher has ever used in teaching you about HIV and AIDS

- a) Charts and pictures
- b) Pamphlets
- c) Magazines
- d) Newsletters
- e) Bloom or Doom textbook
- f) Aids facilitators handbook
- g) Videotapes (T.V)
- h) Audiotapes (Radio)
- i) Bible
- j) Quran
- k) Others

8. (i) Do you as a student encounter any problems when being taught about HIV and AIDS (a)Yes () (b)No ()

(ii) If 'Yes' state the problems

9. (i) Have other students discussed with you any problems they experience when being taught about HIV and AIDS?(a)Yes () (b)No ()

(ii) If 'Yes' please state the problem

10. Please suggest any four ways and means of overcoming the problems in No.8 and 9

11. In which of the following co- curricular activities do teachers pass on to you information no HIV and AIDS?

(a) Drama

(b) Music

(c) Religious functions

(d) Any other

12. Whom do you think is better placed to pass to you information on HIV and AIDS?

- a. Teachers
- b. Parents or relatives
- c. Friends or classmates
- d. Religious institutions

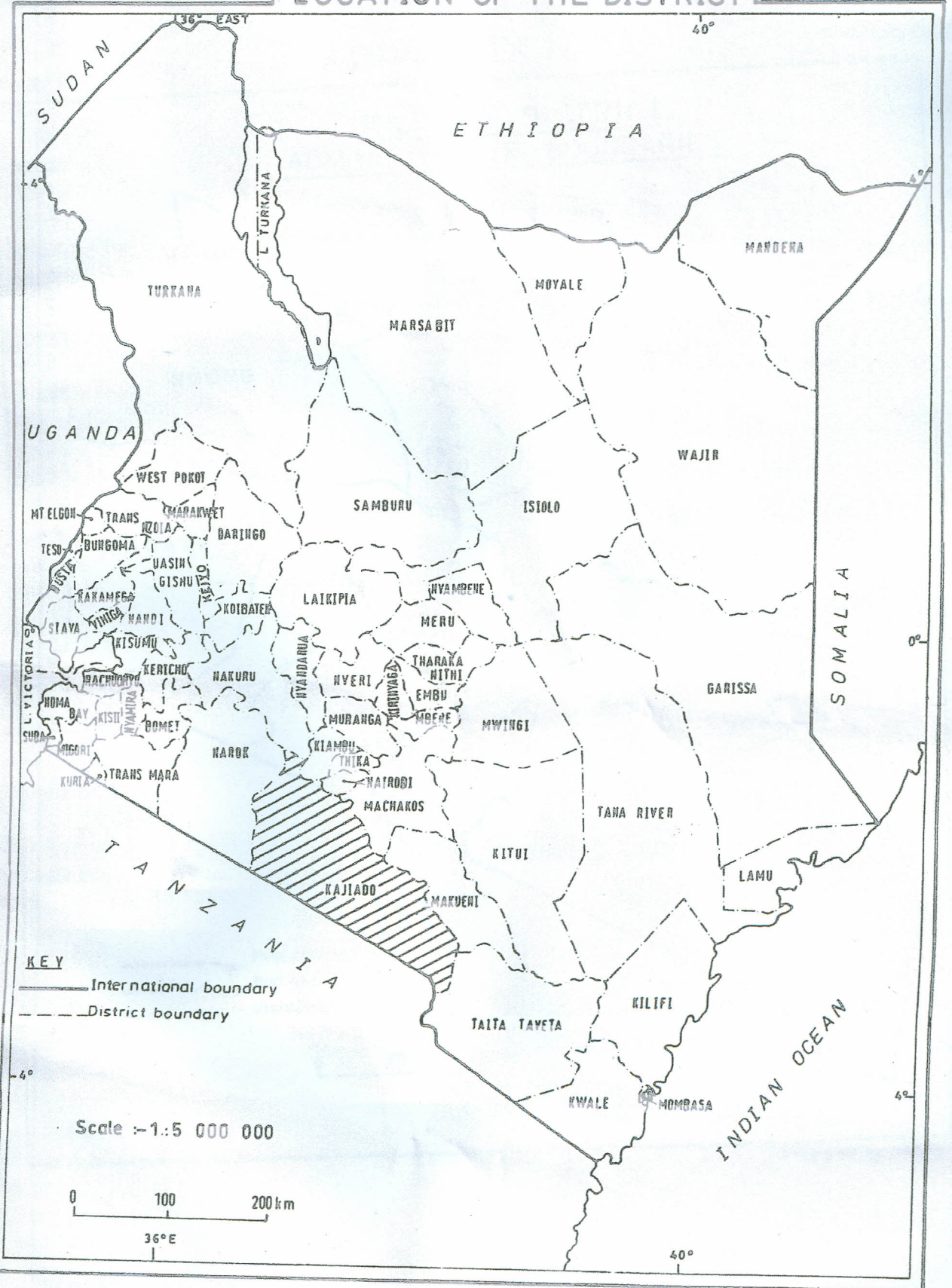
13. Please give your general honest opinion about the HIV and AIDS information you receive in school during lessons or during other school activities.

- (a) Boring
- (b) Embarrassing content
- (c) Interesting and educative
- (d) Just like others

APPENDIX IV

Map No.

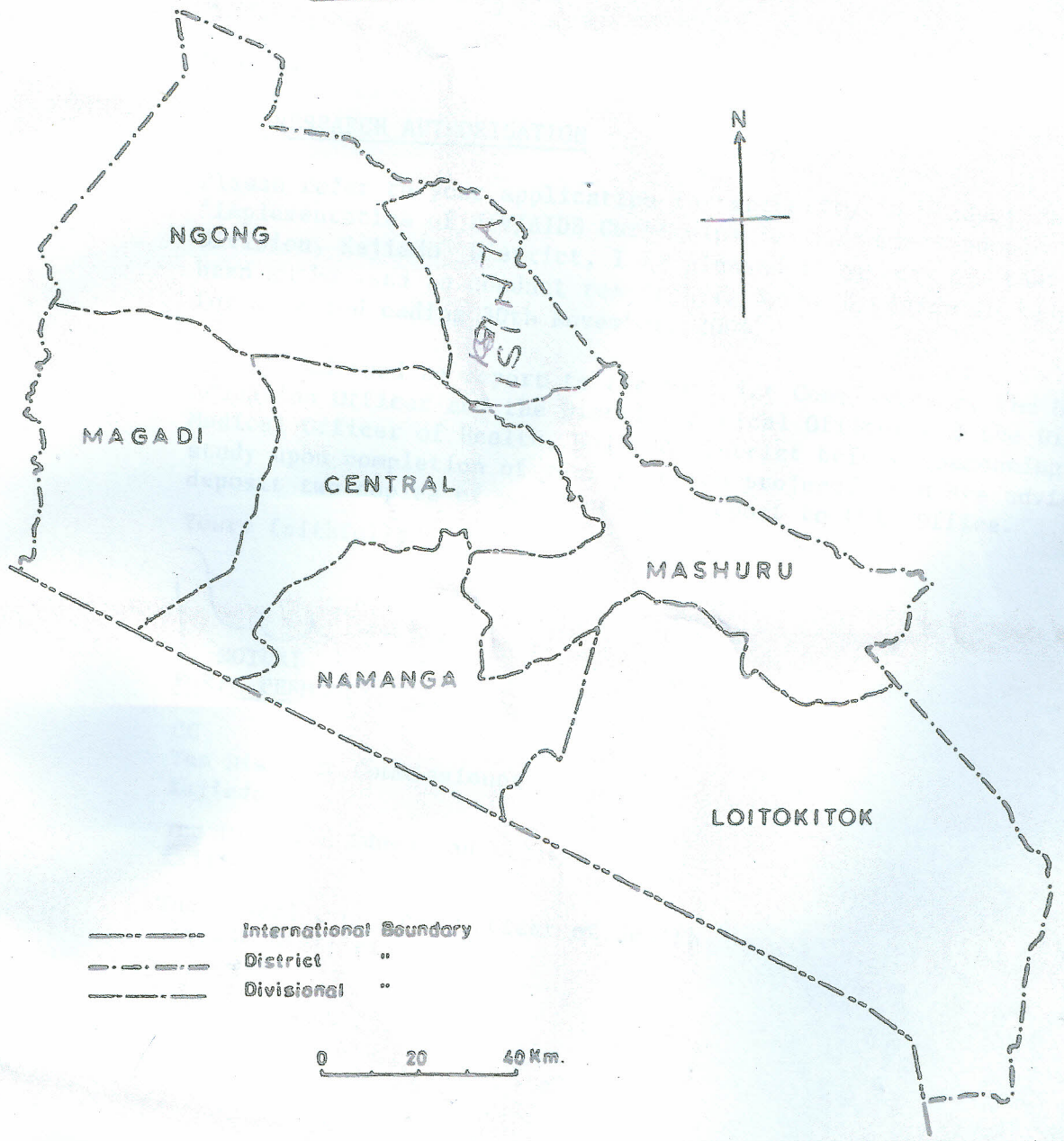
LOCATION OF THE DISTRICT



Prepared by DRSRs

APPENDIX V

KAJIADO DISTRICT ADMINISTRATIVE BOUNDARIES



———— International Boundary
- . - . - . District "
- - - - - Divisional "

0 20 40 Km.

Prepared by DRSRS

APPENDIX VI

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

Telegrams: "EDUCATION", Nairobi

Telephone: Nairobi 334411

When replying please quote

Ref. No. MOEST 13/001/34C 119/2
and date



JOGOO HOUSE "B"

HARAMBEE AVENUE

P.O. Box 30040-001

NAIROBI

11th May 2004

Carolyn Wandera
Kenyatta University
P.O. BOX 43844
NAIROBI

Dear Sir

RE: RESEARCH AUTHORISATION

Please refer to your application for authority to conduct research on 'implementation of HIV/AIDS Curriculum in Secondary Schools in Ngong Division, Kajiado District, I am pleased to inform you that you have been authorised to conduct research in Ngong Division in Kajiado Dist for a period ending 30th November, 2004.

You are advised to report to the District Commissioner, the District Education Officer and the District Medical Officer and the District Medical Officer of Health, Kajiado District before commencing your study upon completion of your research project. You are advised to deposit two copies of your research report to this Office.

Yours faithfully

A handwritten signature in black ink, appearing to read 'T. Moturi'.

T. MOTURI

FOR: PERMANENT SECRETARY

CC
The District Commissioner
Kajiado

The District Education Officer
Kajiado

The District Medical Officer of Health
Kajiado District