

**GENDER AND HIV/AIDS EDUCATION IN THE MULTICULTURAL
CONTEXT OF SCHOOLS IN KAKUMA REFUGEE CAMP AND ITS
HOST COMMUNITY IN KENYA**

**BY
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E83/10685/2006**

**A THESIS SUBMITTED IN FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
DOCTOR OF PHILOSOPHY IN THE SCHOOL OF EDUCATION
KENYATTA UNIVERSITY**

OCTOBER 2010

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 daughters Natalie and Rackel. You kept smiling at me and gave me reason to press on even when everything seemed hopeless.

ACKNOWLEDGEMENT

The completion of this thesis would not have been possible without the support and contribution of various individuals and institutions. First, I thank my supervisor Dr. Fatuma Chege for her continued guidance, support and commitment throughout my PhD studies. Fatuma was always there to listen and give advice. She taught me how to ask questions and express my ideas. She showed me different ways to approach a research problem and the need to be persistent to accomplish any goal. She has been a friend and mentor. She taught me how to write academic work and had confidence in me even when I doubted myself. She provided opportunities for me to participate in projects, workshops and conferences that have developed my capacity over the years. May the good Lord reward you abundantly and may you continue providing academic guidance to me in my post-doctoral endeavours, and to many others that God will bring your way.

I am greatly indebted to my supervisor Dr. Ibrahim Oanda for his encouragement and patience throughout the duration of this PhD. Thank you for your tireless efforts to journey me through the years of writing this thesis. I appreciate the hands on contributions you made and the questions you always posed that brought out the good ideas in me. I hope to learn more from you in my post-doctoral engagements.

I am indebted to colleagues and friends at the Department of Educational Foundations, and from the Department of Education Management, who offered me various forms of support. Dr. Kombo, Dr. Wawire and Dr. Itolondo never missed to reassure me and give me hope whenever I got discouraged. Likoye not only proofread some of my worst drafts, but also kept reminding me that everything was possible with will power. Charity, Magoma, Maroko and Irene took time to enjoy lunch and reflect on the 'ups and downs' of PhD studies. I thank all the staff of the KU Library and the Basic Education Resource Centre for their practical help. Special thanks to Wambua for his dedication in helping me locate relevant material.

My appreciation goes to National Council of Churches of Kenya (NCCCK -Nairobi office) for accepting to host me at Kakuma Refugee Camp, thereby making it possible for the Department of Refugee Affairs to allow me entrance into the camp. Oliver Kisaka played an instrumental role in ensuring that I got all the assistance I needed. Raphael Nyabala and Lucy Ng'ang'a of the NCCCK (Kakuma Office) laid perfect logistics for my transportation around the camp, sampling of schools and respondents and accommodation. The fieldwork would have been impossible without support from Joy Khang'ati and Collins Otieno of the Lutheran World Federation (Kakuma Office) and Mr. Tembu, the camp manager. Qaabata readily offered to take me round the camp and also remained on the ground collecting for me any other useful data that had not been captured during my fieldwork. Pupils, teachers, headteachers and parents at KRC and host community primary schools went out of their way to furnish me with a lot of information that provided data for this study.

My studies at Kenyatta University would have been impossible without financial support from DAAD, Kenyatta University Staff Development Programme and the School of Education Dean's Committee.

I owe my deepest gratitude to my husband Robert. Thank you for your support throughout all my academic endeavours. Your patience and strategic understanding ensured that you looked beyond the hardships of doing a PhD. Many are the times I turned to you and you provided positive encouragement throughout the years. You avoided putting unnecessary pressures and demands on me that could interfere with my studies. You always called to get updates of my progress even when you were working away from home.

I say 'thank you' to Natalie and Rackel, my daughters and my best friends. You always welcomed me home with a smile and made me feel important even when things seemed hopeless. We shared every single day with you when daddy was working away from home, and you actually gave me a reason to press on. I pray that you may grow to be God fearing girls and that we may continue supporting one another in our future endeavours.

My *mama* Eunice and *papa* Simeon prayed for me everyday. Many are the times they called just to speak a blessing to my studies, my career and my family. My brothers David, Herbert and Peter and my sisters Sweeny, Phyllis, Peru and Emmy were my sources of strength. Many are the times we sang powerful hymns from '*tsinyimbo etsiokwithsomia nyasaye*', prayed together and encouraged one another. Emmy, I called you all the time and said 'I don't know what to do' and you were there for me. Phyllis, you are the pillar of our family, and my PhD would have been impossible without the foundation you laid. Peter, you always woke up earlier than me and prepared breakfast when we were pupils at *Eshibinga* primary school. *Nyasaye amulamire tsikhabi*. Glory be to God.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACU	-	AIDS Control Unit
ADEA	-	Association for Development of Education in Africa
AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Antiretroviral therapy
AVERT	-	Averting AIDS
BSS	-	Behavioural Surveillance Survey
CfBt	-	Center for British Teaching
CHE	-	Commission for Higher Education
DBRC	-	Daadab Refugee Camp
DEO	-	District Education Officer
DRC	-	Democratic Republic of Congo
EFA	-	Education for All
FGDs	-	Focus Group Discussions
FGM	-	Female Genital Mutilation
FLHE	-	Family Life and Emerging Health Issues
GLIA	-	Great Lakes Initiatives on AIDS
HC	-	Host Community
HIV	-	Human Immunodeficiency Virus
IEC	-	Information, Education and Communication
IRC	-	International Rescue Committee
KAIS	-	Kenya AIDS Indicator Survey
KEMRI	-	Kenya Medical Research Institute
KENAPOTE	-	Kenya National Association of Positive Teachers
KNUT	-	Kenya National Union of Teachers
KRC	-	Kakuma Refugee Camp
KUPPET	-	Kenya Union of Post Primary Teachers
LS	-	Life Skills
LWF	-	Lutheran World Federation
MDGs	-	Millennium Development Goals
MoE	-	Ministry of Education
MoEST	-	Ministry of Education Science and Technology
MYW	-	<i>Maendeleo ya Wanawake</i>
NCCK	-	National Council of Churches of Kenya
NGOs	-	Non- Governmental Organizations
OVCs	-	Orphans and Vulnerable Children
PSABH	-	Primary School Action for Better Health
PLWHAS	-	People Living With HIV and AIDS
RoK	-	Republic of Kenya
SMCs	-	School Management Committes
SPLIA	-	Sudanese People's Liberation Army
SRH	-	Sexual and Reproductive Health
STIs	-	Sexually Transmitted Infections
ToTs	-	Trainers of Trainers
TSC	-	Teachers Service Commission

TTCs	-	Teacher Training Colleges
TV	-	Television
UK	-	United Kingdom
UN	-	United Nations
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNESCO	-	United Nations Educational Scientific and Cultural Organization
UNHCR	-	United Nations High Commissioner for Refugees
UNICEF	-	United Nations Children's Fund
UPE	-	Universal Primary Education
WHO	-	World Health Organization

ABSTRACT

This qualitative case study sought to investigate how gender, multicultural and multi-religious factors influenced the teaching and learning of HIV/AIDS education in refugee schools. A total of 3 primary schools from Kakuma Refugee Camp and 3 from the host community participated in the study. A sample of 617 respondents of diverse nationalities, including 356 male and 160 female pupils, was used. The study utilized semi-structured interviews, observation, FGDs, documentary analysis and drawings to generate data. Key findings reveal that, first, culture interacted with religion to influence the nature and level of interaction between boys and girls during HIV/AIDS education lessons, thereby determining the process of learning. Whereas Somali Muslim pupils sat and worked in same gender clusters, Christian Sudanese and Turkana boys and girls interacted more freely. Consequently, the cultural and religious tendencies denied Muslim Somali boys and girls an opportunity to work together as partners in addressing pertinent and effective strategies in HIV/AIDS education. Further, unlike the Christian Turkana and Ugandan girls who seemed open and outgoing in their participation in HIV/AIDS education activities, Somali and Ethiopian Muslim girls remained quiet, reserved and shy as a way of showing respect to male teachers and pupils. In this regard, Kenyan Christian teachers misinterpreted the behaviour of Somali and Ethiopian Muslim girls to mean disobedience and hence, tended to exclude the girls during classroom activities. Secondly, gender influenced perceptions and expectations of pupils on HIV/AIDS education content and pedagogy. While boys seemed vocal, uncontrolled and eager to discuss sex and condoms, girls preferred discussing love and care of people living with HIV/AIDS. Consequently, girls found the behaviour of boys during HIV/AIDS education lessons intimidating and tended to dislike learning the subject in mixed gender classrooms. Thirdly, the involvement of refugee boys in the preparation of Information Education and Communication (IEC) material through participatory learning utilized the cultural and linguistic diversity to produce materials that could be easily understood by individuals from various cultural groups. However, the IEC material, having been prepared by boys, seemed to portray males as the ones in need of protection from HIV infection. Such IEC material construed women as potentially responsible for the spread of HIV, thereby making HIV/AIDS education gender biased. Fourthly, religion determined the teacher's interpretation of the content, hence, pupils received different and sometimes conflicting messages on similar topics depending on the teacher's religious background. Lastly, while older male and female teachers were culturally perceived as 'parents' and therefore respected, young male teachers were perceived by girls as having a hidden 'sex agenda'. Consequently, lessons given by older teachers were taken more seriously. This study concludes that gender, culture and religion, singly and interactively, influence the learning of HIV/AIDS education in refugee schools in a complex manner, which teachers need to understand clearly and in a manner that would enhance inclusive and responsive learning. The study has made several recommendations, the major one being pre-service and continued in-service training of teachers in multicultural and gender responsive education.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

This chapter highlights the background and context of the study, statement of the problem, objectives of the study, research questions, significance of the study, scope and limitations, assumptions of the study, theoretical and conceptual frameworks and operational definitions of key terms used in the study.

1.1 Background to the Study

While HIV/AIDS prevalence has shown oscillating trends in some developing countries like Kenya and Uganda, the HIV/AIDS pandemic remains a major development challenge in the world, affecting all sectors including education. By the end of the year 2007, at least 33 million people worldwide were living with HIV/AIDS, 22 million of whom lived in Sub-Saharan Africa (UNAIDS, 2008). Kenya was cited for the second time by UNAIDS in 2007 as one of the few African countries where returns to HIV investment were starting to show. Despite this, HIV incidence in the country remained high. The Kenya AIDS Indicator Survey (RoK, 2008a), revealed that HIV prevalence among the ages of 15-49 years was 7.8% in the year 2007 as compared to 6.7% in 2003, and that 3 out of 5 People Living with HIV and AIDS (PLWHAS) were women. These 2007 data showed that HIV no longer appeared to be declining in the age group 15-49 and that women were disproportionately affected.

The efforts to find a cure for HIV/AIDS around the world remain unsuccessful (UNAIDS, 2008). What is currently available is antiretroviral therapy (ART), which help reduce pain, fight opportunistic infections and prolong the lives of PLWHAS. However, ART remains unaffordable for the majority of the population in the developing world. In this set of circumstances, Kelly (2002) and Cohen (2002), argue that preventing the further transmission of HIV must be the principal strategy of fighting it, since it may not be known when a cure for AIDS or vaccine for HIV will be found. Prevention of HIV worldwide, as Nzioka and Ramos (2008) observe, is heavily dependent on education. This is because the majority of coping strategies, much of the activity directed towards the mitigation of impacts and virtually every program designed to outwit and get ahead of HIV/AIDS, depends in one way or another on education. Carr-Hill, Katabaro, Katahoire and Oulai (2002), argue that if the education sector is effectively used as a channel for promoting HIV/AIDS awareness, it could reach a very large audience, including but not limited to teachers and administrative staff in the education sector, pupils at all levels of education, their parents and extended families.

The prevention of HIV/AIDS has been premised on links between education and behavioural change (Boler, Adoss, Ibrahim & Shaw, 2003). The underlying assumption is that teaching people how to protect themselves from infection by HIV can lead to a reduction in risky behaviour, and hence lower the incidence of HIV (UNAIDS, 1997). Children below the age of 14 years who are of primary school age are particularly targeted for HIV/AIDS education as a social vaccine because they present a 'window of hope for an AIDS free generation' (Bundy, 2002). This primary school age group is

largely uninfected by HIV, and reaching them with the right information regarding HIV/AIDS could help them protect themselves as well as others around them from HIV infection. This could contribute towards the achievement of a future society free of HIV/AIDS (AVERTING AIDS [AVERT], 2009; World Bank, 2006).

Achieving MDGS on Education and Health

Ensuring an effective, adequate and relevant HIV/AIDS education for all categories of children including boys and girls as well as orphaned and vulnerable children (OVCs) such as refugees, could help boost the achievement of a number of Millennium Development Goals (MDGs) (AVERT, 2009; Nzioka & Ramos, 2008). These include MDG 2, which seeks to achieve Universal Primary Education (UPE); MDG 3, which strives to promote gender equality; and, MDG 6, which focuses on health, particularly halting the spread of HIV/AIDS. Similarly, the achievement of Education For All (EFA) goals, especially goal 2, which is concerned with UPE, would be accelerated through effective fight against HIV/AIDS that would ensure all categories of children are protected through education.

HIV/AIDS Education as a School-Based Strategy in Kenya

While the Kenya Government has actively advocated for a multi-sectoral approach which brings together a diversity of actors such as different government ministries, private organizations, non-governmental organizations (NGOs) and the United Nations (UN) agencies in the prevention and management of HIV/AIDS, the efforts by the Ministry of Education (MoE) have been noteworthy (RoK, 2006). In this context, the HIV/AIDS

education curriculum was introduced as a separate subject in Kenyan schools in the year 2000. This was one year after the pandemic was declared a national disaster and prior to the formulation of the Education Sector Policy on HIV/AIDS of the year 2004. Accordingly, HIV/AIDS education was to be taught for half an hour per week adhering to a syllabus that was developed to cover all levels of schooling, from Standard One in primary school to Form Four at secondary level. It dealt with both scientific aspects of the disease as well as social and cultural factors governing sexual relations and practices (Boler *et al.*, 2003). In this regard, the curriculum was designed with the aim of teaching life skills related to reproductive health, intimate relationships, self-esteem and critical skills for decision-making in relation to taking choices that reduce the risk of HIV infection (RoK, 2002; UNICEF/UNAIDS/WHO, 2002).

Although the HIV/AIDS education curriculum was in place at the inception of this study, no specific classroom time had been set aside for the subject. This situation left schools and teachers to fit in the subject at their own discretion. Having realized that some schools were not teaching HIV/AIDS education as required due to insufficient time and lack of teachers particularly trained to teach the subject, the MoE introduced a new strategy that involved integration and infusion of HIV/AIDS education across all subjects in the curriculum in addition to the stand alone subject (RoK, 2005).

Integration and Infusion of HIV/AIDS Education

According to RoK (2006), integration has to do with combining HIV/AIDS education as a subject with other subjects so that they are taught together as one. This can be seen in

the science syllabus, where specific topics on HIV/AIDS have been accommodated at all the levels of upper primary school. Infusion involves adding HIV/AIDS information to topics and activities in any subject whenever the teacher finds an opportunity to do so, even when such information has not been outlined in the syllabus. For instance, a mathematics teacher could demonstrate how to calculate HIV prevalence rates while teaching a topic on statistics.

Like elsewhere in the world, teaching HIV/AIDS education in Kenya necessitated changes in the content and role of the curriculum to meet the needs of pupils as well as focus more on life skills such as decision-making and interpreting social settings (Carr-Hill *et al.*, 2002, RoK 2006). The Kenyan 8.4.4 system of education (denoting 8 years of primary schooling, 4 years of secondary schooling and 4 years of university education), like other education systems in Africa where HIV/AIDS education was introduced, had many subjects. Hence, it remained unclear how the system could comfortably accommodate extra content. Despite this situation, the Kenya Education Sector Policy on HIV/AIDS of the year 2004 stressed the need for HIV/AIDS education to be delivered in a manner that was sensitive and responsive to the concerns of gender, cultural and religious beliefs and practices. Nonetheless, it remained unclear how this practice, which required a lot of time and expertise, could be carried out alongside other subjects and activities that were competing for the same time within the curriculum. In addition, little had been done on training Kenyan teachers on content and methodology of HIV/AIDS education like elsewhere in Africa (Coombe, 2002).

Researching HIV/AIDS Education in Kenya

Studies undertaken in Kenya by Boler *et al.* (2003), Pattman and Chege (2003), Ochieng' (2004), Advisory Board Company and Kaiser Family Foundation (2008), and Ruto, Chege & Wawire (2008), tended to concentrate on regular schools with specific focus on how HIV/AIDS education was taught. They provided evidence to suggest that HIV/AIDS education in regular schools was not always being implemented as envisaged due to such factors as resistance from communities and teachers as well as lack of training and learning material. Studies undertaken in Kenyan refugee camps on HIV/AIDS and Sexuality by Nkam (1999) and GLIA and UNHCR (2004) focused on the general refugee population outside the school setting, revealing a gap of similar knowledge within refugee school settings. Nkam (1999) argues that risky behaviour among refugee children could be less socially controlled because they have been separated from their homeland, elders and traditional culture. Thus, there could be a greater involvement in social ills such as sex for money, sexual promiscuity, drug abuse and violence among refugee children, which could result in a higher risk of HIV infection, STIs and unwanted pregnancies (UNHCR, 1999).

Status of Knowledge on Refugees Schooling in Kenya

Since the early 1990s, Kenya has hosted many nationalities of refugees, including Somalis, Sudanese, Ethiopians, Eritreans, Ugandans, Burundians, Congolese, Rwandese and Central Africans, in designated camps. However, there has been scarcity of school-based research in the refugee camps, revealing a notable knowledge gap in refugee schooling especially in relation to the implementation of HIV/AIDS education. It

remained unclear how male and female pupils and teachers in multicultural and multi-religious schools at refugee camps and the host communities engaged with the HIV/AIDS education curriculum that was already facing problems in regular schools for which it was designed. Cultural diversity, when represented in the same classroom, was likely to result in social and cultural dynamics with a potential to create conflict across the various nationalities and their gendered as well as religious traditions and practices. This study sought to understand ways in which possible conflicts arising from multiculturalism within refugee communities could affect the teaching and learning of HIV/AIDS education. These conflicts hinged on the diversity of languages that teachers chose to use in HIV/AIDS education, the curriculum content they preferred to give attention, preferred pedagogy, gender relations of teachers and pupils, timetabling and scheduling of HIV/AIDS education activities and perceptions and attitudes of teachers, as well as pupils from different cultural backgrounds (Cushner, McClelland and Safford, 2003).

In addition, this study took interest in the religious pluralism that comes with cultural diversity among refugee pupils. This is because religious groups tend to comment on every topic that relates to issues of sexuality such as HIV/AIDS education (AVERT, 2009). As such, religious beliefs and practices in relation to sexuality were bound to influence the teaching and learning of HIV/AIDS education. Despite the religious pluralism at KRC, there was a gap in research-based evidence with regard to activities and voices of male and female pupils and teachers from the various religious backgrounds, in HIV/AIDS education. This study sought to fill this gap by giving a voice to each of these stakeholders on such a pertinent concern as HIV/AIDS education.

Additionally, there were no known studies that gave voices to refugee pupils of diverse gender orientation on the important topic of HIV/AIDS education. Much as earlier researchers at KRC such as Annika (1998), Nkam (1999) and Mumah, Mwaniki, Kinoti, Kathuri, Odhong', Mandela, Lelach and Kenya (2003) had identified some gender issues that affected matters of sexuality and HIV/AIDS among refugees, little had been done to establish how the gender factors influenced HIV/AIDS education among school children. This study sought to establish the influence of diverse gender beliefs and traditions on HIV/AIDS education among male and female refugee pupils and teachers. Cushner and Brislin (1999); Haralambos and Holbon (2000); Cushner *et al.*, (2003) and Campbell (2004) have shown that culture, religion and gender overlap within families, communities and schools to produce behaviour patterns, attitudes and values. As such, this study mainly focused on the interactive influence of gender, religion and culture on HIV/AIDS education, rather than concentrating on each of the three factors in isolation.

Unlike regular school pupils who concentrated on the MoE curriculum that integrated HIV/AIDS education, refugee pupils had to interact with the MoE curriculum as well as other education programmes necessary for refugee life, such as environmental education, peace studies and education for repatriation (UNESCO, 2009; UNHCR, 2008). These factors revealed a knowledge gap on how HIV/AIDS education, whose time is prescribed by the MoE in Kenya would be handled in a relatively compressed teaching time that resulted from curriculum loading, and in a manner sensitive to cultural and gender issues in refugee primary schools.

KRC was the preferred camp for this study due to various reasons. First, unlike Daadab Refugee Camp (DBRC), whose refugee population was mainly women and children of all ages, the population at KRC was heavily skewed towards youthful men under the age of thirty years who stayed on their own without family members (UNHCR, 2009). The young men interacted with primary school pupils as teachers, fellow pupils and community members. This situation revealed a greater possibility of the involvement of primary school girls in illicit sex, thereby risking infection by HIV. Hence, it became necessary to find out the effectiveness of the HIV/AIDS education offered in the premises, in relation to factors of gender, culture and religion.

Secondly, while rates of HIV/AIDS prevalence among the refugee population in Kenya were much lower than those of the general population, between the two main refugee camps in Kenya, KRC recorded a higher prevalence of 5% in 2004 than the 0.5% recorded at DBRC (GLIA & UNHCR, 2004; Henry J. Kaiser Family Foundation, 2004). This relatively high HIV prevalence rate at KRC raised research interest in the refugee schools in the context of HIV/AIDS education. The question of refugees' interaction with the host community also raised research interest, considering that approximately 10% of pupils at KRC primary schools were locals, while at the same time varying percentages of pupils (from 5% to over 90%) in the host community schools were refugees (Aukot, 2003; UNHCR, 2006). Further, the relatively lower HIV prevalence rates among refugee populations compared to that of the host community does not in any rational way make HIV/AIDS Education less important as a 'social vaccine' strategy.

1.2 Statement of the Problem

Since 1992, North-western Kenya has been home to refugees from Sudan, Somalia and Ethiopia, among other African countries, who are usually accommodated at Kakuma Refugee Camp (KRC), managed by UNHCR. The camp comprises not only adults, but also a community of young female and male refugees of school going age. This community, which is characterized by heterogeneity of sex, nationality, age, culture and religion within a foreign host community setting, produce a set of different experiences for children in the context of sexual behaviour and HIV/AIDS. While research has shown that HIV/AIDS education has posed challenges in regular schools for which it was designed, there has been a dearth of knowledge concerning how the subject is taught to boys and girls in complex multicultural - including multi-ethnic and multi-religious dynamics – within refugee schools whose curriculum has to accommodate extra subjects necessary for refugee life. This study therefore undertook to explore and investigate how gender, multicultural and multi-religious beliefs and practices singly and interactively influenced the teaching and learning of HIV/AIDS education among pupils at KRC and the surrounding host community primary schools.

1.3 Objectives of the Study

The study sought:

- (i) To establish how the multicultural, religious and gender factors singly and interactively influence teaching and learning of HIV/AIDS education for refugee pupils in terms of content, method and perceptions.

- (ii) To examine the capacity of male and female teachers in teaching HIV/AIDS education in a multicultural and multi-religious context of refugee schools.
- (iii) To establish the links between KRC HIV/AIDS education programme and the programmes in regular schools in the surrounding host community.
- (iv) To generate recommendations on good practices to improve HIV/AIDS education for pupils in refugee-affected communities.

1.4 Research Questions

This study sought to answer the following questions:

- (i) How do the multicultural, religious and gender factors interactively and singly influence the teaching and learning of HIV/AIDS education for refugee pupils?
- (ii) What is capacity of male and female teachers in teaching HIV/AIDS education to multicultural pupils in schools within and around KRC?
- (iii) What are the links between the HIV/AIDS education programme at KRC primary schools and the programme in the surrounding host community schools?
- (iv) What recommendations can be made to improve the teaching of HIV/AIDS education in refugee-affected communities?

1.5 Significance of the Study

The findings reveal how gender, which is a key determinant in the spread of HIV/AIDS, interacts with multicultural and multi-religious factors to influence teaching and learning of HIV/AIDS education. In addition, the findings enhance the understanding of responsiveness to HIV/AIDS education from broader perspectives. This information may

enable policy makers and curriculum developers to design strategies to improve HIV/AIDS education for special groups of children such as refugee pupils, in the context of gender, cultural and religious diversity.

The religious, multicultural and gender dynamics that often affect the delivery of HIV/AIDS education have been addressed to better inform the formal implementation of HIV/AIDS education. In addition, the study identifies good practices in the implementation of HIV/AIDS education for refugee pupils and integrates these in the recommendations. As such, the findings contribute to the relatively scarce body of literature on HIV/AIDS education within refugee camps in Kenya, thus providing a launching pad for further research.

1.6 Scope and Limitations of the Study

Scope

This study was carried out on Standard Seven male and female pupils in 3 KRC primary schools and 3 surrounding host community schools in Kakuma. It was important to include the host community schools because they served a considerable number of refugee pupils. Similarly, approximately 10% of KRC schools' population was made up of host community children. It was therefore important to include both KRC and host community schools in the study in order to get a holistic picture of HIV/AIDS education for refugee children. The headteachers, teachers and parents in the selected schools, as well as religious leaders and NGO officials, participated in this study. This makes the

study findings qualitatively insightful in similar settings but less generalizable in quantitative terms.

While the researcher appreciates the importance of gender perspectives of the curriculum in HIV/AIDS education, this study did not undertake an in-depth gender analysis of the curriculum but largely concentrated on the experiences of male and female pupils and male and female teachers with the curriculum.

Limitations

This study was successfully completed despite the fact that some limitations were experienced. There were difficulties in finding parents to participate in the study. At KRC, there were cases of Sudanese parents having been repatriated back to Sudan in early 2008, leaving their children to continue with schooling at KRC schools. These institutions were comparatively well developed than those in Southern Sudan. In the surrounding host community, male parents were often absent from their homes because they were either out in the field tending to their animals or participating in other social and economic activities. Consequently, more female than male parents from the host community were available hence were selected.

Some female teachers and female pupils from the Somali community were shy and often kept quiet or covered their faces during Focus Group Discussions (FGDs). This called for a lot of patience on the part of the researcher who had to apply a variety of tactics such as playing games with girls and walking around school compounds with teachers so as to

establish rapport with these groups to enable them feel free to discuss matters of HIV/AIDS education, sexuality and gender.

The greatest challenge that the researcher encountered was that of gaining research access to KRC within a pre-scheduled timeframe. The KRC is a UNHCR protected area, which requires the researcher to go through lengthy process of seeking clearance from various authorities including the Ministry of Education, Department of Refugee Affairs, UNHCR and LWF among others. Requirements for clearance by some of these authorities included the researcher's health insurance, attachment to a hosting NGO working at KRC as well as the Ministry of Education permit. In addition, the issue of personal security for 'an outsider' in refugee camps is a matter of great concern for UNHCR, hence the reason why they control entry. These challenges among others seem to contribute to reasons why Kenyan researchers seem to avoid contacting research in refugee camp situations.

1.7 Assumptions of the Study

The study was based on the assumption that headteachers, teachers, pupils, community members, religious leaders and NGO officers at KRC and the surrounding community considered effective HIV/AIDS education for primary school pupils important in the efforts to prevent the spread of HIV/AIDS. Consequently, it was assumed that all respondents appreciated the study and were in a position to respond positively by providing the relevant information that would help to generate evidence to sufficiently address the stated problem.

1.8 Theoretical Framework

This study was guided by the conflict theory. According to Johnson and Johnson (1989), conflict theory is a social theory which emphasizes a person's or group's ability to exercise influence and control over others, thereby affecting social order. It proposes that individuals and groups struggle to maximize their benefits, inevitably contributing to social changes such as innovations in politics and outright revolutions. Conflict theory proposes that continual struggles exist among all different aspects of a particular society (Lee & Burken, 2002). These struggles do not always involve physical violence; they can be underlying efforts by each group or individual within a society to maximize its benefits.

There are many varieties of conflict perspectives within the discipline of Sociology (Haralambos & Holbon, 2000). For instance, 'Feminism' is a version of conflict theory which is based on the idea that there are fundamental conflicts of interest between men and women in society based on a patriarchal ideology or sexual orientation founded on unequal power relations. 'Conflict of class' is another version that emphasizes the presence of low and high ranks in class, and that gives a certain group more power over another, which causes conflicts. For the most part, individuals from a highly ranked class usually own more property than those from the lower class. This usually causes conflict over property ownership. Another version of conflict theory is that of 'race and ethnicity' which ranks groups by their prestige and power. This means that if a certain race or ethnicity has more education, prestige and power, it is considered the better race or ethnicity, resulting in conflict with disadvantaged races. There is also the 'regions

perspective' of conflict which is brought about by all of the different assumptions that people from one region have about people from another region. The regions could range from one country to another or one state or province to another or even intra-country such as North Eastern verses Central regions of Kenya. Lastly, there is the 'conflict of religion' which is itself quite stratified (Mbiti, 1979; Peil & Oyeneeye 1998). Even though there is a group of people belonging to each religion, they are divided much like the social structure of classes. All of these groups seek to gain power and use it to reshape society into the way they see it best.

All perspectives of conflict theory are related in the sense that they use, in one form or another, the notion that there are groups in society which have competing interests. In this respect, social arrangements are perceived to benefit some groups at the expense of others. Because of the existence of different and competing interests, the potential for, and likelihood of, conflict is always present. Different groups pursuing their separate interests are likely to clash and produce some degree of instability in the society. However, conflict theorists tend to agree that the existence of groups with different interests does not mean that they will be in conflict all the time. There may be periods of truce, or it may be that some social groups are persuaded that their interests are not different from those of other groups, thus resulting in moments of social equilibrium. Nevertheless, such periods of harmony do not last forever as other factors emerge and destabilize the situation. Eventually, conflict will return (Haralambos & Holbon, 2000).

In this study, a school situation with refugee pupils and teachers from diverse cultural and religious backgrounds could be seen as a miniature representation of society. This society may have different and sometimes conflicting interests, perceptions, attitudes, practices, experiences and understanding of HIV/AIDS and sexuality matters in relation to gender. The pluralist ideology of multiculturalism uses the analogy of a 'salad bowl' to refer to this kind of situation. Salad bowl as explained by Cushner *et al.* (2003) suggests that the integration of many different cultures combine like a salad, whereby the various cultural beliefs and practices are juxtaposed but do not merge into a single homogeneous culture. Each cultural group is able to preserve its own distinct qualities. As a result, various perspectives of conflict may be manifested through the content and method of teaching and learning HIV/AIDS education, and in the context of a given school culture. Conflict could also present itself through the attitudes and perceptions of male and female pupils and teachers towards HIV/AIDS education vis-à-vis their individual socio-cultural histories and practices.

Religious conflict could occur when teachers from certain religious backgrounds conduct HIV/AIDS education in a manner acceptable to their religion even when indeed their religious beliefs and practices contradict those of other members of the classroom. For example, teachers from a strong Christian background may view premarital sex as immoral and the teaching of 'safe sex' as instilling evil thoughts in the presumably innocent learners. They would argue that the bible teaches thus:

Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his own body. Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own, you were bought at a price. Therefore, honour God with your body (1 Corinthians 6: 18-20, Holy Bible NIV).

Teachers with these kind of Christian religious beliefs may confine their discussions on prevention of HIV/AIDS within the 'acceptable' boundaries of sexual abstinence and hence avoid teaching about 'safe sex'. However, this practice of 'selective teaching' may contradict the expectations of some pupils who do not value religion, or whose religious practices may be based on cultural traditions that do not restrict premarital and extramarital sex such as some forms of animism. Pupils and teachers from such communities, who may be sexually active, may see the need to learn how to protect themselves from HIV infection while still practising sex. This situation may lead to disagreement between and among pupils and teachers, thus resulting in a manifestation of conflict. In this regard, the kind of content the teacher decides to give more focus - whether abstinence or safe sex - would tend to be acceptable to some categories of pupils at the expense of others. The teacher who may realize that some pupils disagree with such content, may struggle to convince them to accept it as it is, rather than trying to modify it to suit their needs. Peil and Oyeneeye (1998) argue that there is a tendency to feel that if one's religious beliefs are true, all others must be false; duty to one's group and outsiders lies in eliminating these false beliefs.

Experiences of religious conflict in HIV/AIDS education may also come from outside the school. The religious sponsors of a given school may decide to control the content and methods of HIV/AIDS education. For instance, the Catholic Church in Kenya has discouraged the teaching of the use of the condom and other contraceptives in Catholic sponsored schools (UNICEF ESARO and UNAIDS, 2002). Posters, billboards and video shows portraying such information have also been prohibited in some Catholic sponsored

schools. The views of the religious sponsors may contradict the Education Sector Policy on HIV/AIDS, which encourages teaching of all aspects of HIV prevention including 'safe sex'.

Gender conflict may also occur in relation to HIV/AIDS education for refugee pupils due to the diversity in the socialization of pupils' in gender. A study by UNICEF ESARO and UNAIDS (2002) provides convincing evidence that the way the teacher constructs boys and girls in relation to HIV/AIDS in his/her content and methods may lead to conflict between the teacher and pupils. For instance, when a teacher decides to construct girls as potentially responsible for HIV infection, he or she may create bad blood between themselves and the girls. In addition, the way pupils construct members of the opposite sex in relation to HIV/AIDS could lead to conflict among the pupils. This situation could be seen as a manifestation of conflict.

Cultural conflict may occur when HIV/AIDS education discourages socio-cultural practices such as Female Genital Mutilation (FGM), early marriages and polygamy which are highly valued by some African cultures. For instance, Somalis and Ethiopians, who form the second and third largest groups at KRC respectively, regard FGM in high esteem (Nkam, 1999). The Sudanese have been found to practice polygamy, early marriage and initiation that could transmit HIV. It is expected that children from these cultural backgrounds, like any other culture, come to school having already learnt a lot concerning the cultural beliefs and practices of their communities (Cushner *et al.*, 2003). As a result, the pupils may not be readily willing to accept the contradicting information

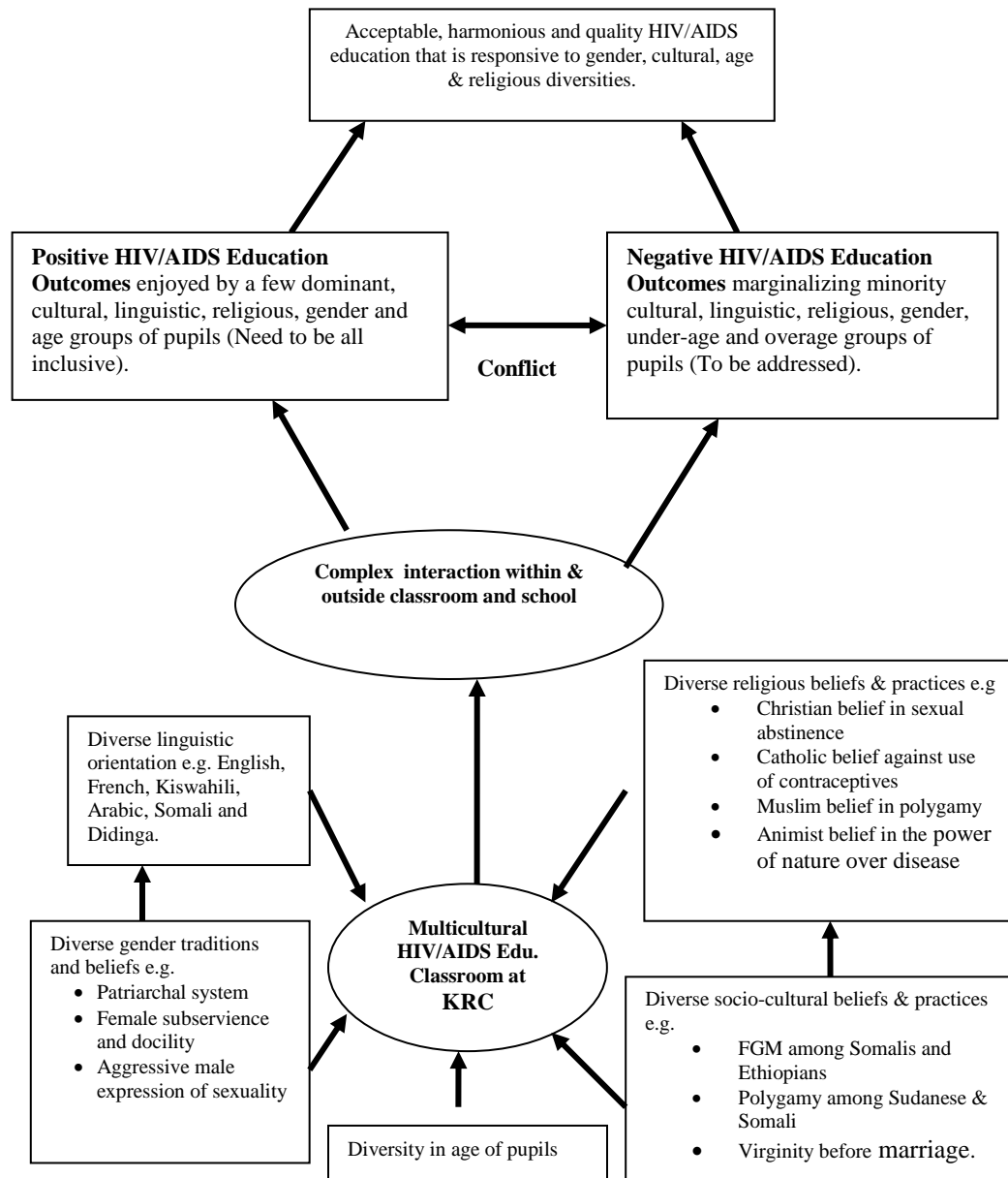
regarding such issues. Parents may also look at HIV/AIDS education as going against their cultural values. As such, some of them may demand for the removal of the subject from the school curriculum. Other parents may choose to withdraw their children from school if their demands are not implemented. This could cause instability in schools.

The poverty that is rampant among refugee populations could cause conflict of class and jeopardize teaching and learning in HIV/AIDS education. Some refugee pupils have lost their families and sources of livelihood, therefore their major concerns at any one time may be basic needs such as food, clothing and shelter, which could be available in exchange for sex (GLIA & UNHCR, 2004). In this regard, HIV/AIDS education may be seen as a secondary, time-wasting, less important and less urgent strategy for improving refugee life. It is important, however, to note that HIV/AIDS education may not always be characterized by conflict. There may be some moments of consensus (Peil & Oyeneeye 1998) when less sensitive topics are taught.

1.9 Conceptual Framework

The concepts of multiculturalism, multi-religion and gender in relation to HIV/AIDS education were central to this study. An HIV/AIDS education classroom in a Kenyan refugee camp setting comprises boys and girls of diverse age, cultural backgrounds, religious beliefs and practices and linguistic orientation as illustrated by the boxes that point to the multicultural classroom at the bottom of Fig 1.1.

The Interactive Influence of Gender, Multicultural and Multi-religious Beliefs and Practices on HIV/AIDS Education



Source: Author with ideas from Cushner and Brislin, (1996)

The multicultural classroom presents the same situation as what pluralist multiculturalists analogically refer to as ‘a salad bowl’ (Cushner, *et al.*, 2003; See Section 1.8). Pupils learn the various beliefs and practices from their parents, teachers, religious leaders and the larger community in the course of their day-to-day socialization. Researchers, namely Driver and Oldham (1986), assert that in learning curricular concepts and content, learners have already developed ideas about such concepts and content at home before the concepts are formally taught in a school situation. Such ideas that learners carry from their home environment into the classroom situation constitute part of their prior knowledge on the concerned concepts, that is gained through their experience within the home environment (Hamm, 1989). Such prior knowledge is often based on the learner’s community’s accumulated wealth of indigenous knowledge (Ohuche & Otaala, 1989).

When knowledge and ideas from different cultural and religious beliefs and practices interact in the same classroom, they influence teaching and learning in HIV/AIDS education in relation to gender in complex and diverse ways. The result of this complex interaction could be positive to certain categories of learners and negative to others. For instance, pupils from dominant cultural groups are likely to enjoy HIV/AIDS education lessons which may be tailored to suit their requirements with regard to language as well as cultural and religious beliefs and practices. Similarly, pupils who share similar beliefs and values as those of the teacher, as well as pupils whose age is appropriate to their level of education, are likely to enjoy the lessons. As a result, these categories of pupils may find HIV/AIDS education acceptable and of good quality. However, some categories of pupils within the classroom may find HIV/AIDS education unacceptable and of poor

quality due to various reasons. For instance, pupils from minority cultural groups whose beliefs and values may not be seriously considered and factored into the lessons may feel left out. Some pupils may not understand the language of instruction, and yet the teacher may not make much effort to assist them. Other pupils whose beliefs and values contradict those of the teacher, and pupils who may be too old or too young for their level of education, may find the content and method unacceptable.

Another example could be where Catholic pupils may feel uncomfortable learning about condom use whereas the Muslims may find it strange discussing issues of HIV/AIDS and sexuality in public. Female pupils may shy away from participating in the lesson due to the intimidating behaviour of their male counterparts, while Ethiopian girls who have been socialized to accept FGM, may not easily accept HIV/AIDS education content advising them against the practice. These categories of pupils, as Cushner and Brislin (1996) explain in their model of cross-cultural interaction, are likely to experience anxiety, ambiguity, disconfirmed expectations, belonging and sometimes rejection. The result of this situation could be an HIV/AIDS education whose content and method may only be unacceptable and of poor quality to certain categories of learners.

The challenges in HIV/AIDS education that comes as a result of diverse and conflicting cultural beliefs and practices may in turn prompt educational stakeholders such as teachers, learners, religious leaders and parents to try and understand both positive and negative cultural and religious beliefs and practices as they influence HIV/AIDS education. Cushner and Brislin (1999) in their model of Cross-Cultural Interaction,

identify a similar stage, which they refer to as ‘understanding unfamiliar behaviour’. They argue that in addition to accommodating their feelings, the parties in an intercultural encounter need to understand the particular cultural influences that have shaped one another’s knowledge about the world. Eventually, it is expected that the educational stakeholders will find ways of addressing the negative outcomes and making the positive outcomes more inclusive. In their model, Cushner and Brislin (1999) refer to this stage as the personal adjustment stage. Eventually, teachers and pupils will be expected to adopt an HIV/AIDS education acceptable to both male and female pupils of all the cultural and religious backgrounds represented in the classroom. This is what is referred to in the top-most box of Fig 1.1 as ‘acceptable, harmonious and quality HIV/AIDS education that is responsive to gender, cultural and religious diversities’ (See Section 2.2.1 for parameters of quality HIV/AIDS education).

1.10 Operational Definitions of Terms

Culture: The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and other products of human work and thought characteristic of a community.

Feminists: scholars and activists challenging gender bias and/or working towards gender equality.

Gender: The social and cultural codes used to distinguish between what a particular society considers ‘masculine’ or ‘feminine’ qualities, characteristics, attributes or behaviours. Gender can be expressed in physical appearance, dress, role allocation, mannerisms, speech patterns, and social behaviours and interactions.

Life Skills: A large group of psycho-social and interpersonal skills which can assist people make informed decisions, communicate effectively, and develop coping and self-management strategies that may help them lead a healthy and productive life. They may be directed towards personal actions and actions towards others, as well as actions to change the surrounding environment to make it conducive to quality life.

Multicultural: Has been used in this study to refer to a situation where different racial, ethnic, religious, linguistic and traditional practices and beliefs interact.

Refugee: A person who, 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself/herself of the protection of that country (See 1951 convention relating to the status of refugees).

Religion: Refers to the belief systems, moral norms and values held by members of a society and the behaviour which results from these attributes.

Sexual abstinence: The practice of voluntarily refraining from some or all aspects of sexual activity.

Sexual behaviour: The factual behaviour of a person in relation to his/her sexuality, either publicly or privately, including - but not limited to – having intercourse.

Sexuality: Sexuality refers in its broadest sense to the quality of being sexual. The main aspects of sexuality are sex, biological or physiological sex, gender, gender identity, gender roles and sexual orientation.

8.4.4 System of Education: A system of education involving 8 years of schooling at primary, 4 years at secondary and 4 years at university level. It was adopted in Kenya as

from 1985 when the country's main focus was on vocational training. Currently, the system emphasizes information technology, sciences, mathematics and languages.

Vulnerability: A heightened or increased exposure to risk as a result of one's circumstances.

1.11 Summary

In this chapter, the background of the study shows that HIV/AIDS education has become the principle strategy of dealing with the HIV/AIDS problem. It discusses the MoE HIV/AIDS education curriculum, Education sector policy on HIV/AIDS and integration strategies. The chapter, in the statement of the problem, argues that while studies demonstrate that HIV/AIDS education has been experiencing problems in regular schools for which it was designed, there has been a dearth of knowledge regarding how refugee pupils engage with HIV/AIDS education in a multicultural and multi-religious context. This study therefore undertook to find out how gender, multicultural and multi-religious beliefs and practices influenced teaching and learning of HIV/AIDS education at KRC and its host community schools. The chapter presents research questions and objectives which are focused on the influence of multicultural, religious and gender on HIV/AIDS education for refugee pupils, teacher capacity in HIV/AIDS education, links between HIV/AIDS education programmes at KRC and host community schools as well as recommendations on good practices to improve HIV/AIDS education. The study was carried out on Standard Seven boys and girls in schools at KRC and its host community and has yielded new knowledge that can inform policy and practice in refugee camp schools. The next chapter reviews literature that is relevant to this study while highlighting existing gaps in the knowledge related to the problem of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Apart from the introduction and summary, this chapter is divided into three main sections which interrogate literature relevant to this study. It highlights existing gaps in research and knowledge related to the problem of this study. The first section gives an overview of HIV/AIDS education from global and African regional contexts. The second section focuses on Kenyan perspectives from the literature. In particular, the section presents the education sector policy response to HIV/AIDS, developments in HIV/AIDS education as a school-based strategy and the Kenyan refugee situation in relation to the pandemic. The third section reviews literature on socio-cultural and religious dynamics in HIV/AIDS education progressing logically from the global to the Kenyan contexts. In particular, the third section focuses on HIV/AIDS education in relation to gender dynamics, conflict, religious pluralism, multiculturalism and ethnic diversity. The chapter ends with a summary of the literature review.

2.1 HIV/AIDS Education in Global and Regional Contexts

2.1.1 HIV/AIDS Education in Global Contexts

According to AVERTING AIDS [AVERT] (2009 b), HIV/AIDS education encompasses three main areas, namely: preventing new HIV infections; improving the quality of life for PLWHAS; and, reducing stigma. Prevention of new infections is often done through providing age-appropriate knowledge of HIV/AIDS related to modes of transmission of HIV and protection from infection (Coombe, 2002; Carr-Hill, Katabaro, Katahoire &

Oulai, 2002; Cooper, Risley, Drake & Bundy, 2007; Nzioka an& Ramos, 2008, AVERT, 2009b). However, it is often argued that providing information about HIV transmission, risk factors and prevention is necessary, but not sufficient to lead to behavioural change (thememoirs.org). Programmes that provide accurate information to counteract the myths and misinformation frequently report improvements in knowledge and attitudes, but this is poorly correlated with behavioural change related to risk taking and desirable behavioural outcomes. However, beyond this relative change in behaviour, HIV/AIDS education is expected to provide people with age-appropriate life-skills so that they can put the information they receive to use and act on it. For instance, HIV/AIDS education ought to focus on how to get and use condoms; suggest and practise safer sex; and, skills on how to prevent infection in a medical or social context.

All too often, HIV/AIDS education is regarded by teachers, learners and communities around the world as only relevant to people who are not infected with HIV in order to prevent them from becoming infected (AVERT, 2009 b). Accordingly, whenever HIV/AIDS education for People Living with HIV/AIDS (PLWHAS) is considered at all, it is commonly seen in terms of only preventing new infections by way of teaching the PLWHAS the importance of not transmitting the virus. UNAIDS (2008) and AVERT (2009 a) have argued that one important yet commonly neglected aspect of HIV/AIDS education with PLWHAS is that of enabling and empowering them to improve the quality of their lives. Because PLWHAS have varying educational needs, it is crucial to focus not only on aspects such as access to medical services and drug provision in their education, but also on finding appropriate and relevant emotional and practical support,

and help. According to UNAIDS (2008), Nzioka and Ramos (2008) and AVERT (2009b), an effective HIV/AIDS education also aims at correcting fear and stigmatization of PLWHAS, which apparently exists in many countries around the world. Notably, refugee populations are not free from stigma associated with HIV/AIDS, particularly since they are perceived as ‘outsiders’ by the host communities. According to Spiegel (2002) and UNHCR (2005), refugees are more stigmatised than their hosting populations because they are often seen as bringing HIV/AIDS to the host community from their home countries. Little is known concerning the role of education in fighting stigma associated with HIV/AIDS among refugees and host community populations, because there are hardly any empirical studies focusing on this issue. At the same time, there is scarcity of information regarding how educational systems of host communities help streamline HIV/AIDS education within refugee camps.

2.1.2 Global Policy Responses to HIV /AIDS through Education

Many developed countries embraced HIV/AIDS education shortly after the epidemic began to spread (AVERT, 2009a). Researchers such as Coombe, (2002); Katahoire and Kirumira (2008), and AVERT (2009a) point out that governments tend to react in response to public health problems, rather than averting the problems before they occurred. The first major HIV/AIDS government education campaign in the United Kingdom (UK) started in 1986 when the Government launched a leaflet campaign targeting every household with the ‘AIDS-Don’t Die of Ignorance’ slogan (AVERT 2009b). Around this time, the media covered stories about gay men and drug users becoming HIV positive, while portraying people who had become infected through

contaminated blood transfusions as the innocent victims of a disease spread by the immorality of 'others'. This seems to have given an impression that those who were not in these 'high risk' groups were not at risk at all. In fact, at that time nobody would have thought that refugee populations, whose situations of conflict and deprivation exposed them to sexual violence as well as commercial sex, could also be at a great risk of infection by HIV, yet evidence to the contrary abounds (Spiegel, 2002). It is little wonder that Coombe (2002) argues that the early HIV/AIDS education in the 1980s and 1990s was ineffective and sees this as the reason why HIV/AIDS education is still being debated seriously in the twenty first century.

Since HIV/AIDS affected southern nations more than their northern counterparts, it is noteworthy that the developed world tended to Africanise the pandemic and also made it a problem for other black people. Accordingly, the dominant belief was that HIV/AIDS was under control in their own countries (Rochkind, Dupont & Ott, 2009). As a result, efforts to fight the pandemic, including promotion of HIV/AIDS education, seem to have been handled with some degree of laxity in the northern countries. This explains why by the year 2009, the level and type of school-based HIV/AIDS education programme in the United States America (USA) for example, varied considerably with each state's regulations and the type of school or college concerned. Whereas in some USA states, sex education that incorporated information about HIV was comprehensive and compulsory, in others the children often left school with little or no knowledge about HIV/AIDS (AVERT, 2009c). This situation raised fundamental concerns regarding provision of HIV/AIDS education for refugees who lived in northern countries. Since

many developed nations such as Australia were 'careful' to avoid 'othering' by not referring to refugees directly in the important policy documents (Sidhu & Sandra, 2007), it was unlikely that the refugees could receive special consideration in learning HIV/AIDS education. According to Rochkind, Dupont & Ott (2009), it is only in the past one decade that policymakers in the developed world have begun shifting their attention to the issue of HIV/AIDS in their own countries. In the USA, for example, the Obama administration pledged 45million dollars for a 5 year communication campaign, dubbed 'Act Against AIDS' in April 2009. The efforts by the northern nations to seriously fight HIV/AIDS in their own countries as well as southern nations through education stemmed largely from the realization that the spread of HIV presented security challenges at a global level. It was realized, for example, that with the spread of HIV, food production for consumption and export significantly went down in countries such as Malawi. This state of affairs has its implications for the global community (UNAIDS, 2006).

Linking HIV/AIDS Education to Sexuality Education

Kelly (2003) has pointed out that HIV/AIDS education and sexuality education share similar issues and concerns because both subjects address sensitive topics related to sexual relationships and reproductive health. As such, the success or failure of HIV/AIDS education could, in one way or another, depend on the acceptability and performance of sexuality education. While it had been widely recognized that sexuality education is an important part of young people's development, little attention had been paid to their sexuality concerns until recently (Muhanguzi, 2005). Hope for success in HIV/AIDS education was seen when the need to protect young people's sexual health

started being recognized by governments in international treaties such as the Convention on the Rights of the Child, the Programme for Action from the International Conference on Population and Development (ICPD) held in Cairo in 1994, and the 1995 Fourth World Conference on Women in Beijing. However, there has been a tendency for international fora to focus more on the concerns of orphaned children with regard to issues of sexuality and HIV/AIDS than the needs of refugee children who are equally vulnerable to the HIV/AIDS pandemic. When refugee children are mentioned at all, they are often lumped together with other vulnerable children and the refugee situation is not given the special attention it deserves. This is despite of the fact that some refugee children whose parents have been traumatised by experiences of conflict and violence may be as equally desperate for help as AIDS orphans.

In the same vein, sexual and reproductive health (SRH) education, just as has been the case with HIV/AIDS education, has been a contentious issue for sometime (Smith, Kippax & Aggleton, 2000). SRH education debates as to how best to address the sexual health risks for young people continue in many regions of the world with some arguing in favour of keeping them away from sex, while others recognize that most young people are experimenting with sex or are sexually active anyway, and thus need education on sexuality issues (Panos, 1999). Such debates spill over to HIV/AIDS education, with content such as safer sex verses sexual abstinence remaining contentious (AVERT, 2009b). Research has shown that rather than increasing the engagement of young people in the sexual activities, the teaching of abstinence and safe sex actually reduces such high risk behaviour (AVERT,2009a). Despite this argument, some people still believe in

‘abstinence only’ education. For instance, since the Welfare Reform Law earmarked \$100 million for ‘abstinence only’ education in the USA in 1996, increasing amounts of federal funding became available for this type of education. Unlike sex education, abstinence only education did not teach safe sex but insisted on abstinence till marriage (AVERT, 2009 c), this notwithstanding studies showing that this kind of education was ineffective. The question of whether refugee children ought to be taught ‘abstinence only’, ‘safe sex’ or both could be a topic for another thesis of this magnitude. According to Mumah *et. al.* (2003), many refugee children have already been sexually abused and even raped. Yet others are struggling to sustain themselves and their families through sex for money and do not even enjoy the parental protection and guidance that other regular children have.

The age at which HIV/AIDS education should be introduced to school children has equally been a debatable issue. AVERT (2009a) describes arguments by learners in America who thought that the age at which they were introduced to HIV/AIDS education (11 to 12 years) was late because they had already made ‘their mistakes’. Schools at refugee camps often consist of learners of diverse age groups. The question of age appropriateness in teaching HIV/AIDS education is therefore likely to raise contradictory arguments. Despite these debates, researchers agree that HIV/AIDS education in schools has become an accepted part of the response to the HIV problem around the world (Carr-Hill *et al*, 2002; Kelly, 2002; Katahoire and Kirumira, 2008; Nzioka & Ramos, 2008).

Ambivalences concerning the provision of information on sexuality through HIV/AIDS education to young people remained in place because of the uncertainties associated with the outcome of this type of education, particularly with regard to fears that it may promote promiscuity and immorality (Fuglesang, 1998; Grunseit & Aggleton, 1998; Panos, 1999). Sik-Ying and Tsang (2002), in their work 'Relocating the pen in sex education in Hong Kong', contest such protectionism, arguing that it does not form a successful shield against early exposure to sexual activity. More evidence from both the developed world (Zabin, Hirsch & Smith, 1986) and Africa (Grunseit & Aggleton, 1998) show that sexuality and HIV/AIDS education have positive outcomes, including declines in risky sexual behaviour, lower rates of sexual abuse, lower rates of teenage pregnancies, STDs and HIV/AIDS, increase in students' knowledge about sexuality and tolerance of the growth and development during adolescence. Other outcomes include delay in the onset of the sexual activity and greater confidence in negotiating sexual encounters and self-esteem. Little was known regarding refugee pupils interaction with HIV/AIDS education. Although researchers argued that refugee children could have an increased risk of contracting the virus due to poverty, disruption of social structure and health services, and exposure to sexual violence as well as increase in socio-economic vulnerability, little was known regarding their interaction with HIV/AIDS education. Yet the refugee population were already growing around the world and their problems could not be assumed to be understood.

Appropriate Settings for HIV/AIDS Education

Coombe (2002) and Panos (2003) argue that there are no specific places where HIV/AIDS education should be restricted. The subject must be targeted everywhere including family settings, religious congregations and public gatherings. In the USA for example, HIV/AIDS education for adults was already being targeted at the workplaces, religious gatherings and community meetings after realizing that many people over 50 years were being infected by HIV (AVERT, 2009 c). In this context, refugee populations living within and outside camp situations in countries around the world were already being targeted for HIV/AIDS education (Spiegel, 2002). Studies such as this one were therefore necessary to inform HIV/AIDS education for refugees. Since HIV infection is one of the problems facing school-age children of all categories including refugees, schools particularly have been seen as excellent points of contact for young people where HIV/AIDS education can be disseminated (UNICEF & UNAIDS, 2002, Boler *et al.*, 2003, Katahoire & Kirumira, 2008). Almost all young people who need basic information about HIV/AIDS attend school for some part of their childhood. While in school, the young people expect to learn new information. They are hence more receptive to it than they might be in another environment (AVERT, 2009b). According to Cooper *et al.* (2007), children of school age have the lowest prevalence of infection. Even in the worst affected countries, the vast majority of schoolchildren are uninfected. For these children, there is a window of hope, a chance of a life free from HIV/AIDS if they can acquire knowledge, skills and values to help them protect themselves as they grow up. It is noteworthy that researchers in the area of HIV/AIDS education tend to focus on regular school situations (See Section 1.1 for a discussion on this) while little is known about

HIV/AIDS education in relation to the millions of pupils attending refugee schools around the world.

Parameters of Quality HIV/AIDS Education

According to UNAIDS/IATT (2009) a good quality HIV/AIDS education is one that seeks out learners affected by HIV/AIDS through creative ways and works with them together with their families and communities in supporting learning. The author argues that in addition to considering how learner experiences may enhance or hinder learning, quality HIV/AIDS education also needs to include both factual as well as life skills aspects of HIV/AIDS that are age and sex specific, in the formal and non-formal learning. This kind of HIV/AIDS education will enhance learning processes with emphasis on inclusion, participation and dialogue while avoiding and addressing stigma and discrimination that may exclude children from AIDS-affected households from learning. The learners in this case will be provided with a conducive learning environment which seeks to ensure safe, secure and supportive schools and other learning environments. Further, UNAIDS/IATT (2009) also identifies parameters of quality HIV/AIDS education at the level of the learning system. Firstly, it structures management and administration to support learning through the promotion of openness and transparency to allow dialogue on HIV/AIDS and the right of all to learn and have access to education. Secondly, it implements relevant and appropriate policies that are the foundation for safe, secure and supportive learning environments and that take account of the epidemic. Thirdly, it promotes the establishment of legislation supportive to learning. Fourthly, it restructures resources for learning bearing in mind the increasing demands caused by

HIV/AIDS on human and financial resources to ensure the provision of education for all and lastly, it measures learning outcomes. Midema (undated) argues that quality HIV/AIDS education can only be achieved through proper training of teachers in both content and pedagogy as well as allocating sufficient time and resources to the subject. These among other parameters of quality HIV/AIDS education discussed throughout the literature review in this study have been used in the analysis of data.

Refugee Populations and HIV/AIDS Education

According to UNHCR (2009), the population of refugees around the world was 16 million in 2008. Developing countries, which also have the highest cases of HIV prevalence and displaced persons, hosted 80% of all refugees, underscoring the disproportionate burden carried by nations that are least able to afford the required infrastructure, financial and human resources. Major refugee-hosting countries in 2008 included Pakistan (1.8 million); Syria (1.1 million); Iran (980,000); Germany (582,700); Jordan (500,400); Chad (330,500); Tanzania (321,900); and, Kenya (320,000). Major countries of refugee origin included Afghanistan (2.8 million) and Iraq (1.9 million), which together account for 45% of all refugees under the UNHCR umbrella. Other countries where refugees originated included Somalia (561,000); Sudan (419,000); Colombia (374,000); and, the Democratic Republic of Congo (DRC) (368,000). It is noteworthy that HIV/AIDS is not merely a developmental issue for stable nations, but also an issue of concern in the context of conflict and displacement, social upheavals, poverty and inequity, which are commonplace in refugee situations. The vulnerable and unique conditions of refugees with regard to destabilized family structures, social and

material deprivation and exposure to sexual injustices, as well as their interactions with host communities during their exile and with countries of origin communities when they repatriate, points to the need of researching HIV/AIDS education in refugee schools. Since three of the major host countries for refugees are located in Africa, the next section focuses on the region in the context of HIV/AIDS education, which is the focus of this study.

2.1.3 HIV/AIDS Education in Africa

Multi-Pronged Response to HIV/AIDS pandemic

Although there is great variability in the prevalence and impact of HIV/AIDS around the world, research demonstrates that countries in sub-Saharan Africa remain the worst affected by the pandemic (UNAIDS, 2008). This may partly be attributed to the kind of response to HIV/AIDS from the education sector during the 1980s and 1990s. The prevailing response at the time was mainly silence and denial (Kelly, 2003). The sector did not appear to recognize that the epidemic could undermine its operations and hamper its proper functioning. When the education sector started responding to HIV/AIDS, it did so through ‘teaching’, the area with which it was most familiar and mandated to develop (Kelly, 2003; Nzioka & Ramos, 2008). For example, education ministries in several countries such as South Africa, Zambia, Botswana and Kenya sought to confront the epidemic by incorporating HIV/AIDS and sexuality issues into the curriculum. These were concentrated, for the greater part, on the use of teaching programmes such as science and religious education as a means of stemming the spread of the epidemic (Akoulouze, Rugalema & Khanye 2001; Kelly 2003). The presentations made by African

countries at the Association for the Development of Education in Africa (ADEA) Biennial Meeting in Arusha in the year 2001 mostly reported interventions related to educational programmes. They also focused exclusively on learners, while remaining silent on teachers' needs with regard to HIV/AIDS.

In the early 1990s, HIV/AIDS education in Africa tried to instil as much scientific knowledge about the pandemic as possible, assuming that increasing levels of knowledge and awareness would lead to the desired behaviour change. Fiedrich (2002) observes that the school curricula in Africa emphasised topics such as structure of the virus and how it affected the body after infection. Thus, having accurate information about the transmission of the virus was seen as a necessary strategy for protecting oneself against infection by HIV (UNICEF & UNAIDS, 2002). However, it has since been demonstrated by Kelly (2003) that information, no matter how accurate, is not sufficient to prevent HIV infection. Young people need to have the necessary skills to apply the knowledge acquired (UNICEF & WHO, 2002). Consequently, there is need for quality HIV/AIDS education to go beyond mere provision of information to the development of skills that enable learners to apply the knowledge acquired. This realization has led to a move towards a life-skills (LS) oriented approach to HIV/AIDS education in accordance to the World Health Organization (WHO) directives. According to UNICEF and WHO (2002), three equally broad categories of skills that would apply to the life-skills approach include communication and interpersonal skills, decision making and critical thinking skills, as well as coping and self-management skills (See Section 2.1.3.2 for a discussion of the LS and Fact-Based Approaches). A combination of the scientific and life-skills

approaches has been employed in various educational contexts as demonstrated through the literature reviewed in this study.

Core-Curricular Versus Extracurricular Programmes in HIV/AIDS Education

Rugalema and Akaoulouze (2001) observe that two kinds of programmes are evident in HIV/AIDS education in Africa, namely, curriculum-based HIV/AIDS education (including issues of sexuality, sexual health and life-skills), and extra-curricular activities designed to impart knowledge about HIV/AIDS through a LS approach. The authors further point out that curriculum-based HIV/AIDS education has entailed reforming the formal school curriculum to include HIV/AIDS education. Lessons on HIV/AIDS are given either through a stand-alone subject or as an integral part of other school subjects such as biology, religious studies, family life education, social studies, or guidance and counselling.

Nzioka and Ramos (2008) and Katahoire and Kirumira (2008) argue that while curriculum-based programmes have the potential to reach a large number of pupils, the extra-curricular programmes, which are club based have reportedly been the most popular with learners. These include health youth clubs (Zanzibar), the peer education component of the school youth HIV/AIDS programme, 'My future is my choice', Grassroots soccer (Namibia) and Summer Youth Day camps (Tanzania). These programmes are organized by young people for young people with support from ministries of education and NGOs. The peer led programmes are modelled on the theory of social influence and social inoculation whose basic premise is that societal influence and peer pressure have the

potential to shape (sexual) behaviour of individuals within society (Howard & Mocabe, 1990). There is sufficient evidence to show that children enjoy peer-led HIV/AIDS sessions such as small group discussion and drama groups, as the sessions not only provide opportunity for peer discussion, but also utilize playground dynamics (Coombe, 2002). Contrary to the 'chalk and talk' curriculum-based lessons, peer sessions are informal and are conducted in the language children and youth understand and use in the informal setting. It is for this reason that many ministries of education in Africa have complemented curriculum-based programmes with non-formal peer-led programmes.

Besides the theoretical premise that sex education is most effective when taught long before the first sexual encounter (Gachuhi, 1999), the overwhelming focus of the ministries of education on learners is built on practical and pragmatic reality. It is, therefore, understandable that ministries of education have reacted to HIV/AIDS through education programmes, which they are mandated by their governments to develop and implement effectively.

Research demonstrates that in addition to 'teaching', many African countries have now developed explicit education sector policies to deal with HIV/AIDS. For instance, Uganda formulated its first draft in 2001, Kenya in 2004 and Zambia in 2005 respectively (Nzioka & Ramos, 2008). Ministries of education in countries such as Ethiopia, Kenya, Uganda and Zambia have selected one or more of their staff to serve as AIDS focal point persons at regional, districts and institutional levels. Most of these focal points have principle responsibilities, besides with HIV/AIDS, which is additional. This study also

responds to a glaring gap in the lack of data to clarify the role played by ministries of education policies on HIV/AIDS education for refugees. The fact that refugee schools were in most cases managed by NGOs in partnership with the United Nations High Commissioner for Refugees (UNHCR) may partly explain such an apparent lack of relevant data on curricular.

Other HIV/AIDS Education Initiatives

According to AVERT (2009), ministries of education in sub-Saharan African countries such as Nigeria, Namibia and Tanzania have also worked together with various NGOs on small scale HIV/AIDS education programmes in selected schools. Some of the programmes considered successful by the implementers include the Rapid Results Initiative (RRI) in Eritrea, Integrated Sector-wide HIV/AIDS Preventive Education in Gambia and the School Health Education Programme (SHEP) in Ghana. The ministries of education in these countries have argued for a nationwide scale-up of HIV/AIDS education. These programmes have gone beyond teachers and students to involve community members and religious educators among other stakeholders in HIV/AIDS education for schools (Valerio, Bundy & Beasley, 2008). The programmes also employed a variety of methods that focused on increased participation of learners and community members. However, Nzioka and Ramos (2008) have raised the concern that when many different types of work are undertaken by many actors, as is the case with HIV/AIDS education programmes, there is a danger of contradictory messages and duplication of efforts.

Locating HIV/AIDS Education within Formal School Curricular

If HIV/AIDS Education is to be of good quality as a subject, it requires sufficient time and appropriate place in the curriculum. This enables learners to access information and have space to practice the relevant skills. In many African countries, HIV/AIDS education began at a time when school curricular already had too many subjects to comfortably accommodate an additional subject (Curr-Hill *et al.*, 2002). In fact, curriculum loading had been associated with lowering the quality of education in many African countries. In Ghana and Zambia for example, less than 60 percent of all 15 to 19 year olds who had completed 6 years of education could read a sentence in their own language. With regard to HIV/AIDS education in the same countries, less than 40 percent knew that condoms could prevent HIV infection (World Bank, 2006; Jimenez, Kiso & Ridao-Cano, 2007). In Nigeria, debate was already raging over attempts to reduce the already loaded curriculum through removal of such subjects as Arabic, which was considered as having cultural and religious value, yet the same curriculum was expected to accommodate HIV/AIDS education. Apparently, many schools in African countries could not allocate sufficient time for HIV/AIDS education in the timetable. Curricula issues for refugee schools were more complex, given that refugee pupils were expected to learn other subjects such as peace studies and education for repatriation in addition to the regular school curricula (See Section 1.1). Curriculum loading could hence affect HIV/AIDS education for refugee pupils in ways that needed to be investigated through research.

Also slowing the achievement of effective HIV/AIDS education in African countries were problems resulting from insufficient funding (UNAIDS, 2008). Upon the introduction of the subject, ministries of education in many African countries were already operating on constrained budgets. It was therefore difficult to adequately fund HIV/AIDS education activities (Rugalema & Akoulouze, 2001; Nzioka & Ramos 2008). As a result, many such programmes heavily depended on donor funding whose sustainability was uncertain. The situation was more complicated for refugee schools which were not directly sponsored by their hosting governments. Limited funding led to other problems including lack of material resources to enhance HIV/AIDS education to make it effective in its mission. Other problems included resistance from the communities and religious groups, which looked at any subject related to the discussion of sex as taboo (Boler *et al*, 2003; thememoirs.org 2009). Nevertheless, research exemplified by Rugalema and Khanye (2002) has shown that active involvement of communities was necessary in strengthening school-based HIV/AIDS programmes in African countries (Rugalema & Khanye, 2002). There was also lack of data illustrating how refugee communities in African countries participated in strengthening school-based HIV/AIDS education.

Teacher Preparedness in HIV/AIDS Education

A good school-based HIV/AIDS education programme is perceived as one that provides support to teachers. In African countries, lack of support for teachers in the implementation of HIV/AIDS education is one of the most important factors affecting success of the programmes (Chege, 2007; Pattman & Chege, 2003). There are many

problems associated with adequacy, expertise and preparedness of teachers to handle the subject (Coombe 2002; Nzioka & Ramos 2008). For most teachers, both the content and methods of HIV/AIDS education are new and personally sensitive. Pattman and Chege (2003) argue that teachers need to be assisted both in their work skills and their personal lives, since HIV/AIDS also affects them. Teachers require sufficient support, training, practice and time in both pre- and in-service training sessions and workshops, to facilitate reflection and development of their own attitudes. This would also motivate them to apply their new knowledge and skills, rather than continuing with the more didactic, traditional teaching methods, which are often focused on information alone (Gachuhi 1999; Pattman & Chege 2003). Teacher preparedness in HIV/AIDS education would even be more important for teachers who handle refugee pupils who are already struggling to come to terms with their situations of conflict and displacement.

According to Rugalame and Akoulouze (2001), most African ministries of education were still concentrating on HIV/AIDS education in relation to the learners while remaining silent about the teachers at the dawn of the 21st century. Except for South Africa, Ghana and Botswana, other countries had proceeded as if HIV/AIDS was not a problem among teachers. Contrary to their assumption, many teachers were among the PLWHAS and those affected by HIV/AIDS. As such, such teachers could not offer effective support to learners when they were also in need of support themselves. In addition, teachers needed training on the content and methods of the new subject. This area still lacked the seriousness it deserved (Katahoire & Kirumira, 2008).

By the year 2008, African Governments had already realised the importance of training teachers about HIV/AIDS, and were already trying out different strategies (Katahoire & Kirumira, 2008). In Ghana for example, HIV/AIDS education had been made part of the requirements for graduation of teacher trainees and student competencies were being tested by means of examination in this area (Abreh, 2009). In addition, workshops sponsored by the Institute of Education and Teacher Education Division of the Ghana Education Service were being conducted to better resource the teacher educators. According to Momodu (2009), notable progress had also been seen in Nigeria where pre-service Stand Alone Curriculum on Family Life and Emerging Health Issues (FLHE) was already in place. The curriculum content included HIV/AIDS and Life-Skills among other health issues. It was offered for a period of one year as a compulsory subject in all teacher training institutions. An in-service training of FLHE on curriculum content and facilitation techniques with a two or three-day practicum was also implemented nationwide for seven days.

The above noted efforts notwithstanding, many challenges were still being faced in some African countries with regard to training teachers in HIV/AIDS education. A study by Katahoire and Kirumira (2008) in one of the National Teachers' Colleges in Uganda indicates that HIV/AIDS education was being inadequately provided to teacher trainees. Most teacher trainees and trainers interviewed in the study felt that although discussions on HIV/AIDS prevention occurred during college assemblies and in health education classes, the bulk of the information thus imparted was inadequate. In addition, resistance from teachers had been noted in Cote d' Ivoire, where due to lack of trained staff, some

teachers were literally obliged to teach HIV/AIDS education through civic and moral education to fulfil hourly rates and to justify, as it were, the relationship between remuneration and hourly rate (Oulaye, 2009). If this solution for teaching civic and moral education was an answer to lack of staff, it also carried the disadvantage of reducing the motivation of teachers.

Notably, NGOs and international agencies have played a core role in supporting many African governments in the programming of pre-service as well as in-service teacher training together with the production of material in HIV/AIDS education. For instance, the *MEMA kwa vijana* programme in Tanzania and NIEPA in Nigeria produced modules, lesson plans and teacher resource books in HIV/AIDS education (Ross, 2009; Omolade, 2009). In Burkina Faso, Cote d' Ivoire, Ghana, Namibia and Kenya among other countries, teachers' unions were also investing in scarce human and financial resources to address the HIV/AIDS issue. The unions not only trained teachers on skills that would enable them teach HIV/AIDS education effectively, but also researched, developed training manuals, advocated and campaigned for improvements of a whole range of AIDS related themes. For instance, the unions provided support for teachers living with HIV and lobbied governments to include HIV/AIDS education in pre-service teacher training and school curriculum (Sanglan, 2009; Kenya National Union of Teachers, 2004). Other strategies involved the use of radio and TV programmes such as the 'Talkback' in Botswana, designed to be interactive and to create a forum for teachers and pupils to speak openly. There was lack of literature on the training of teachers in handling special categories of pupils such as refugees in HIV/AIDS education.

Despite the various strategies in training regular school teachers in HIV/AIDS education, the teachers continued to report difficulties in addressing HIV/AIDS in the classrooms (UNAIDS-IATT/HEARD, 2006; Nzioka & Ramos, 2008). Observations continued to reveal the apparent lack of skills among teachers in the teaching of HIV/AIDS education, whereby didactic methods prevailed with little indication on behaviour change (Nzioka & Ramos, 2008; UNAIDS-IATT/HEARD, 2006). Given that some trained teachers could be ill-prepared in handling regular school pupils in HIV/AIDS education, the situation for teachers in refugee classrooms could be even more difficult since the teachers come from different professional orientations. Additionally, they handled pupils with diverse cultural and religious beliefs and practices. This situation could result in conflict with HIV/AIDS education content and methods. Notably, there was lack of literature to provide pertinent insights of the experiences of HIV/AIDS education teachers handling refugee classrooms.

Refugees and HIV/AIDS Education

By the 21st century, many Sub-Saharan African countries (for example Liberia, Sierra Leone, Sudan, Ethiopia, Congo, Burundi and Rwanda) had either gone through or were experiencing major conflicts, war, genocide with all the attendant complications on its displaced or post-conflict populations (Adelekan, 2006). According to World Refugee Survey (2009), many sub-Saharan African countries remain home to large numbers of refugees. For instance, in 2008, Tanzania hosted 321, 900 refugees mainly from Burundi and DRC, while Uganda was home to 155, 400 refugees mainly from DRC, Sudan and Rwanda. Ironically, Sudan, which has been a main origin of many refugees, also hosted

233,900 refugees mainly from Eritrea, Chad and Ethiopia. The conflict and instability that surround refugee life has been linked to increased vulnerability to HIV infection as well as drug and alcohol consumption (Spiegel, 2002, Adelekan, 2006). According to UN News Service (2004), refugees were at a greater risk for HIV infection because of rape during conflicts, disrupted health care and the need to trade sex for food while fleeing. However, that did not necessarily translate into higher infection rates. Further, it was ironically believed that chronic conflicts observed in countries such as Angola and southern Sudan actually curbed the spread of HIV/AIDS by destroying much of the transportation infrastructure. It was argued for example:

In Sierra Leone and Angola, for example, you have lost the infrastructure. There is decreased mobility. Truckers are not moving around, are not going to urban areas with higher HIV prevalence, sleeping with prostitutes and going back to infect their wives (Spiegel in UN News Service, 2004).

Despite observations such as the one above, there was lack of research based data on HIV infection rates in the conflict prone situations. However, HIV infection among refugees was of increasing interest, as evidenced, for example, by the Tri-Country HIV/AIDS and Refugees Workshop of 2002 in Entebbe, Uganda, where professionals from diverse fields of study gathered to discuss HIV/AIDS issues among the refugees. The workshop generated baseline data to help plan and implement HIV/AIDS preventive programmes, including school-based HIV/AIDS education among refugee populations. There was a dearth of such data from developing countries, and especially from the Sub-Saharan Africa region.

According to the World Refugee Survey (2009), every African country had its own policies governing the education of refugee children including HIV/AIDS education. In

Uganda for example, refugees enjoyed same right to education as the nationals. They had also been addressed by the 2005 Poverty Eradication Action Plan (2004/5-2007/8) as a ‘disaster to manage’, which needed consideration for donor funding. In Tanzania, the Refugee Act guaranteed equal education with nationals ‘in accordance with the National Education Act of 1978’. The NPR however, provided that schools were to teach refugee children ‘in accordance with the curricula used in their countries of origin’. The Tanzania government followed the latter, with UNHCR, UNICEF and international donor funding (World Refugee Survey, 2009). Concern had been raised by Riungu (1999) and Spiegel (2002) that HIV/AIDS education programmes within camps in East Africa were run by NGOs which did not always co-ordinate and communicate well, and were likely to duplicate services. Research to provide greater understanding of how different NGOs worked together in providing HIV/AIDS education to refugee pupils in schools at refugee camps, is a critical necessity for informing education policy. However, some anecdotal evidence suggest that refugees in East African countries had been intensively educated about HIV/AIDS and were making progress in the fight against the infection by changing their sexual behaviour (UN News Service, 2004). For instance, in Kala Camp of northern Zambia, home to 21,000 Congolese refugees, the number of condoms distributed monthly soared from 538 in January to 18,000 in November 2003. The next section focuses on literature that is relevant to the Kenyan situation in terms of policy response and school-based strategies of dealing with HIV/AIDS.

2.2 HIV/AIDS Education in Kenya

2.2.1 Education Sector Policy Response to HIV/AIDS

In the context of global and regional development of HIV/AIDS education, it is noteworthy that until the year 2004 Kenya had not developed the Education Sector Policy on HIV/AIDS, which formalises the rights and responsibilities for every person involved with HIV/AIDS in the education sector. This was approximately twenty years after the first case of AIDS was diagnosed in the country. This policy not only focuses on HIV/AIDS prevention, but also emphasizes on care and support for all, workplace issues and management of response and advocacy. In view of this, the policy is not only sensitive to affected pupils but also to the affected teachers. The sector policy also advocates for the promotion of HIV/AIDS education in schools and other institutions of learning. Among the pioneer learning institutions in Kenya to develop institutional policies on HIV/AIDS were Mombasa Polytechnic, High Ridge Teachers' College, and the University of Nairobi (Nzioka & Ramos, 2008). Other schools, colleges and universities eventually emulated these examples.

The MoE also introduced an AIDS Control Unit (ACU) to provide proactive leadership and ensure that HIV/AIDS prevention and control priorities were integrated into mainstream ministry functions (RoK, 2006). The MoE ACU was to function alongside other ACUS in the Teachers Service Commission (TSC) and the Commission for Higher Education (CHE) as well as the Kenya National Union of Teachers (KNUT), and the Kenya Union of Post Primary Teachers (KUPPET). In addition, the ACU at the MoE was to work closely with the Kenya National Association of Positive Teachers

(KENAPOTE), an association for the welfare and interests of all teachers with HIV/AIDS in Kenya. The ACU within the MoE has portrayed proactiveness, effective management with permanent staff. It also ensured the inclusion of HIV/AIDS in the 23 investment programmes under the Kenya Education Sector Support Programme (KESSP 2005-2010). By the year 2008, HIV/AIDS had a budget line and the ACU was able to support HIV/AIDS initiatives in the Education sector (Nzioka & Ramos, 2008). However, the policy remained unclear on how the different ACUs were going to benefit teachers working under employers other than the government, such as those at refugee camp primary schools.

The UNHCR policy on education encouraged the adoption of the MoE curriculum to be used by the host country with mutual consent whenever there was considerable camp settlement by refugees (UNHCR, 1995). Hence, the government of Kenya provided free primary education to refugees just like it did for the nationals. Consequently, the general school curriculum used in Kenyan schools also applied in refugee schools. Considering that the Kenya Education Sector Policy on HIV/AIDS stated the need for the curriculum to be sensitive to cultural and religious beliefs, and to be appropriate to age, gender, language, special needs and content on HIV/AIDS, it was important to find out how the policy was interpreted in the refugee camps schools. This is arguably a strong expression of government commitment, as policy implementation requires mobilization of local community leaders, religious groups and leaders, parents, caregivers and guardians besides schools, to support and ensure success of the HIV/AIDS prevention programme within learning institutions. The manner in which gender, religion and multiculturalism

interacted in this endeavour had not been studied. This study, by exploring these aspects, adds to the body of knowledge in this regard.

The extent to which refugee pupils and teachers were to benefit from the Education Sector Policy on HIV/AIDS remained unclear. This is more so, considering that even the Kenya MoE seems silent on this issue in its Sessional Paper No. 1 of 2005, which is a policy framework for education, training and research. Similar silence is noted in the KESSP 2005-2010 and the Education Sector Policy on HIV/AIDS. The documents seem to avoid 'othering' by not naming refugees specifically as 'special needs' groups, to which this study contends they belong. The documents rarely refer to refugee children in specific terms. Rather, they tend to lump them together with other groups that may have different learning needs, without taking into account the specific nature of complexities of refugee related issues in the context of HIV/AIDS. Kenya did not also include refugees in the 'Poverty Reduction Strategy Paper' prepared for international donors in the year 2005. The lack of acknowledgement of refugee education in policy could affect HIV/AIDS education if research does not document relevant data. However, it is noteworthy that the Kenyan UN Development Assistance Framework for 2009-2013 includes implementation of Refugees Act in its first priority area, improving Governance and Realization of Human Rights. The Refugee Act also calls upon the commissioner for refugees to initiate projects promoting harmony between host communities and refugees. It further advises the immigration minister on soliciting funds for refugee programmes that help host communities.

2.2.2 Developments in HIV/AIDS Education as a School-Based Strategy in Kenya.

HIV/AIDS Education in the Formal School Curriculum

In Kenya, a weekly compulsory HIV/AIDS education lesson was included in all primary and secondary school curricula since the year 2000, four years before the formulation of the Education Sector Policy on HIV/AIDS of the year 2004 (RoK MoEST, 2004; Boler *et al*, 2003). The KIE HIV/AIDS education curriculum came at a time when the 8.4.4 system of education was already coming under increased scrutiny due to curriculum loading. According to Mulama (2003), many teachers and parents were pushing for an overhaul of the primary and secondary school syllabus, arguing that pupils had no time to be children since they needed extra tuition to complete the broad examination-based syllabus. Yet this was after the subjects had already been reduced from 13 to 8 for primary schools, and from 12 to 7 for secondary schools. In fact, the Commission of Inquiry into the education system of Kenya (1998-1999) chaired by Dr. Davy Koech had already recommended scrapping of the '8.4.4. System of Education' on the grounds that it was crowded, inefficient and costly. Hence, curriculum loading made it difficult to lobby for allocation of specific time for HIV/AIDS education in the timetable. As a result, schools were left to handle the subject in their own way (Advisory Board Company and Caiser Family Foundation, 2008). On realising that some schools were either not taking HIV/AIDS education seriously or even not teaching it at all, the MoE, through KIE, decided to integrate the subject into the entire primary and secondary school curriculum (RoK, 2006).

A review of primary school KIE approved text books reveals that science integrates HIV/AIDS education in a more detailed and structured way compared to any other subject. For example, the science text books introduce HIV/AIDS at Standard Four by defining it and mentioning its causes. At Standard Five, topics such as signs and symptoms of HIV/AIDS, modes of HIV transmission, stages of HIV Infection and prevention are introduced. HIV testing and counselling as well as effects of HIV/AIDS on individuals, families and nations are discussed at Standard Six. At Standard Seven, pupils are taught the myths and misconceptions about HIV/AIDS and the care and support of PLWHAS. Finally, control measures for HIV/AIDS are discussed at Standard Eight. This level of detail and structure reflects considerable thought in integrating HIV/AIDS education formally into the curriculum.

Social Studies textbooks approved by KIE have also integrated HIV/AIDS education in a notable way. The subject, whose major theme is 'living together', focuses on interrelationships between people and how their individual lives affect one another (RoK, 2006). Social Studies draws examples from HIV/AIDS while discussing topics and sub-topics such as disadvantages of immorality, the role of the school in fighting diseases, factors leading to slow population growth, responsibilities of children, functions of communication, importance of marriage and elements of good citizenship. All other subjects integrate HIV/AIDS education in relatively lower and varying degrees that leave the teachers at liberty, even as they are advised to underscore it as much as possible. The decision and choice to integrate seem to remain with the teacher.

The strategy of integration of HIV/AIDS education into examinable and timetabled subjects has been seen as a strategy for ensuring that the subject is taught. For example, studies by UNICEF ESARO and UNAIDS (2002); Boler *et al.*, (2003) and Ruto, Chege & Wawire (2008) demonstrate that many Kenyan schools have gone the infusion and integration way, with science often being mentioned by both teachers and pupils as the subject in which HIV/AIDS issues are taught and learned. It is also important to acknowledge that in Kenya there exist other HIV/AIDS education initiatives besides the compulsory MoE curricular. These include the Primary School Action for Better Health (PSABH) and Primary School AIDS Prevention Programme. These are expounded in the next section.

Other Initiatives in Kenyan HIV/AIDS Education

Apart from the compulsory HIV/AIDS education curriculum in Kenya, the MoE, with support from NGOs, has also implemented other HIV/AIDS programmes for education and behaviour change interventions in particular regions and schools. One such initiative is the Primary School Action for Better Health (PSABH) which began in the year 1999 in Nyanza Province. This region was one of Kenya's HIV/AIDS hot zones. PSABH was introduced with the aim of creating behaviour change among primary school pupils to reduce their risk of exposure to HIV (RoK, 2005, AVERT, 2009c). The PSABH programme started by targeting upper primary school boys and girls with its activities. This group of pupils was subsequently expected to reach out to other children within their communities. The programme included a range of stakeholders such as politicians providing political will, health professionals and curriculum developers. The programme

utilized a model of training called a 'strengthened cascade' which allows for maintenance of quality in the face of rapid expansion (Valerio, Bundy & Beasley, 2008). According to AVERT (2009,c), the PSABH programme involved training the headteacher, a classroom teacher and one parent from each participating school in a week-long course. One term later, two additional teachers were trained. Topics covered included information on HIV transmission and prevention strategies, skills for resisting pressure to engage in sexual intercourse, adolescent and sexuality issues, care of PLWHAS and issues related to HIV stigma and discrimination. Using the approach of 'trainers of trainers' (ToTs), teachers were then trained on how to train their colleagues at school and how to integrate HIV/AIDS education within classroom subjects. This intervention had reached 2000 schools across the country during its pilot phase, and 5000 schools by the year 2005. By June 2006, 11,000 out of 19,000 Kenyan schools had implemented PSABH, and many other schools were still being reached countrywide. The year 2004 evaluation of the project indicated that PSABH had a direct and statistically significant effect on the uptake of HIV/AIDS programming in schools. A large number of teachers had been trained, and factual and behaviour change messages were evident in the schools (USAI/EQUIP 1, 2007). It can therefore be reasonably argued that the PSABH project made a positive impact in school-based HIV/AIDS education in Kenya.

Another HIV/AIDS education initiative in Kenya that targeted regular schools was the Primary School AIDS Prevention Programme. This programme attended to the controversial nature of culturally acceptable HIV/AIDS education through employing approaches that were both effective and culturally and politically less controversial.

These included debating and essay writing competitions among pupils, video shows and provision of school uniform to ensure continuity of primary education for economically disadvantaged students (Valario, Bundy & Beasley, 2008). There was, however knowledge gap on the participation of refugee pupils in these ‘other’ HIV/AIDS education initiatives.

The Life Skills versus Fact Based Approach in HIV/AIDS Education

HIV/AIDS education in Kenya is designed within a ‘life skills approach’ (Pembrey, 2008). This endeavour focuses on relationship issues and the social side of HIV infections. It helps the learners acquire abilities for adaptive and empowering behaviour that enables individuals to deal effectively with issues related to HIV/AIDS in daily life. The Kenyan LS approach, as is the case elsewhere in Africa, is also aimed at equipping the learner with psychosocial competencies and interpersonal skills that would help him/her make informed decisions about risky actions that may expose a person to HIV infection, engage in problem solving, think critically and creatively in relation to HIV/AIDS, communicate effectively, build healthy relationships, empathize with those in need and manage his/her life in a healthy and productive manner (RoK, 2008b).

In comparison, the fact based approach is used to supplement the LS approach by focusing on the scientific side of HIV/AIDS. For instance, it helps learners understand the structure of the virus, the modes of transmission and what happens to the blood and the body after it has been infected by HIV. The approach also discusses medical-related topics such as the treatment of HIV/AIDS by use of ART. According to AVERT (2009

c), effective HIV/AIDS education encompasses both scientific and social aspects of HIV/AIDS. Knowledge of the basic science of HIV/AIDS is important for understanding among other issues, how the virus is passed on and how it affects the body. But HIV/AIDS education that deals only with medical and biological facts, while ignoring the real life situations that young people find themselves in, does not provide them with adequate AIDS awareness. Developing life skills and discussing matters such as relationships, sexuality and drug use, are fundamental to AIDS education. (Pattman & Chege, 2003) The proper negotiation and use of prophylactics such as condoms is a life-skill that ought to be imparted (UNICEF ESARO, 2002).

Although the Kenyan curriculum is designed within the LS approach, teachers could also infuse LS within HIV/AIDS education, depending on the examples they decide to use in their lessons and the out of class activities they choose for teaching HIV/AIDS education (UNICEF ESARO, 2002). Even with the strengthening of the LS Approach to HIV/AIDS education, as elsewhere in Africa, Boler, *et. al.* (2003), observed that the school-based HIV/AIDS education in Kenya still faced numerous problems. These problems included resistance from communities which still believed that teaching HIV/AIDS education would make learners experiment with sex at an early age (Boler *et al*, 2003) as well as communities which still preserved socio-cultural practices that expose individuals to infection. These included for instance, wife inheritance in Nyanza, polygamy in Western Kenya and FGM in Eastern Kenya. Resistance had also been faced from religious organizations that actively campaigned against the teaching of 'safe sex', as well as those which tended to stigmatize PLWHAS (UNICEF & UNAIDS, 2002). These challenges

considerably contributed to the difficulties of implementing the LS Approach to HIV/AIDS education in schools.

Teacher Preparedness and HIV/AIDS Education in Kenya

In Kenya, the primary TTCs' syllabus had been revised in the year 2004 to integrate HIV/AIDS education as a cross-cutting issue. However, many of the institutions were yet to implement it (Onyango, 2009). In fact, some tutors at the TTCs were yet to come to terms with HIV/AIDS issues, and there was still some degree of silence and little teaching about HIV/AIDS education. A study by Ruto, Chege and Wawire (2009) illustrates that although the Kenyan MoE in partnership with Center for British Teaching (CfBT) conducted training for tutors in HIV/AIDS education, most of the tutors had not received such training. These national trainings had not been systematic. Furthermore, those trained were administrators who did not teach in class but mostly waited for invitation from the ministry to conduct in-service workshops for primary school teachers (Onyango, 2009).

A survey by the KNUT in the year 2006 revealed that Kenyan teachers were generally inadequately prepared to teach HIV/AIDS education, and that many were not well informed about the subject. For instance, only 45% of the teachers surveyed understood that HIV had no cure, whereas 24.4% and 12.4% respectively thought that herbs, traditional medicine and witchdoctors could cure infection (The Nation, 5th June 2006). Another study by the Advisory Board Company and Caiser Family Foundation (2008) found that many Kenyan teachers were teaching HIV/AIDS in a factual and academic

fashion rather than addressing the topic in a practical and realistic way that was relevant to the social realities of young peoples' lives. With school education in Kenya focusing on examinations, teachers were accustomed to inundating students with facts and figures, whereas HIV/AIDS education required that teachers engage pupils in active and critical learning sessions (RoK MoEST, 2004). This situation in regular schools aroused interest in examining the situation outside the norms of a regular school such as the refugee schools.

2.2.3 Kenyan Refugee Situation and HIV/AIDS Education

According to Riungu (1999), many refugees crossed the border from Lobo in Somalia into Kenya in 1991 and 1992. Later on, they were transferred to three camps about 100 kilometres from the border into the Kenyan side, creating the Daadab Refugee Camps (DBRC), namely, Ifo, Hagadera and Dagahaley. The DBRC caters for refugees from Somalia, Eritrea, Uganda, Burundi, Democratic Republic of Congo, Ethiopia and Sudan (UNHCR, 2005). Within the same period in 1992, the Government of Kenya opened a camp for the Southern Sudanese refugees in the North Western Part of Kenya, namely Kakuma Refugee Camp (KRC). This was after the arrival of the 'lost boys of Sudan' who comprised some 33,000 Sudanese boys and girls who fled the violence and bloodshed of Sudan's internal conflict in search of peace. Only around 10,000 refugee children, majority of whom were boys, survived the journey and arrived in KRC in 1992, emaciated and dehydrated. Notably, the title of 'lost boys' raises gender concerns because it blacks out the girls, who were also represented in the group, albeit in small numbers. The majority of the 'lost boys' were between the ages of 8 and 18 years (UNHCR, 2006).

Although the largest percentage of the refugees (78.55%) at KRC are Sudanese, the camp also received Somalis (16.61%), Ethiopians (3.25%), Rwandese, Burundians, Congolese, Eritreans and Central Africans, altogether forming 1.59% of the refugee population (UNHCR, 2006). Other camps had been established in urban locations of the coast province in Utange, Marafa, Swale Nguru, Jomvu and Hamisi. Another camp was established in Thika town about 70 kilometres north of Nairobi. However, all the six urban-based camps were closed between March 1995 and February 1999, and the refugees transferred to either DBRC or KRC (Riungu, 1999). By the year 2006, DBRC hosted approximately 140,000 refugees while KRC had around 90,000 (UNHCR, 2005). Thousands of other refugees, some of whom were unregistered, remained in Kenya's major towns and cities.

The refugee populations in Kenya keep fluctuating due to the transient nature of the refugee life (Riungu, 1999). This makes it impossible at times to keep correct records of all the refugees at a particular time. The fact that civil conflicts in the neighbouring countries have never been fully resolved continues to contribute to the fluidity of refugee populations. In 2006, for example, there was an influx of Somali refugees that forced Kenya to officially close its borders with Somalia in April 2007 (World Refugee Survey, 2009). Despite the seemingly closed border with Somalia, statistics illustrate that DBRC continued to receive an average of 7,000 refugees per month due to the continued violence and conflict in Somalia (UNHCR, 2009). By the year 2008, DBRC, which was designed to cater for 90,000 refugees housed 275, 000, mainly Somalis (Nyakairu, 2009). While KRC was doing more of repatriation than reception of refugees since the 17th

December 2005 launch of organized voluntary repatriation in Kenya, there was concern that the camp would be affected by the influx of refugees at DBRC (UNHCR, 2006). This is due to the fact that refugees were often transferred from DBRC to KRC whenever there were problems related to large population and insecurity emanating from inter-ethnic conflicts within the former (Riungu, 1999). Also in spite of the voluntary repatriation of refugees at KRC, the camp continued receiving new waves of arrivals. In 2006 for example, UNHCR Sub-office Kakuma (SOK) received 3,500 new arrivals from Southern Sudan who were attracted by the 'good' education at KRC (UNHCR SOK Briefing kit, 2006). This trend indicated that there was no likelihood of KRC being closed yet. The camp's HIV/AIDS education programmes would therefore continue impacting on lives of refugees and refugee children in need of this education.

To any host community, refugees may be viewed as foreigners on transit who are only temporarily vulnerable in terms of food, shelter and education (UNHCR, 2005). However, UNHCR (2009) records indicated that some refugees had stayed in Kenya for over fifteen years and with hopes of leaving the country. This meant that in the course of their stay, these refugees were likely to interact among themselves and with the local host communities (UNHCR, 2005), forging relationships within and across the ethnicities and sexes. The interaction could lead to positive cultural exchange as well as sexual intimacy. According to Nkam (1999), sexual intimacy could in turn expand the scope of sexually transmitted diseases including HIV/AIDS from one group to the other. The fact that most of the HIV infections in Kenya are linked to sexual intercourse, it is imperative that

health and education concerns with this regard be extended to not just the Kenyan hosts but also the refugees they interact with culturally and sexually as well.

The Kenyan MoE curriculum which integrated HIV/AIDS education in all subjects was also used at the refugee camps' primary schools (UNHCR, 2005). The camp schools taught HIV/AIDS education through subjects such as science, social studies, religious education, English, Kiswahili and mathematics, as well as extracurricular activities such as clubs and games activities.

In addition to the MoE curriculum, schools at refugee camps taught HIV/AIDS and reproductive health education as a separate subject using a curriculum designed and implemented by NCKK. The NCKK curriculum was broad and illustrated the link between HIV/AIDS and reproductive health in a more detailed manner. It also discussed infection and prevention of HIV/AIDS not just in relation to sex, but also as it relates to delivery, prenatal and postnatal care, contraception and abortion. Cultural practices related to refugee populations such as FGM were also discussed in the context of HIV/AIDS (NCKK, Undated). In the MoE curriculum, this content was discussed in a rather shallow manner and left to the teacher to clarify. Research that analyses the link between the NCKK HIV/AIDS education curriculum and the MoE curriculum and how the two were implemented in refugee schools was lacking. Notably, the first large scale research that focused on matters of HIV/AIDS prevalence and awareness among refugee camps in Kenya was carried out in the year 2004 by Great Lakes Initiative on AIDS (GLIA) and UNHCR. The study mainly focused on the general refugee population in a

quantitative way without going into qualitative details of school-based HIV/AIDS education. As a result, there was an apparent knowledge gap related to curriculum and policy response of school-based HIV/AIDS education in refugee camp schools, which this research has addressed. The next section interrogates literature on socio-cultural and religious dynamics in HIV/AIDS education.

2.3 Socio-cultural and Religious Dynamics in HIV/AIDS Education

2.3.1 Gender Dynamics, Conflict and HIV/AIDS Education

Since the mid 1980s, gender has emerged as a key factor in analysis of social interactions (Cushner *et al.*, 2003). This has resulted in new awareness of the socializing role that gender plays in differentiation among girls and boys in many classrooms, and how such differentiation impacts on learning outcomes in schools. Considering that gender is socially and culturally constructed, making it culture-specific, it became imperative for this study to foreground its role in the target population.

This study identified “gender” as a factor of analysis associated with construction of masculinity and femininity in different ways. Within the study, it was also acknowledged that not all societies and cultures shared the same ideas of what it meant to be male or female (Pattman & Chege, 2003). The social rules associated with a person’s gender role may vary by race, ethnicity, social class, religion and even geographical region. According to Haralambos and Holborn (2000), boys/men, and girls/women are usually perceived and treated differently as males and females in different societies. They are also expected to act and behave differently. Girls and boys also learn gender roles right

from birth and throughout their lives with parents, teachers and religious leaders reinforcing their gendered lives in society (UNICEF ESARO, 2002). This means for instance, that there are bound to be diverse expectations, responses and experiences with regard to HIV/AIDS education from male and female pupils and teachers of different cultural and religious orientations within the same multicultural refugee classroom.

The inclusion of both boys and girls in the same classroom from the beginning of the common school in the 1840s in America, and the fact that political and educational ideals assumed that school was gender-neutral, the effect of gender on children's education did not receive research attention for many years (Sik-Ying, 2002; Cushner *et al.*, 2003). For the most part, girls have not been considered educationally different from boys, yet the experiences of girls in school are in many ways quite different from the experiences of boys (Campbell, 2004). Also, the educational outcomes of girls differ from those of boys. In short, girls who sit in the same classrooms as boys, and take the same examinations as them, often are not treated in the same way as boys and consequently may not achieve the same educational outcomes as boys (Cushner *et al.*, 2003).

Research on gender and education in Africa exemplified by Mama (1996), Wamahiu and Chege (1996), and Chege and Sifuna (2006) highlights differences in enrolment, participation and achievement of boys and girls. It has also been established that in most developing countries, girls do not always receive the same educational experiences or opportunities as boys. Even when given the same opportunities to be in school, girls typically face formidable barriers towards the completion of their studies. For instance, while most girls in Kenya are initially enrolled in primary school, approximately 65% of

them drop out before completing Standard Eight (MYW, 1999). As in the rest of Africa, many of the barriers that girls face in striving to stay in school are either directly or indirectly related to reproductive health, sexual behaviour and maturation (Njau & Wamahiu, 1994). Thus, some of the main causes of drop-out incidence in Kenya include early marriage, pregnancy, lack of gender-appropriate facilities in school (such as latrines), low self-esteem, lack of finances, harassment by male teachers and pupils and the low value placed on the education of girls by their parents and society in general (MYW, 1999; Chege & Sifuna, 2006; RoK, 2006, UNICEF, 2008).

In relation to HIV/AIDS, girls' educational participation and achievement is affected more than that of boys because, as research has shown, girls bear the disproportionate burden of caring for the PLWHAS (Ochieng, 2004; Ruto, Chege & Wawire, 2008). When girls are orphaned by AIDS, they tend to be stigmatized more than their male counterparts while in school, resulting in their leaving school earlier than boys (Ochieng, 2004; Chege & Sifuna, 2006, Ruto, Chege & Wawire, 2008). This situation poses greater risks for girls to be infected by HIV, as Kelly (2000) argues that spending the better part of one's life in school keeps them away from risky situations. Schooling in itself then becomes a protector against infection by HIV. When girls leave school earlier than boys, it also means that they are bound to miss out on school-based HIV/AIDS education programmes that benefit their male counterparts.

Efforts of getting girls to schools in the early 1990s were basically directed at addressing the economic, social and cultural barriers to girls' education (King & Hill, 1993), yet

there was hardly any research on what happened to children when they got to school. It is only in the late 1990s and the 21st century when researchers such as Chege and Mati (1997); Leach and Machakanja (2000); Mirembe and Davis (2001); Pattman and Chege (2003) and Leach (2004) begun focusing on the fact that schools can be unsafe for girls. These researchers concur that schools in sub-Saharan Africa are sites for high levels of gender and sexual violence, especially directed at girls, exposing them to a greater risk of infection by HIV. According to Chege (2007), school girls are not always able to report violence meted against them particularly by male teachers and peers due to the nature of power relations between the girls and perpetrators of the violence. This creates a contradictory picture of schools, which are supposed to be the safe fora for teaching HIV/AIDS education, yet at the same time they serve as locations for high-risk sexual violations.

Gender violence against girls is likely to be more complex in refugee camp situations where girls and boys have already been traumatized by war and have lost parents, or have parents who are unlikely to offer them support. In the absence of literature, it is logical to argue that this situation could problematise the teaching and learning of HIV/AIDS education, where girls and boys are disempowered in the presence of unfamiliar teachers and communities. Since studies on gender and education in Kenyan schools has concentrated on regular school situations, which are relatively homogeneous in cultural, religious and linguistic orientation, there has been a knowledge gap regarding how gender relations interacted with other socio-cultural dynamics such as ethnicity, multicultural and religious factors in classroom situations in non-regular settings such as

refugee camp schools. This study sought to fill this gap with a special focus on HIV/AIDS education.

According to UNICEF and UNAIDS (2002), one popular version of being a man in the African societies is being powerful and ‘macho’. This is associated with hedonism, risk taking and is constructed in opposition to femininity, which is associated with care, emotional support and responsibility. In relation to masculinity and sexuality, a study by Pattman and Chege (2003) in regular schools in 7 countries in Africa, observed that boys view themselves as tough, active and free, and as possessing a powerful and even uncontrolled sex drive. In this regard, boys, in response to the presumed high libido, freedom and power, are expected to be irresponsible. This is because being responsible is constructed only as a feminine thing and hence ‘girlish’.

Given that HIV/AIDS education is concerned mainly with heterosexuality, responsible behaviour, care and support of the PLWHAS, as well as beliefs and practices that increase the spread of HIV/AIDS, it was important to research the teaching and learning of the subject in the context of interacting social constructs such as gender in multicultural and multi-religious contexts, with the aim of informing education policy. A study by UNICEF and UNAIDS (2002) in regular schools in Kenya noted a difference between the participation of male and female primary school pupils in HIV/AIDS education lessons. Reportedly, boys dominated the classroom discussion, yet teachers did not make an effort to bring girls on board. On the other hand, girls were for the most part quiet, shy, reserved and dropped their eyes when certain words were mentioned, for

instance, 'sex'. Notably, there was lack of data of this kind in relation to HIV/AIDS education in multicultural and multi-religious refugee camp schools, thereby necessitating a study of the kind carried out here. Most of the research on gender, HIV/AIDS and refugees, as seen in Mumah *et al.*, (2003) and GLIA and UNHCR (2004) were based on the 'out of school' contexts.

Studies by Boler *et al.*, (2003) and UNICEF and UNAIDS (2002) in regular Kenyan schools indicated that female schoolteachers found it uncomfortable teaching topics related to sexuality and HIV/AIDS to students of the opposite sex. On the other hand, some male HIV/AIDS education teachers appeared teacher-centred and failed to involve pupils in the lesson most of the time. The male teachers also tended to stereotype girls and women as carriers of sexually transmitted infections, hence potentially responsible for the spread of HIV/AIDS. Conversely, the teachers portrayed boys as innocent victims who need to be cautious of getting infected by the girls. Strikingly, there seemed to be no corresponding knowledge on the behaviour and experiences of male and female pupils and teachers in HIV/AIDS education classrooms in refugee settings. This study also sought to fill this knowledge gap through qualitative interrogation.

Refugees and Gender Dynamics in HIV/AIDS Education

Annika (1998) noted that refugee boys and girls were highly vulnerable to HIV infection in various ways including transactional sex, which reportedly existed at KRC. Mumah *et al.*'s (2003) study shows how primary school girls as young as twelve years engaged in transactional sex in an attempt to raise money to support themselves and their families. Refugee boys were not safe either; they sold their food rations and used the money to pay

for sexual services from older women, especially widows (Nkam, 1999). Domestic and sexual violence against women and girls was common at KRC, possibly contributing to the spread of HIV/AIDS (Mumah *et al.*, 2003). Refugee girls were reportedly raped by strangers who broke into their make-shift houses at night or as they carried out their daily activities, such as collecting firewood or fetching water. Sometimes rape resulted in forced marriages, especially when the refugee girls became pregnant whereupon their parents demanded compensation in form of dowry (Clacherty, 2005). This suggested that men with relative wealth had power and could abuse it by raping the girls, since they could afford compensating the girls' parents or even marrying them as younger wives. Boys at the camps were also at the risk of being physically and sexually assaulted by male relatives who were supposed to take care of them. There was lack of data demonstrating the implications a situation of this kind could have implications for HIV/AIDS education.

Socio-cultural practices that exposed boys and girls to HIV infection at KRC were a major risk to sexual health, according to Nkam (1999). For example, Female Genital Mutilation (FGM), which was widely practiced among the Somali refugees, who formed the second largest group at KRC (Munala, 2003), posed considerable risk to HIV infection. In addition, young girls were drawn from school to be married off as second or third wives to older and richer men who presented greater risk of HIV infection (UNHCR, 2002, Clacherty, 2005). In this context, value for HIV/AIDS education cannot be overemphasized. This study therefore set out to investigate how the diverse multicultural and religious beliefs and practices interacted with gender to influence the

teaching and learning of HIV/AIDS education at primary schools within and around KRC.

2.3.2 Religious Pluralism, Conflict and HIV/AIDS Education

Yinger (1970:7) defined religion as ‘a system of beliefs and practices by means of which a group of people struggles with the ultimate problems of human life’. Durkheim (1969:46), had looked at religion a bit more concretely but still in a universal manner. He defined a religion as:

A unified system of beliefs and practices relative to sacred things, that is to say, things set aside and forbidden beliefs and practices which unite into one single moral community of all those who adhere to them.

Undoubtedly, religion is a source of integration in a society, but it can also be a source of conflict. Peil and Oyeneye (1998) argue that there is always a tendency to feel that if one’s religious beliefs are true, all others must be false. Hence, one feels that he/she has a duty to eliminate these false beliefs. According to Lubeck (1985), religion has probably been responsible for deeper divisions within communities than any other source of conflict. For instance, sometimes white Europeans conceive ‘Allah’ (The Arabic version of God as used in Islam), as a ‘god’ (meaning less equal to God) for blacks or Arabs or Africans (God Names, 2009). Researchers such as McBrien (2009), Wingfield and Karaman (2001), demonstrate that Christians from many countries around the world, especially the USA, fear and despise the Islamic faith, equating it with terrorism. Goffman (1963/97) defines this kind of stigma attached to Muslims as ‘tribal stigma of religion’. This may explain why the admission of Muslim refugees to the USA dropped

sharply after the 11th September 2001 bombing of the USA twin towers through an act of terrorism (McBrian, 2009).

Kenya has had its share of religious conflict, albeit in relatively smaller scale. Being miniature societies, schools can easily reflect the religious tensions and conflicts portrayed in the larger society. The schools can either be a place that promotes discrimination, prejudice and undue fear, or one that demonstrates society's commitment to equity. As such, the idea of Muslim refugees being hosted in the same refugee camps as their Christian counterparts, as seen in the Kenyan DBRC and KRC, and receiving similar educational services, raises fundamental research interests for the teaching and learning of HIV/AIDS education.

Cushner *et al*, (2003) and Uphoff, (1993), who focused on regular schools in the West, pointed out various educational implications of religious pluralism in school settings, which if not addressed sensitively are potential sources of conflict. Notably, curriculum materials, subject content, school rules and customs, student services, school calendar decisions, scheduling of student activities, school diet, holiday celebrations, teaching materials and school financing could jointly or singly conflict with a community's religious beliefs and practices. It has also been observed that religious teachings may often conflict with specific tenets of health education, including HIV/AIDS education (Acosta, 1996). Galli, Greenberg, and Tobin (1987) examined the religious teachings of Judaism and found that many of its precepts were incongruent with what was taught in school-based health education in relation to human sexuality, nutrition and drug

education. While schools in Kenyan refugee camps were religiously pluralistic, there was lack of data to inform on how apparently emotive issues influenced the teaching and learning of HIV/AIDS education in a refugee setting. In addition, data on how teachers and pupils from the diverse religious orientations positioned themselves and negotiated the HIV/AIDS education was clearly absent.

In Kenya, HIV/AIDS education, when located in the context of sexuality education, has often elicited resistance among major religious groups, Christianity and Islam alike. Comparatively, education in the USA particularly in schools, is increasingly being suborned by those with a religious agenda. Additionally, sex education for young people is also focusing more on morality and less on physical know-how (AVERT , 2009). In Kenya, Christian religious education about the dangers of HIV communicates to young people that sex before marriage is sinful, that condoms don't work and that they should practice sexual abstinence until marriage. This reflects the Vatican's view, for example, that 'abuse occurs whenever sex education is given to children by teaching them all the intimate details of genital relationships'. The Pope and the head of the Vatican's office on family issues have also endorsed the contentious claim that sperms and HIV can pass through latex condoms. This has been proven to be wrong.

According to the Vatican Magazine (2009), safer sex is "...a dangerous and immoral policy based on the deluded theory that the condom can provide adequate protection against AIDS" (The Vatican/pontifical council for the Family). On a trip to African countries in March 2009, Pope Benedict XVI reaffirmed the controversial view of the

Vatican that condoms were not the answer in the fight against HIV/AIDS, and that they could even make the problem worse. Even though his comments were condemned by many around the world, and also led to considerable debate (The Guardian, 2009), it is arguable that the stated position by the Vatican's topmost authority has portentous impact, not only on the Catholics, but also on the general public.

Literature reveals that matters of sexuality and HIV/AIDS education also encounter conflicting positions among Muslims around the world. According to Heba and Kotb (2004), some Muslim parents view sex as dirty and feel uncomfortable discussing the topic with their children, yet they do not mind the same being taught to their children in school by secular teachers, peers and the media. Other Muslim parents feel that the topics of sexuality and HIV/AIDS should not be discussed at all because they could encourage young children to experiment with sex. Despite these debates, Muslim scholars observe that HIV/AIDS education is an important subject for school children (Jenny & Mark, undated) arguing that teenagers and adolescents are curious and will always search for answers if they have nowhere or no one reliable to go to. Because of embarrassment, they will go to any readily available source which may provide wrong information. The Islamic leaders who see HIV/AIDS education as important explain that the Koran looks at life holistically and discusses all topics including sex. In the same light, some Islamic scholars have argued that Prophet Mohammed did not shy away from discussing all topics related to sexuality even with people of the opposite sex and, therefore, those who claimed to follow his example needed to do the same (Heba & Kotb, 2004).

Gender mixing in the context of Islamic religion and in relation to HIV/AIDS education is a contentious issue. Some Muslim teachers have argued that they must teach pupils of their own gender while others have insisted that Islam promotes gender equality, therefore teachers are free to teach any category of pupils regardless of their gender (Jenny & Mark, undated). In this context, religious organizations have the potential either to be partners in/or obstacles to combating the HIV/AIDS epidemic (Green 2003b; Hunter 2003). This is one reason this study sought to understand the role of religious organizations with regard to the influence of their beliefs and practices to refugee HIV/AIDS education.

Considering that the majority of the African population, including that of Kenya is Christian (70%) or Muslim (20%), portraying a high level of religious participation (Barrett, Kurian, and Johnson 2001), it is important to understand the role of religion in HIV/AIDS education in the classroom. According to Liebowitz (2002) and Pfeiffer (2002), religious organizations in Africa countries, including Kenya, play a major role in the provision of care for PLWHAS, as well the provision of HIV/AIDS education. Leaders at the congregational level have frequent contact with their members. They are also highly esteemed and influential to members of their communities (Pfeiffer 2004b). Documenting the role of religious leaders in promoting sexual behaviour change in Nigeria, Orubuloye, Caldwell and Caldwell (1993) found for example that religious leaders were regularly addressing the dangers of HIV by encouraging their members to refrain from sexual relations outside of marriage.

In Kenya, according to Ochieng' (2004), Christian leaders convey messages about the dangers of HIV through preaching and, less frequently, through personal discussion with

church members. Muslim leaders, on the other hand, tend to emphasize the importance of leading exemplary sexually upright lives as means to the prevention of HIV infection. Despite the active role they play, the influence of religious organizations on school-based HIV/AIDS education has not yet been a topic of rigorous scholarly inquiry.

Researches done outside the school setting in South Africa (Garner, 2000) and Zimbabwe (Hill, Cleland & Ali 2004) show that members of Pentecostal and African Independent Churches (AIC) exhibit reduced risk of HIV infection, due in part to their reduced likelihood of having extramarital partners when compared with members of other religious groups. A study by Trinitapoli and Regnerus (2004) in rural Malawi has revealed a similar protective effect of membership in a Pentecostal church for married men. These findings suggest that adherence to religious teachings is associated with reduced risky behaviour. Further, other research suggests that because of restrictions on sexual behaviour and the prohibition of consumption of alcohol coupled with the practice of male circumcision, Muslims in Africa, including Kenya, tend to experience reduced levels of risk in contracting HIV (Gray 2004; Gray *et al.*, 2000). For instance, the Northeastern province of Kenya, which was Muslim dominated, had the lowest HIV prevalence rates. However, there was lack of research-based data to show how members of different religious denominations interacted with school-based HIV/AIDS education as gendered pupils and teachers in multi-religious settings such as refugee camps. This study selected the KRC in Kenya to address this gap and broaden the existing knowledge base.

In Kenya, some scholars have argued that Christianity, Islam and the traditional African religion have all impacted on the spiritual psyche of the Kenyan personality (Kenya, 2002). However, there was no research-based evidence to demonstrate the veracity of this argument in the context of HIV/AIDS interventions. While the originators of the Christian church in the Western world have come to terms with the AIDS epidemic and entertain prevention measures such as the use of condoms, churches in Africa, including Kenya, continue to condemn the use of condoms (Kenya, 2002; UNICEF & UNAIDS, 2002; Boler *et al.*, 2003). Some Kenyan Churches have in fact burnt condoms in public to make their point in concrete terms (Kenya, 2002). While studies in Kenyan schools are yet to evaluate the consequences of this kind of action on the teaching and learning of HIV/AIDS education, the position of this study is that such actions are likely to influence HIV/AIDS education and its impacts. This is bearing in mind that in Uganda for example, because the church quietly agreed that it would not publicly discredit the prevention measures advocated by the government and other stakeholders (Kenya, 2002), the Uganda government was able to popularize preventive measures including condom use hence help reduce HIV infection.

Observations such as the fact that conflicts based on religious plurality were evident at KRC are of great interest to this study. There were more than thirteen churches with different faith and practices, all of which had been put up by refugees themselves (UNHCR, 2005). These include Catholic, Anglican, Orthodox and Lutheran, among other churches. Refugees of all ages and nationalities attended the services and teachings scheduled from Monday to Sunday. Muslim refugees had about ten mosques around

KRC where they carried out their normal services and the teaching of the Koran to their children and youth. Nkam (1999) observed that religious teachings, which also touched on matters of sexuality and gender, had a strong hold on the psychology of believers, who included refugee pupils and teachers of HIV/AIDS education. Hence, this study sought to explore the interaction between secular and religious teachings with regard to HIV/AIDS education in the context of a multicultural and gendered refugee community at KRC. The question of possible conflicts between religious beliefs and the web of other social complexities that influence HIV/AIDS education was a key focus area. This was so, particularly considering findings by a UNHCR (2002) study at KRC that Somali Muslim girls and women were conspicuously absent from HIV/AIDS education ‘*barazas*’. This was because their religion apparently prohibited men and women sitting together to discuss sex openly. The following section reviews literature related to multiculturalism, ethnicity, diversity and HIV/AIDS education.

2.3.3 Multiculturalism, Ethnicity, Diversity and HIV/AIDS Education

Culture comprises a complex web of information that influences societal beliefs, consequently directing an individual’s actions, experiences and perceptions of events (Campbell, 2004). According to Hansen (1979), we all learn a culture as children and through it, we learn a broad series of assumptions about people and the world. We then perceive new incidents and new people through the lens of these assumptions and respond accordingly. When people of different cultural backgrounds such as races, ethnicities, religions, languages and traditions are included in a particular life situation such as community, education or work, the situation is referred to as multiculturalism

(Grant & Gomez, 1996; Cushner *et al*, 2003; Campbell, 2004). Religion is part of multiculturalism but because of the nature of complexities entailed, a separate section 2.3.2 has been presented on this issue.

Multiculturalism is not a new concept in education. During the earlier years of massive immigration in the American society from about 1870 to around 1920, diversity in school was largely perceived as a challenge to assimilation of children from different nationalities (Cushner *et al*, 2003). The idea of a ‘melting pot’ was used to describe the process of helping immigrants shed their native languages, learn English and assimilate into the dominant American culture. Assimilationists believed that for a society to advance, individuals must give up their ethnic identities, languages and ideologies in favour of the norms and values of the dominant culture. Hence, the goal of schooling was to make it possible for everyone to be ‘melted’ into a homogeneous whole. Assimilationists were later to discover that it was impossible for all the contents of the pot to actually melt, metaphorically stating. This situation could apply to refugee populations who may find it difficult adapting to the language and cultural practices of any dominant community because in most cases, the refugees, who are often traumatised, are forced by circumstances to relocate to the host communities and even live with refugees from diverse cultural backgrounds. As such, refugees may not find enjoyment in dropping part of their cherished cultural values as voluntary immigrants are wont to do, they are ‘forced’ migrants. Cultural aspects, particularly those linked with gender and sexuality, that refugees from different cultural backgrounds are likely to stick to, would

most likely affect the teaching and learning of HIV/AIDS education in ways worth researching.

In response to challenges posed by the assimilationist ideology, cultural pluralism emerged as a more democratic strategy (Banks, 1995) that allowed immigrants to maintain their ethnic cultures and institutions within the greater society. According to Cushner *et al.*, (2003) the pluralist used the analogy of a 'salad bowl' and insisted that in order to have a rich, nutritious salad (society), it was necessary to include the best of a variety of cultures. Thus, the pluralists see the goal of schooling as the promotion of the interests of identity groups (racial, ethnic, religious etc). They stress the importance of a curriculum that addresses different learning styles and patterns of interaction that fully recognizes students' cultural histories and diversities. The assumption is that the more congruent the school experience is with the other experiences of the child, the better the child's chances of success (Campbell, 2004). In this view, it is possible for refugee pupils and teachers to retain some of their cherished cultural beliefs and practices, and use them to enrich the teaching and learning of HIV/AIDS education as well. There was need to find out how this concept was effected, if at all, among the pupils.

Cushner *et al.*, (2003) and Campbell (2004) point out that multicultural educationists advocate for an education that seeks to appreciate and accommodate values, traditions and languages of all the cultural groups represented in the classroom. This situation should seek to encourage students to learn from the experiences of 'others' in the classroom while not losing sight of their own values, beliefs, traditions and languages.

However, studies in multiculturalism and education show that differences in race, social class and language backgrounds of teachers and students, in addition to sexual and gender orientation of teachers, often leads to unjust and inequitable treatment of those who are seen as ‘others’ (Gomez 1994; Grant & Gomez, 1996). The differences often result in conflict which is based on negative perspectives or biased beliefs and classroom actions towards some of the children. Paley (1991) observes that required changes in teachers’ beliefs and attitudes towards ‘others’ are often difficult and sometimes impossible to make even when the said teacher is highly motivated to do so. Notably, there is a dearth of knowledge that relates to effects of multiculturalism in Africa generally, and in Kenya in particular. This is mainly due to relatively fewer relevant studies compared to the American settings. This study sought to address this research gap with a view to contributing to new knowledge in the area of HIV/AIDS education among multicultural and multireligious refugee schools in Kenya.

According to Greene and Simons-Morton (1984), cultural beliefs and practices influence children’s perceptions regarding the seriousness of HIV/AIDS, their susceptibility to the condition, the benefits and costs, as well as barriers to taking preventive action. In pursuing a study on HIV/AIDS education as a preventive and health-seeking study, MacDonald’s (1988) argument that each culture embodies a set of beliefs and practices that influence health-seeking, health-maintenance and patterns of coping with illness, is guiding. Further, Acosta (1996) later argued that cultural, religious and ethnic beliefs and values need to be integrated into health education programmes including HIV/AIDS education, in order to increase the effectiveness of the programmes. According to these

scholars, students are more likely to adapt healthful recommendations when what is taught is consistent with their cultural beliefs and practices. In this context, this study sought to contribute to existing knowledge by establishing the extent to which HIV/AIDS education programmes in Kenya are consistent with the diverse cultural beliefs and practices of the different cultural groups of refugee pupils.

According to the UNHCR data, cultural and ethnic pluralities among refugees at KRC reflected urbanites from Burundi, Rwanda and Ethiopia as well as pastoralist refugees of Sudanese, Somali, Ugandan and Ethiopian origin. According to Aukot (2003), this diversity sometimes caused conflict even in the day-to-day lives of refugees. For instance, the Dinka ethnic tribes, the Bor and the Bahrelgazal, were often fighting each other based on political conflicts from their country of origin, Sudan. Yet the two sometimes ganged up against the Nuer tribe. Further, the Luo, a minority group, were considered 'outsiders' in the refugee community because their political stand over the war in Sudan was not clear to the other ethnic Sudanese.

According to Riungu (1999), clanism among the Somali community was also a source of conflict and violence because some clans claimed superiority over others. The Somali-Bantu were ostracised because of the fact that they were once 'slaves' in Somalia. The pattern was replicated among the Hutus and Tutsis of Rwanda as well as the Oromo and the Ethiopians, who carried with them their traditional animosities into the refugee camps. Arguably, the refugee camps can be described as many countries in one, a situation that yields considerable dynamics of conflict. Adelekan (2006) observed that this situation was fuelled by the strong emphasis placed on tribal grouping by the NGOs

at KRC when arranging for accommodation and social activities. He argues that this over-emphasis on ethnic and tribal leaning is detrimental to the integration of the different groups in the camp.

It is also notable that the host community perceived insubordination from both the refugees and the refugee agencies, who apparently appeared to sideline the local community in their own country in favour of 'outsiders' (Aukot, 2003; Riungu, 1999). The fact that pupils and teachers from host communities and those from refugee communities attended the same schools, raised research interests regarding the teaching and learning of HIV/AIDS education, which in turn touched on sensitive cultural and religious aspects of different groups of people.

Research done outside the school setting at KRC indicated, for example, that some cultural groups such as the Burundians and Somalis, which were represented at KRC, did not allow gender mixing during discussions concerning sexual and reproductive issues (Shiji, 2003). This begged the question of what happened in KRC co-educational and multicultural school settings, where HIV/AIDS education touching on sexuality and reproductive issues was taught.

In addition, HIV/AIDS education conflicted with cultural practices such as Female Genital Mutilation (FGM), polygamy, wife inheritance and early marriage which existed among some cultural groups at KRC and its surroundings. For instance, FGM was common among Somalis, who formed the second largest group of refugees at KRC, thus making HIV/AIDS education seemingly problematic to this group. This study sought to

establish if indeed it was problematic. In the same way, the Sudanese, who constituted the majority of refugees at KRC, practiced early marriage, which was inconsistent with the tenets of HIV/AIDS education. How schooling addressed this issue was a key concern of this study. This study was therefore designed to find out ways in which HIV/AIDS education was implemented in these conflicting and gendered contexts.

Adelekan (2006) observes, that drug and substance use also formed part of the important cultural practices maintained by Sudanese, Ethiopian and Somali refugee communities at KRC. For example, he links brewing and consumption of traditional alcohol such as '*chang'aa*', '*busaa*' and '*kadaa*' to Sudanese cultural norms, while he associates Somali refugees with '*khat*' chewing, and Ethiopians with alcohol, '*khat*' and tranquilizers. Excessive consumption of alcohol and drug use are more likely to encourage engagement in risky sexual behaviour, such as having multiple sexual partners, transactional sex, as well as engaging in unprotected sex. Instructively, gender-based sexual violence and crime, including rape, are often linked to these kinds of substance abuse. Arguably, substance abuse and gender-based violence have been linked to the spread of HIV and other STIs, and would thus have implications for HIV/AIDS education (Adelekan, 2006).

2.4 Summary of Literature Review

This chapter demonstrates that studies on HIV/AIDS education from the international, African and Kenyan contexts have tended to concentrate on regular school situations with specific focus on how the subject is taught. Since 1999 when HIV/AIDS was declared a national disaster in the Kenya, remarkably little attention has been paid to the education of refugee children in relation to HIV/AIDS education and this reveals a knowledge gap

that this study sought to fill. The chapter also shows how studies done in Kenyan refugee camps on HIV/AIDS mainly focused on the general refugee population outside the school settings, revealing a gap of similar knowledge within refugee school settings, hence making this study necessary. The next chapter looks at the methodology used in this study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter outlines the overall methodological framework and foregrounds the research process. In particular, the chapter describes the research design, study location, target population, sample size and sampling procedures. It further describes the research methods and tools of data collection, data analysis procedures and ethical considerations.

3.1 Research Design

This study adopted a case study design, which was implemented within the qualitative research paradigm. Case studies are used to compile comprehensive, systematic, and in-depth information related to a single, bounded unit of analysis (Kombo and Tromp, 2006; Patton, 1982). In a case study, the researcher makes a detailed examination of a single subject such as a pupil or a teacher, a group such as a refugee community and/or a phenomenon such as HIV/AIDS education. Orodho (2004) describes a case as an individual, an institution, a community or an episode. The researcher examines the entity being studied in-depth using a variety of data collection methods to produce evidence that leads to understanding of the case by answering specific research questions (Patton, 1982). A case study could use single or multiple real-life cases. When using multiple cases, each case is treated singly, and its conclusions can then be used as information contributing to the whole study. Researchers who use multiple cases, such as Morojele (2008), try to ensure that each case is unique in some way or represents certain typical characteristics such as gender, cultural or religious practice geographical region or size

parameters. However, Spring (1997) advises that the cases should satisfy the purpose of the study and answers the research questions posed. In this study, the multicultural and multi-religious characteristics of the KRC community necessitated conscious attention to the non-homogeneity of the research community, yielding instances where profiling of a single case is used to exemplify relevant real life situations.

The case study was appropriate in establishing a broad and in-depth understanding of how gender-related, multicultural and multi-religious factors influenced HIV/AIDS education at primary schools within and around KRC. The key unit of analysis was the school. The study utilized multiple cases represented by several schools, each representing some unique characteristics based on the gender of the pupil population for KRC schools or religious background for the host community schools. All the schools shared at least two characteristics pertinent to this study, namely, the teaching of HIV/AIDS education and presence of multicultural school populations of pupils and teachers from refugee and host communities (See Section 3.3.1).

The advantages of case studies which were of particular benefits to this study include the conceptualization, operationalization and measurement of qualitative variables (conceptual validity), the avoidance of conceptual stretching, the heuristic identification of new variables and the inferences made possible by combining within-case and cross-cases analyses (Collier, 1993). The case study approach provided diverse opportunities for generating qualitative data, and was therefore commensurate with the qualitative research paradigm that guided this study.

This study benefited from use of qualitative research which entails sets of methods, techniques and procedures that provide a means of accessing unquantifiable facts about the people that the researchers observe or talk to (Berg, 1989). According to Spring (1997), the strength of qualitative research is its multi-method focus, involving a naturalistic approach to its subject matter. This means that qualitative researchers study subjects in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Hence, personal experience, introspective, life story, interview, and visual texts, which entail the described routine as well as problematic moments and meaning in individuals' lives, were major sources of primary data (See Denzin & Lincoln, 1994 in Newman & Benz, 1998). Since qualitative studies are founded on the belief that multiple realities exist, and valid multiple interpretations are available from different sources, the nature of the research dictated the choice of the research questions. From this perspective, the researcher took into consideration the fact that the outcomes of this study would reveal perspectives and knowledge of a qualitative nature (Newman & Benz, 1998). The case study design and the broader qualitative research paradigm guided the entire research process, from sampling to data analysis.

3.2 Study Location

Kakuma Refugee Camp is located in the Kakuma administrative division of Turkana South, which by the year 2008 formed part of the larger Turkana district (See Appendices 17 and 18). The latter has since been divided into North and South Turkana districts. The larger Turkana district is one of the remotest semi-arid parts of the Rift Valley Province of Kenya. KRC is administratively divided into three sub-camps: Kakuma 1, Kakuma 2

and Kakuma 3. Each sub-camp is divided into 6 zones/phases, which are further divided into blocks made up of households (UNHCR, 2006). Kakuma is characteristically a drought-stricken geographical region with temperatures averaging 40⁰c. Hardly anything grows agriculturally, thus making famine a major challenge. The severe droughts, linked to economic setbacks, have made it impossible for residents to eke out a basic living (Aukot, 2003; RoK, 2002). The Turkana people constitute the native community and are basically pastoralists who herd mainly goats and donkeys.

The Kakuma Refugee Camp was established in 1992 to cater for the large number of refugees fleeing the war-torn Southern Sudan. By the year 2006, KRC was hosting approximately 87,507 refugees from ten different nationalities, most of whom had come there due to the closure of urban camps as well as continuous influx of refugees from the neighbouring countries. The camp comprised Sudanese (78.55%), Somalis (16.6%), and Ethiopians (3.25%). Rwandese, Burundians, Congolese, Eritreans and Central Africans, collectively formed the remaining 1.59% of the refugee population. KRC had 1 major referral hospital and 5 clinics. There was 1 primary teacher training college (which has since been closed), 5 secondary schools, 24 primary schools, several nursery schools and a number of informal training centres.

KRC was purposively selected because firstly, unlike DBRC that comprises 3 physically separate camps, the former is one camp. Secondly, KRC provided diversity in its refugee population in terms of nationalities as well as ethno-cultural and religious backgrounds. These attributes were also reflected in the primary school population. This diverse

cultural representation was bound to influence the teaching and learning of HIV/AIDS education. Thirdly, KRC recorded HIV prevalence of 5% in 2004, which was comparatively higher than that of the Daadab camps. The latter recorded a prevalence as low as 0.5%. This observation elicited research interests with the aim of generating knowledge regarding the role of HIV/AIDS education in KRC. Lastly, unlike other refugee camps around the world whose population is mainly women and children, the KRC population is heavily skewed towards male youth who live alone without family members, and who may be implicated in the HIV infections.

3.3 Target Population

At the inception of this study in 2007, KRC had 24 primary schools with a total enrolment of 21,287 pupils (15,660 boys and 5,627 girls) (UNHCR, 2007). However, the number of schools and pupils decreased after the repatriation of Sudanese refugees in early 2008. By February 2008 during data collection, KRC had only 10 primary schools with a total enrolment of 10,302 pupils. Out of this total, 6,761 were male and 3,541 were female. The Sudanese, who formed the majority, comprised around 76% of the primary school pupils' population, followed by the Somalis with 17%. All the other nationalities were represented in small numbers as indicated in Table 3.1. The number of pupils at KRC primary schools kept changing due to the transient nature of the refugee population.

The main target population in this study were Standard 7 pupils from primary schools at KRC and the surrounding host community.

Table 3.1 Refugee pupils at KRC by Nationality and Class Levels by May 2008

Nationality	Std 1		Std 2		Std 3		Std 4		Std 5		Std 6		Std 7		Std 8		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Sudanese	20	12	664	613	747	443	788	488	701	333	685	230	736	197	990	167	5331	2483	7814
Somalis	209	173	156	157	209	212	151	75	96	56	77	35	68	24	45	6	1011	738	1749
Ethiopian	48	39	16	17	35	27	27	28	29	21	26	13	20	12	36	10	237	167	404
Congolese	17	9	15	8	14	11	19	12	4	11	11	12	12	5	7	6	99	74	173
Ugandans	24	27	3	1	7	4	2	1	0	5	5	3	1	1	6	4	48	46	94
Rwandese	1	1	2	2	0	3	2	2	1	1	1	3	1	4	1	2	9	18	27
Burundians	1	1	2	0	2	1	2	1	1	2	1	1	0	0	1	1	10	7	17
Eritreans	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	3	3
Kenyans	0	0	0	0	0	0	1	0	2	0	4	2	2	1	7	2	16	5	21
Sub-total	320	262	858	799	1014	701	992	608	834	429	810	300	840	244	1093	198	6761	3541	10302
Total	582		1657		1715		1600		1263		1110		1084		1291		10302		10302
%	55%	45%	52%	48%	59%	41%	62%	38	66%	34%	73%	27%	77%	23%	85%	15%	66%	34%	

The study population comprised 265 teachers at KRC primary schools and approximately 250 teachers from the host community. Out of the 265 host community teachers, 42 were qualified P1 teachers, 213 had undergone some form of in-service training that did not necessarily lead to P1 qualification, and 10 were untrained teachers as Table 3.2 illustrates:

Table 3.2: Teaching Staff at KRC Primary Schools by Nationality and Qualification as at May 2008

Nationality	P1 Qualified			In-service trained			Untrained			Grand Total		
	M	F	T	M	F	T	M	F	T	M	F	T
Sudanese	6	0	6	105	8	113	0	0	0	111	8	119
Somalis	0	0	0	8	0	8	0	0	0	8	0	8
Ethiopian	7	0	7	44	0	44	0	0	0	51	0	51
Congolese	1	0	1	12	5	17	0	0	0	13	5	18
Rwandese	1	0	1	2	1	3	0	0	0	3	1	4
Burundians	0	0	0	1	1	2	0	0	0	1	1	2
Ugandans	1	0	1	4	0	4	0	0	0	5	0	5
Eritrean	0	0	0	0	0	0	0	0	0	0	0	0
Kenyans	18	8	26	17	5	22	7	3	10	42	16	58
Total	34	8	42	193	20	213	7	3	10	234	31	265

Source: Lutheran World Federation (LWF) Records 2008

In addition to the number of teachers indicated in the table above, every school had an additional teacher for HIV/AIDS and reproductive health education working for NCCK. This portrayed the seriousness with which the schools embraced HIV/AIDS education.

Since all subjects integrated HIV/AIDS education, all primary school teachers at KRC and the surrounding host community were of interest to this study regardless of their teaching subject, gender, refugee status, age or professional qualifications (Ref. Section 4.2 for other considerations in classifying teachers at KRC). Headteachers, religious leaders, community members and NGO officials also served as sources of information.

3.4 Sample Size and Sampling Procedure

3.4.1 School Sites

Stratified random sampling and purposive sampling were employed in the selection of the primary schools which participated in this study. Stratified random sampling in this study involved dividing the population into homogeneous sub-groups and then taking a simple random sample in each sub-group (Kombo & Tromp, 2006). The sample was selected in such a way as to ensure that certain sub-groups in the population such as gender, religious affiliation, nationality and age group were represented. Hence, the first step in stratified random sampling involved dividing schools into 2 major categories of 10 schools each. The categories entailed the 10 KRC schools and the 10 host community (HC) schools respectively. The second step focused on each of the 2 school categories. A total of 9 of the 10 KRC schools were categorised by the sex composition of the pupil population, namely same-sex versus co-educational schools. The 10th KRC school was left out because it had been used for purposes of piloting the study. This resulted in 3 categories of KRC schools, namely 1 girls' school, 1 boys' school and 7 co-educational schools. Since there was only 1 girls' school and 1 boys' school at KRC, the 2 automatically qualified to participate in the study. In the third category comprising 7 co-educational

schools, the name of each school was written on a piece of paper, which was then folded and placed in a lottery bowl. The bowl was shaken and only 1 school was randomly picked. Hence, the KRC school sample consisted of 3 schools; 1 girls', 1 boys' and 1 co-educational school. The schools were then given pseudonyms for ease of identification during the data analysis process. The table below illustrates the 3 KRC sample schools by their population and pseudonyms:

Table 3.3: KRC Sample School Pupil Population by Gender

	Peace Co-educational School			Patience Girls'	Liberty Boys'
Class	Girls	Boys	Total	Girls	Boys
1	45	80	125	00	00
2	60	120	180	00	55
3	40	100	140	00	56
4	40	90	130	00	50
5	25	50	75	34	68
6	20	48	68	35	54
7	15	40	55	34	47
8	05	42	47	30	138
Total	250	570	820	133	468

The host community schools were all co-educational. Purposive sampling was used to select 3 schools in this category. In purposive sampling, a subject or element is selected because it is considered either a typical or outstanding example of the variables with which the research is concerned (Peil, 1995). The 3 host community schools chosen were selected based on religion, which like ethnicity, was a major factor in this study. The first school was purely Islamic, the second was Catholic while the third was Protestant. The

Islamic school mainly consisted of pupils from the Somali community residing at KRC and the surrounding host community. The 2 host community schools with Christian backgrounds mainly consisted of Turkanas from the local community and refugees of Sudanese nationality. While the pupil population of the HC Islamic school was mainly Muslim, the Catholic and Protestant schools' population was mainly Christian from mixed denominations that did not necessary reflect the religious background of the school. All the 3 host community schools were co-educational and were given pseudonyms just like the KRC schools. The inclusion of the surrounding host community schools in the study helped provide insights on links between the HIV/AIDS education program at KRC schools and the schools in the host community. Table 3.4 below illustrates the sampled host community schools by their pseudonyms and populations:

Table 3.4: Host Community Sample School Pupils by Population and Religious Sponsorship

	Joy Co-educational , Catholic			Charity Co-educational, Protestant			Prudence-Muslim Academy		
Class	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	146	66	212	60	66	126	11	10	21
2	155	80	235	49	62	111	12	06	18
3	202	99	301	53	28	81	14	10	24
4	199	93	292	55	27	82	11	05	16
5	168	65	233	48	37	85	06	05	11
6	167	80	247	63	37	100	10	03	13
7	185	70	255	76	33	109	08	08	16
8	140	41	181	41	19	60	11	04	15
Total	1362	594	1956	445	309	754	83	51	134

In total, the study utilized a sample of 6 schools as outlined below:

- (i) KRC girls' school
- (ii) KRC boys' school
- (iii) KRC co-educational school
- (iv) Host community Catholic school
- (v) Host community Protestant school
- (vi) Host community Muslim school

All the 6 schools were multicultural and offered HIV/AIDS education.

3.4.2 Study Subjects

Pupils

All Standard 7 pupils from each of the 6 schools sampled were purposively selected, yielding a total of 516 pupils (356 boys and 160 girls) who all participated in drawing. Of this total, there were 300 Sudanese, 91 Kenyans, 77 Somalis, 21 Ethiopians, 11 Congolese, 6 Ugandans, 5 Rwandese, 3 Burundians and 2 Eritreans. Class teachers and prefects assisted the researcher to draw sitting plans for all classrooms that participated in this study. The sitting plans indicated positions of all the desks as well as gender, cultural and religious details of pupils utilizing the desks. This enabled the researcher to identify religious and cultural backgrounds of pupils whose information was recorded manually during classroom observation. Standard 7 pupils were selected because they had experienced HIV/AIDS education for a longer period than pupils in Standard 1 to 6. They could therefore comfortably comment on the subject. Standard 8 pupils were left out of this study because they were busy preparing for Kenya Certificate of Primary Examinations (KCPE).

A total of 16 Standard 7 pupils (8 boys and 8 girls) were selected from each co-educational school for purposes of FGDs. Similarly, 8 Standard 7 pupils were selected from each of the girls' and boys' schools for the same purpose. Table 3.5 below shows the number of Standard 7 pupils selected for purposes of FGDs from each sample school.

Table 3.5: Number of Pupils Selected for FGD Purposes by School and Gender

School	Std 7 Boys	Std 7 Girls	Total
Peace Co-educational	08	08	16
Patience Girls	-	08	08
Liberty Boys	08	-	08
Joy Co-educational	08	08	16
Prudence Muslim	08	08	16
Total	32	32	64

Teachers

Teachers were purposively selected for FGDs in order to include all nationalities represented, as well as all subjects, since HIV/AIDS education had been infused and integrated across the curriculum. The NCKK HIV/AIDS and reproductive health education teachers were also included in the sample. As a result, a total of 48 teachers were selected. Out of this number, 39 were male and 9 were female (See Table 3.2 for total number of teachers and their nationalities).

Headteachers

All 6 headteachers (all male) of the participating schools took part in this study. Being in leadership positions, headteachers were expected to offer insights, through interviews, about what happened in their schools each day in relation to HIV/AIDS education. They were also in a position to explain some of the cultural and religious factors that were ‘external’ to the school, but influenced the teaching and learning of HIV/AIDS education in relation to gender.

Community members

Community members who were also parents in participating primary schools were purposively selected to take part in this study, regardless of whether their sons and daughters had been selected in the sample. The head teachers assisted in the selection of parents who showed an interest in school activities. The initial plan was to select 8 male and 8 female community members from the different communities represented in each school, so as to give a total of 96 parents. However, only 39 parents, 23 of whom were male and 16 female managed to participate in this study through FGDs (See Section 3.6 for reasons of this bias and how it was circumvented).

Religious leaders

A total of 4 male religious leaders, of which 1 was Catholic, 1 Protestant and 2 Muslims were purposively selected for interview purposes. In the same way, 2 female religious leaders, 1 catholic and 1 protestant were selected, giving a total of 6 religious leaders who participated in this study. Notably, there was no female Islamic religious leader within and around KRC to participate in this study. Only those religious leaders who worked

closely with primary school pupils and other community members on matters of HIV/AIDS education at KRC and the host community were selected.

NGO Staff

NGO staff were purposively selected for interview purposes. The sample composed, 1 female NCK officer who was in leadership position. The NCK was explicitly and practically involved in HIV/AIDS and Reproductive Health education in schools and communities within and around KRC. Also, 1 male officer was selected from International Rescue Committee (IRC), the organization that coordinated all health related matters, including issues of HIV/AIDS within KRC on behalf of UNHCR. The selected officers gave information on the activities of their organization related to HIV/AIDS education. Table 3.6 below illustrates the number of respondents involved in the study.

Table 3.6: Number of Respondents Involved in the Study by School

Participants	Peace	Liberty	Patience	Charity	Joy	Prudence	Others	Total
Male Headteachers	1	1	1	1	1	1		6
Female Teachers	1	2	2	1	0	3		9
Male Teachers	7	6	6	7	8	5		39
Male Pupils	40	47	0	76	185	08		356
Female Pupils	15	0	34	33	70	08		160
Female Parents	5	4	0	4	5	5		23
Male Parents	0	3	0	4	4	5		16
Female Rel. leaders	-						02	02
Male Rel. leaders							04	04
Male NGO staff							01	01
Female NGO staff							01	01
Total	69	63	43	126	273	35	08	617

In total, 617 individuals comprising 422 males and 195 females, were involved in this study. Of this total, there were 330 Sudanese, 130 Kenyans, 85 Somalis, 33 Ethiopians, 17 Congolese, 8 Ugandans, 8 Rwandese, 4 Burundians and 2 Eritreans. Hence, the majority of respondents, a total of 487 out of 617, were refugees, and only 130 were Kenyans from the host community. Similarly, 516 out of 617 were primary school pupils comprising 356 boys and 160 girls. The sample consisted of more boys than girls because the KRC and HC school populations were male-dominated.

Whereas the UNHCR registration showed that the male to female ratio at KRC was 1.8:1.0 (UNHCR, 2008), approximately 68% of the study sample was male. This showed that, unlike most refugee situations where the majority are women, men and boys formed the majority of the population at KRC. In contrast, the sample for parents from the surrounding host community, majority of them Turkana, had a male to female ratio of 13:14. This was attributed to the often absentee Turkana husbands in the home. Most of the Turkana men were reportedly either out tending to animals or attending to other economic and social activities while women and children worked at home. All the respondents in this study were given pseudonyms in order to ensure confidentiality.

3.5 Methods and Tools for Data Collection

This study utilized qualitative methods of data collection. These included observation, semi-structured interviews, drawings, documentary analysis and FGDs. The use of the various methods of data collection allowed for triangulation for validation of information. They also helped to provide comprehensive in-depth information about the respondents’

experiences and perceptions of the interactive nature and influence of gender, culture and religion on HIV/AIDS education. Cassel and Symon (1993) and Spring (1997) argue that triangulation of data by use of a multi-method approach is essential to answering many important questions involving complex processes engaging a number of actors.

3.5.1 Semi-structured Interviews

Interviews were conducted with headteachers, the NCKK field officer, the IRC officer and religious leaders using a semi-structured/open-ended face-to-face interview guide. A list of specific issues and questions were explored in the schedule (See Appendices Nos. 2, 4, 8&9). According to Kane (1995), semi-structured interviews allow for conversations and follow the social rules appropriate to the people being interviewed. The interviews encouraged respondents to give insightful information on the interactive influences of multiculturalism, religion and gender on HIV/AIDS education within schools. Consequently, this method generated insights into the various respondents' views, opinions and perceptions of the topic. In addition, the open-ended interviews allowed the interviewer flexibility to pursue ideas and thoughts that emerged during the interview, thus enhancing clarity of the issues.

The headteacher interview specifically sought information on awareness of the Education Sector Policy on HIV/AIDS education, as well as the implementation of the HIV/AIDS education curriculum and various HIV/AIDS education teaching and learning activities used in schools. Headteachers also gave their views regarding how gender, culture and religion interactively influenced the teaching and learning of HIV/AIDS education. The

interview with NCKK officer interrogated the role of NCKK as a major partner in implementing HIV/AIDS education at KRC schools. It also explored the extent to which the partnership influenced the subject in relation to multiculturalism, gender, as well as religious beliefs and practices. The IRC officer described the role of his organization in implementation of HIV/AIDS education in schools and the community within and around KRC.

3.5.2 Observation

Observation attempts to derive data directly rather than relying on the report of the subject, as is done in the case of interview (Kombo & Tromp, 2006). According to Peil (1995), observation involves more than just looking at what is going on. It also includes listening, asking questions and often participating in the activities of the group to get first hand experience of what daily life involves. Observation varies on a continuum from complete participation of the observer to complete non-participation where the observer takes no part at all and has no contact with those being observed (Patton, 1982). In this study, a semi-structured direct observation guide was used during classroom teaching to record and analyze what, and how, HIV/AIDS messages in relation to gender, were communicated to pupils. It also provided information on how pupils from different cultural and religious backgrounds engaged with the subject. The general classroom atmosphere, as well as the gender dynamics that formed part of the hidden curriculum were also recorded for analysis. A semi-structured observation guide was preferred because it allowed for considerable flexibility in the research process. The observation was systematic rather than haphazard or opportunistic so as to provide valid results. The

researcher sat in the HIV/AIDS education classrooms and manually recorded direct observations of what was happening (See Appendix No. 6).

3.5.3 Focus Group Discussions (FGDs)

According to UNESCO (2005), FGDs comprise a group of between 6 and 12 persons who are facilitated by the researcher/moderator to reflect and discuss specific issues of interest to a study. In FGDS, there is major interaction among the members, who work through an idea, issue or problem that the researcher has selected. In addition, the group interaction, rather than provision of answers to questions, produces insights to communicate perspectives. FGD participants may argue points, correct one another, give exceptions and support their points with examples from their own experiences (Kane, 1995). These kinds of group dynamics are key to analysing data from FGDs.

FGDS were used with teachers, pupils and community members. The principal researcher facilitated the discussion, while the two research assistants recorded the discussion both manually by taking notes and electronically using a voice recorder. There were 6 mixed-gender FGDs for teachers, each comprising 8 members. A total of 39 male and 9 female teachers participated in the mixed-sex FGDs. Additionally, there were 6 community FGDs comprising 6 to 7 members each. In total, 23 male and 16 female community members participated in the FGDS. Pupils were organized into 10 single-sex FGDS, each comprising 8 members.

In this study, FGDs provided an atmosphere for open dialogue and enabled the researcher to gain in-depth understanding of the respondents' views, opinions, experiences and perceptions towards culture and religion in relation to HIV/AIDS education and gender. The FGDs elicited information on sensitive issues of sexuality from pupils who would otherwise have been shy discussing such issues as individuals. Pupils FGDs were conducted in single sex sessions so as to enable the participants to discuss issues in a culturally-relaxed atmosphere. Single-sex discussion groups have been found to take advantage of homogeneity in experience, to enable individuals freely express themselves on matters pertaining to sexuality (Burns, 2002). During the discussions, the researcher took interest in the non-verbal gestures and hesitation, both of which signal alternative interpretation, and made connections between the different ideas from the participants (Ref. Appendices 3, 5, 7).

3.5.4 Documentary Analysis

Documentary analysis relies on documents as sources of data (Peil, 1995). Sources range from international documents such as the United Nations, World Bank and NGO reports, national documents such as government reports, as well as institutional records of school enrolments and teacher establishments. Further, personal documents such as teachers' notes and personal letters constitute material for data analysis. Documentary sources were used as an important tool for this study as they allowed inspection of the teachers' and pupils' notes pertaining to HIV/AIDS education, in addition to analysis of government and organizational policies and records. Textbooks and syllabi used were analysed to determine whether the right content was taught as prescribed, or whether 'selective'

teaching was practised. The school timetables, schemes of work and lesson plans were inspected to find out how much time was allocated for teaching HIV/AIDS education as a separate subject and as part of other subjects. Posters, wall hangings, pictures, drawings and billboards around the school containing messages on HIV/AIDS were identified and analyzed. Religious documents for the various groups represented in the sample were also analyzed to find out what they communicated about sexuality and gender that could influence HIV/AIDS education. The findings were then linked to what the pupils and teachers reported.

3.5.5 Drawings

Drawings were used in this study as a tool with which pupils represented their world of schooling in multicultural and gender contexts of displacement. Experiences of participatory research with children, especially in cases of work with vulnerable children, not used to articulating their ideas verbally, show that it is not always easy for children to talk about their perceptions and opinions on the particular issue of concern to researchers (Clercherty, 2005). Drawing therefore empowered pupils in this study to demonstrate their HIV/AIDS awareness. Through drawing, the girls and boys consciously and perhaps unconsciously expressed different gender, cultural and religious dynamics that interplayed as part of the hidden curriculum in HIV/AIDS education. The drawings generated discussions about HIV/AIDS education. Firstly, following Edward's (1981) suggestions, pupils were asked to complete two 'warm-up' exercises that involved non-threatening introductory activities. The introductory activities gave information about the home situation of the children (Ref. Appendix No. 1). The activities also encouraged the

children to get used to the idea of drawing and thinking in visual terms (Cassell & Symon, 1993). Secondly, the children were asked to draw pictures that portrayed HIV/AIDS education content and methods. The purpose of this activity was to generate data for this study. Lastly, drawings that seemed to have similarities in interpretation were put together and discussed by pupils in groups. The researcher led the discussions and took notes accordingly.

3.6 Piloting of Research Instruments

Piloting is a useful activity in ensuring reliability of research instruments. Hence, before embarking on the actual fieldwork, a pilot study was done in two randomly selected primary schools, one from KRC and the other one from the surrounding host community. A total of 206 individuals, 103 from the KRC school and 103 from the host community school were selected to participate in the pilot study. The majority of this total, that is 170 (100 male and 70 female) individuals, comprised Standard Seven pupils from the diverse cultural and religious backgrounds represented at KRC and its host community. The various research instruments were administered to different categories of respondents to test the extent to which they would be understood and would elicit the expected responses during the actual study. The pilot study provided new insights that helped the researcher modify some questions thus enhancing reliability of the instruments. For instance, the pilot study revealed that it was impossible to get the number of parents this study had proposed. Notably, some parents had been repatriated back to Sudan leaving their children to study at KRC, other parents were busy with economic activities and some children were OVCs who had been taken to boarding schools for protective purposes.

These challenges led to the modification of FGD tools used with teachers and religious leaders, most of whom were parents, to enable them give additional information as parents. The pilot study also provided an opportunity for training research assistants on how to implement the research tools and assist the researcher effectively.

3.7 Reliability and Validity

Ross (2005) defines reliability as the degree to which a measuring procedure gives consistent results. He further describes a valid measure as the one which measures what it is intended to measure. Considering that this study was mainly qualitative, the pilot testing of research instruments described in Section 3.6 above, as well as triangulation of data collection instruments, ensured reliability and validity.

3.8 Data Collection Procedures

The researcher, with the help of two research assistants, was responsible for data collection. Appointments were booked with headteachers of all schools participating in the study. The research team spent one day in each school establishing rapport. Researchers used games such as '*River Bank*' and '*Shake Banana*' to encourage pupils to be free to discuss matters of HIV/AIDS (Ref. Appendix No. 10).

The research team spent one day in each school conducting interviews with headteachers following a schedule given by respective respondents. The principal researcher conducted the interviews while the research assistants recorded findings both electronically and manually. Rhoades (1995) observes that researchers forget 50% of the details of an

interview within 24 hours, and more than 75% by the end of the second day. For this reason, recording of discussions was strictly observed during fieldwork. Two observations of HIV/AIDS education lessons were made in each school after the interview with the headteacher.

Researchers spent 2 days in every school facilitating drawings and discussing them with all the Standard 7 pupils. In total, 516 drawings were done. At least 3 days were set aside for 10 single-sex FGDs with pupils. The FGDS were organized and facilitated by the principal researcher, while the research assistants recorded the discussions. The teachers' FGDs took an additional 1 day per school. A single day was spent in each school analyzing documents linked to HIV/AIDS education. All research activities in KRC schools were replicated in the 3 host community schools.

Outside the schools, 2 days were spent interviewing the religious leaders. An extra day was spent interviewing officers from NCKK and IRC within KRC. The whole data collection process took 54 working days to complete. This amounts to approximately 2 calendar months of continued fieldwork.

3.9 Data Analysis

Since data collected from this study were largely qualitative, they required qualitative analysis. The actual data analysis was an ongoing process throughout the study culminating in deeper analysis after fieldwork. The researcher carried out preliminary analysis during the pilot phase and fieldwork. According to Miles and Huberman

(1994), qualitative data analysis is complex and does not always form a distinct stage in the research process. This allows analysis to guide data collection and also enables the researcher to control the processes involved in data collection. Chege (2001) underscores the value of ongoing analysis, arguing that the procedure enhances efficiency and flexibility in pursuing emergent and relevant information in the process of research. It additionally allows for adjustment and modification of research instruments and the style of approach to fieldwork.

The analysis of data in this study was guided by the objectives of the study as outlined in Chapter One. Reference was made to the interactive influences of multicultural, religious and gender factors on HIV/AIDS education. Voice-recordings of interviews and FGDs were transcribed to generate text data. The transcribed data were then coded manually using a coding frame prepared by use of the various themes that had already been identified. After coding the transcribed data, reflections and remarks from participants were recorded as well as actions, potentials and barriers, as described by Miles and Hubermann (1994) and Bernard (2000). Data was sorted and sifted through to identify differences and similarities between themes. Further, identification and isolation of data patterns was done to establish commonalities and differences. This enabled elaboration on findings and their discussion based on the existing body of knowledge. Analysis yielded emerging themes pegged onto the initial study themes. The outcome of the analysis is presented both descriptively and in thematic structure in Chapter Four of this thesis. Conclusions and recommendations for further research are made based on the findings.

3.10 Ethical Considerations

As a statutory first step requirement, the researcher obtained permission to carry out the research from the Ministry of Education (Ref. Appendix No. 14). Further clearance was sought from the Department of Refugees Affairs under the Ministry of Immigration and Registration of Persons. Before the clearance could be granted, the researcher was required to identify an NGO working at KRC to host her during the period of data collection. It took the researcher 2 months to find the hosting NGO, namely the National Council of Churches of Kenya (NCCCK). NCCCK wrote a letter facilitating clearance of the researcher by the Department of Refugee Affairs (Ref Appendix No. 16). NCCCK turned out to be the most appropriate NGO for this purpose, since it was the major partner in the implementation of HIV/AIDS and Reproductive Health Education programmes at schools and communities within and around KRC. Following the Government's approval, the researcher forwarded the research proposal together with the research instruments to the ethical review committee at Kenya Medical Research Institute (KEMRI) for review and approval. This procedure took an additional 1.5 months.

The next step involved reporting to the District Education Officer (DEO) for Turkana District who gave the researcher permission to collect data in schools at Kakuma. Upon arrival at KRC, the researcher paid a courtesy call to the camp manager, a government official from the Department of Refugee Affairs. With the assistance of the camp manager, the researcher proceeded to seek further clearance from various authorities at KRC. These included the head of UNHCR sub-office, the director of schools at KRC and the project coordinator for Lutheran World Federation (LWF), an NGO that implemented

education programmes at KRC on behalf of UNHCR. The hosting NGO, NCKK, made the researcher's work easier by facilitating her accommodation and transport around schools at KRC and its host community.

The study remained open to scrutiny by all participants and stakeholders at Kakuma as well as other interested parties, throughout the fieldwork. The participants had freedom to express their ideas, ask questions, seek clarifications and criticize any problematic ideas from others, including the researcher. The researcher treated all participants with mutual respect as fellow human beings, protecting their dignity, integrity and privacy. She explained to them the purpose and objectives of the study. In addition, she sought informed consent to participate in the study from headteachers, teachers, pupils, community members, religious leaders and NGO staff. All the sampled participants were informed of their legitimate opportunity to participate in the study. They were also assured that their refusal to participate in the study (although this did not occur) could not be questioned. Letters were sent to parents or guardians of schoolgirls and schoolboys before the research was undertaken, giving information about the study and asking for their permission (Ref. Appendix No. 11). All the requests were returned to the researcher with signed consent. All the schools and respondents used in this study were assured confidentiality which was ensured through the use of pseudonyms. Permission to use photographs of some of the respondents in the report of this study was sought where possible or faces of such respondents covered to protect their identity.

3.11 Summary

The chapter shows that this study was a qualitative case study that utilized semi-structured interviews, FGDs, Observation, Drawing and Documentary Analysis to obtain data. The study utilized 6 primary schools, that is, 3 from KRC and 3 from the host community, which were selected through stratified random and purposive sampling. The main targets of the study were standard seven boys and girls. Additionally, there were other sources of information which included community members, religious leaders, headteachers, teachers and NGO officers. In total, 617 individuals comprising 422 males and 195 females, were involved in this study. Of this total, there were 330 Sudanese, 130 Kenyans, 85 Somalis, 33 Ethiopians, 17 Congolese, 8 Ugandans, 8 Rwandese, 4 Burundians and 2 Eritreans. The majority of respondents 516 out of 617 (356 boys and 160 girls) were primary school pupils. The qualitative data, which was recorded both manually and electronically, was collected by the researcher with the help of two research assistants. The data was transcribed, coded and analysed qualitatively. The next chapter gives data presentation, analysis and discussion of findings.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter entails data presentation, analysis and discussion of findings based on the four research objectives of this study. Hence, there are four main sections in the chapter. The first section focuses on the major objective of the study, which sought to establish how multicultural, multi-religious and gender factors interactively and singly influenced the teaching and learning of HIV/AIDS education among refugee pupils. It is organized into three distinct sub-sections that address classroom teaching and learning of HIV/AIDS education, Information Education and Communication (IEC) material on HIV/AIDS and co-curricular activities used to promote HIV/AIDS education. The second section addresses Objective Two, which examined the various capacities and preparedness of male and female teachers to implement HIV/AIDS education in the multicultural refugee context of Kakuma. The third section interrogates the link between the refugee camp HIV/AIDS education programme and the corresponding one in regular schools of the host community. The fourth section highlights the respondents' suggestions on how HIV/AIDS education could be improved, a section that provides insights into the study recommendations. In addition, the chapter presents emerging themes in HIV/AIDS education at Kakuma Refugee Camp (KRC) and Host Community (HC) schools, that hinge mainly on the feminization of HIV/AIDS as well as the mystification of the pandemic.

4.1 Influence of Multicultural, Multi-religious and Gender Factors on HIV/AIDS Education.

Researchers such as Cushner, McClelland and Safford (2003), have demonstrated how it can be difficult to separate gender, religion and culture, since the three factors always tend to intersect. In this study, gender, culture and religion were found to more often than not overlap and interact in the way they influenced HIV/AIDS education. Rarely did any one of the three factors seem to influence HIV/AIDS education independently. Consequently, the presentation, analysis and discussion of findings below looks at the three factors concurrently under each sub-topic, showing how they interacted to influence HIV/AIDS education and stating where any of the three factors seemed to stand on its own.

4.1.1 Classroom Teaching and Learning of HIV/AIDS Education.

The presentation, analysis and discussion in this section is based on data collected from pupils, teachers, parents and NGO officials at KRC and HC primary schools, as well as religious leaders, by use of FGDs, interviews, drawings and observations. The respondents in the study represented diverse cultural backgrounds and nationalities such as Sudanese, Somali, Ethiopians, Burundians, Rwandese, Congolese, Ugandans and Eritreans (See section 3.3). In addition, the respondents represented diverse religious backgrounds such as Islam, Catholic and various Protestant denominations such as Anglican and Baptist among others (See Section 1.1). Consequently, diversity was evident in the way gender interacted with cultural and religious beliefs and practices to influence the teaching and learning of HIV/AIDS education as presented in this section.

4.1.1.1 ‘Gender and Ethnic Geography’ in the Classroom.

Some degree of same-gender clustering was observed in all the classrooms in the co-educational schools that participated in this study. However, this clustering became more pronounced at the host community (HC) Prudence Muslim Academy with a predominantly Muslim Somali population. Boys occupied one side of the classroom while girls sat on the other side with minimal interaction across genders as seen in the picture below:



Plate 4.1: Gender Clustering in a Classroom at the HC Prudence Muslim Academy

Muslim pupils and teachers attributed the gender separation to the influence of religious beliefs and practices, which limit male and female interaction. The administrative

authorities in the predominantly Muslim HC schools therefore felt they had a responsibility to enforce the practice. Some of the respondents from the HC Prudence Muslim Academy explained the situation thus:

The Islamic religion prohibits uncontrolled mixing of boys and girls and that is why in this school you see boys sitting on their own and girls on their own (Male Turkana Muslim Headteacher, Prudence Muslim Academy).

The headteacher and the deputy headteacher always remind us not to sit near the girls because it is bad manners according to the laws of the Islamic religion (Mohammed - Somali Muslim Boy, Prudence Muslim Academy).

Some of us are not employed by the TSC (Teachers' Service Commission) and we have to do as the school administration expect. Like in this school it is expected that boys must be separated from girls all the time and that is exactly what we do (Mr. Anindo - teacher, Prudence Muslim Academy).

Teacher FGDs revealed that whereas Muslim teachers were comfortable with the gender segregation in the classroom, Kenyan Christian teachers disapproved the arrangement. According to the teachers, this situation could inhibit HIV/AIDS education as learners with this kind of religious reasoning would not expect issues of HIV/AIDS and sexuality to be spoken to them openly, especially by teachers or fellow pupils of the opposite sex.

Mr Maende explained it thus:

Some of us are not comfortable with the seating arrangement in the classroom. According to Islamic beliefs, girls have to sit alone and are not supposed to come in contact with boys in any way during learning activities. Sometimes such kinds of things do not give the learner an opportunity to realize that some things have to be spoken out to them (Kenyan Christian Teacher-HC Prudence Muslim Academy).

The segregation observed in Muslim schools had potential implications for HIV/AIDS education since it could inhibit interactive methods of learning such as group discussion, which requires boys and girls to sit together and freely exchange information regarding HIV/AIDS. While Heba and Kotb (2004) show how it is sometimes believed that the separation of Muslim boys from girls could assist in curbing pre-marital sex and eventually reduce the spread of HIV/AIDS, Gray (2010) has found HIV/AIDS prevalence

rates to be lower among some Muslim dominated populations in Sub-Saharan Africa. However, this study takes cognisance of the fact that Muslim refugee pupils live under different sets of circumstances from those of regular Muslim children staying in the comfort of their homes and communities under quality parental care. Consequently, the factors that have promoted lower HIV/AIDS prevalence among the regular Muslim communities may not necessarily apply to the situation of Muslim refugee pupils living in camps.

Unlike the HC Muslim Somali schools, schools with complex cultural diversity such as KRC Peace Co-educational School and HC Joy and Charity co-educational schools showed some degree of mixing of boys and girls in the classrooms, even though pupils still divided themselves into smaller same gender groups. The interaction of Muslim Somali girls with boys in such schools was more explicitly observed than that of their counterparts at the HC Prudence Muslim Academy. Consequently, HIV/AIDS education lessons became livelier. Boys and girls freely exchanged knowledge and life-skills that pertain to the prevention of HIV infection. In these culturally diverse schools, pupils gave reasons other than religion and administration requirements for the small scale gender segregation in their sitting arrangements, regardless of their cultural and religious backgrounds. For instance, some of the girls reported that they chose to sit with fellow girls because they felt intimidated by the behaviour of boys, whereas others simply wanted to be seen as 'good girls' by not relating with boys all the time. The girls explained their views thus:

Sometimes boys behave badly in the classroom, they laugh, insult girls and tease and that is why we are not always comfortable sharing desks with them (Awinja-Muslim Somali-Peace Co-educational School).

It is not just good manners to sit with boys all the time (Ebby-Muslim Ethiopian-HC Joy Co-educational School).

This finding indicated that, when exposed to culturally and religiously diverse classrooms, boys and girls had the potential to shade off religious beliefs and practices that influenced the teaching of HIV/AIDS education negatively.

Another form of clustering observed in the KRC schools where HIV/AIDS education was taught was based on cultural backgrounds of the pupils. Notably, pupils from minority groups such as Ugandans, Rwandese, Burundians and Eritreans, often seen as the ‘others’ in classrooms dominated by Sudanese, Somalis and Ethiopians, tended to sit next to one another. These ethnic complexities sometimes transcended national affiliations. The teachers’ FGDs for example, revealed that even among the majority group, namely the Sudanese, pupils did not just sit and work together as a block, but also tended to cluster along ethnic or clan lines. One teacher commented thus:

Even the Sudanese do not just sit together as one. It is us who know them that can tell the kind of cultural clustering that interplay. You get into a classroom and find Sudanese pupils seated as Dingas, Nuers and Luos, sometimes depending on politics in their country. You may even find the various groups ganging up against each other in heated arguments (Mr. Omamo- Kenyan teacher, KRC Liberty Boys School).

The above argument shows that HIV/AIDS education was taught in classrooms where cultural and religious conflict was already a reality, thus complicating the learning process. This could result in a situation where pupils could only take seriously HIV/AIDS education messages from teachers they respected.

4.1.1.2 Mixed and Single Sex HIV/AIDS Formal Education Fora

Girls across the cultural and religious divides in the co-educational schools at KRC and HC argued that they felt uncomfortable learning HIV/AIDS education in the same

classroom setting as boys. The girls pointed out that they were always left out of discussions, as boys tended to dominate lessons by being more vocal in the discussions. They were also often noisy and often laughed uncontrollably when certain culturally 'sensitive words' such as sexual intercourse were mentioned. At the KRC Peace Co-educational School for example, the girls' FGD revealed thus:

Researcher: Tell about your experiences when learning HIV/AIDS education together with boys.

Selly (Christian, Sudanese): Learning HIV/AIDS education together with boys is not good. The boys want to talk all the time and cannot even leave girls to say anything.

Zakia (Muslim, Somali): Even when the teacher just says something like 'sex', the boys laugh and make a lot of noise. They even distract other classes. In fact there is a day Mr. Muli had to come from Standard Six to silence our class (Zakia-Muslim, Somali).

Classroom observation confirmed the girls' arguments, and also showed that even though boys demonstrated some level of respect and order during lessons delivered by male teachers, their behaviour would change for the worse when a female teacher came to teach the same class. Pattman and Chege (2003) attested to similar tendencies in Rwandese schools during HIV/AIDS education. In this study, a twenty year old female teacher admitted that she often sought the intervention of male teachers while teaching topics such as adolescent sexuality and modes of HIV transmission. She explained the situation thus:

Teaching in a classroom where boys are present as a female teacher and as a male teacher is not the same. Sometimes boys go very far when dealing with female teachers. They can ask you about wet dreams, masturbation or anything about sexuality and they expect you to tell them your experiences. Even if you try to answer, they twist the question and get even deeper and yet they don't do that with male teachers. So for me when it gets to that level,, I normally call in Mr. Abdi to assist me handle the session (Miss Okwachi-Sudanese teacher, KRC Peace Co-educational School).

Boys in co-educational schools seemed always ready to talk about their experiences in HIV/AIDS education in mixed-gender classrooms. In discussions, they constructed girls as shy and often looking down when words related to sex were mentioned, a description which was ascertained during classroom observations. Some differences were observed

in the classroom behaviour of boys and girls along cultural and religious divides. For instance, at the HC Prudence Muslim Academy, the Somali Muslim girls often covered their faces with 'shangas', and turned away from boys when Mr. Sunguti, a Kenyan Christian teacher, mentioned words such as 'sexual intercourse', 'penis' or 'vagina' in a Science lesson that integrated HIV/AIDS education. The girls were explicitly shy and barely answered a question in the lesson while nearly all the boys actively participated. Despite this situation, Mr. Sunguti made no effort to involve girls in the lesson. He was a good example of teachers who did not take interest in understanding and involving all pupils with their differences. Notably, Mr. Sunguti had also been noted arguing as follows in a teachers' FGD:

Mr. Sunguti (Kenya Christian teacher) : The behaviour of girls around here is indeed very strange. When you go in and try to talk to them about matters of HIV/AIDS and sexuality, you find them looking down, whispering; covering their faces and that is very funny according to me. It is quite annoying and uncomfortable to teach such girls.

Mr. Wendo (Kenya Christian teacher) : I have also observed what my colleague is trying to explain and I am not comfortable with the behaviour. In fact, that is one of the reasons why I avoid even mentioning HIV/AIDS or anything to do with sexuality in class.

Whereas Kenyan Christian teachers such as Mr. Sunguti found the behaviour of Somali Muslim girls 'strange', some girls understood their behaviour as a cultural way of showing respect to the male teacher and as a result, they kept repeating it. This situation resulted in conflict between pupils and teachers in ways that jeopardized the learning of HIV/AIDS education, where the teacher was in a position of power. The behaviour of these teachers could be explained within Cushner *et al.*'s (2003) argument that individuals typically try to interpret another person's behaviour according to the meanings attached to such behaviour in their own culture. Some Somali Muslim girls attributed their shyness during HIV/AIDS education lessons to religious reasons.

However, studies on Islamic culture show that shyness is sometimes wrongly interpreted as being part of the Muslim religion. Neba (2004) points out that in the days of Prophet Mohammad, Muslim men and women were never too shy to ask the Prophet questions of all nature including such private affairs as sexual life. Apparently, the prophet taught that shyness was part of faith, but also stressed that there was no shyness in matters of religion even when they pertained to the delicate aspects of sexual life.

At the HC Charity and Joy co-educational schools and the KRC Peace Co-educational School, Somali Muslim girls were found to be open and often participated in the HIV/AIDS education lessons, during which they interacted with boys more freely than their counterparts at the HC Prudence Muslim Academy. This finding suggested that the interactive influence of gender and religion on girls' behaviour during HIV/AIDS education could vary considerably depending on the setting in which the subject was taught. This category of active and outgoing Somali Muslim girls was described by their counterparts at the HC Prudence Muslim Academy as ill mannered and behaving 'Sudanese-like'. This suggests that religious beliefs and practices could influence pupils of particular backgrounds to look at those who belong to other religious groups as evil, hence excluding them as 'others'. The concept of 'otherness' based on this kind of reasoning among pupils, as argued by Peil and Oyeneye (1998), could be a basis for religious conflict. If this tendency went unchecked, the conflict could jeopardize the teaching of HIV/AIDS education, whereby pupils would tend to see nothing positive from religious groups other than their own faith in relation to the subject being taught.

The Turkana girls portrayed unique characteristics during HIV/AIDS education lessons. Although they showed a certain degree of shyness while in a mixed-gender fora, their level of participation was higher than that of girls from other cultural backgrounds. For instance, observation at the HC Charity and Joy co-educational schools revealed Turkana girls actively engaging their Kiswahili teacher in the discussion of sexually 'sensitive' topics on HIV/AIDS and sexuality during a Kiswahili composition lesson that integrated HIV/AIDS education. Some of the girls went as far as demonstrating the correct use of condoms before the classroom, as well as asking questions related to 'sexual intercourse' such as the following: 'Does someone feel pain while using a condom?', 'Are there female condoms and could we see them?', 'Will sex be possible if both partners use condoms?' The openness with which Turkana girls discussed HIV/AIDS and sexuality was also observed in their FGDs with the researcher. However, these girls became less vocal at KRC schools, which were apparently dominated by Sudanese. At KRC Peace co-educational school for instance, Turkana girls only spoke in the classroom or FGD after being requested to do so. This situation could be explained by findings from an earlier study by Aukot (2003), who noted that Turkanas felt uncomfortable in the presence of refugees, whom they perceived as wealthier and dominating the Kakuma area. This was clearly an anomaly based on the failure to recognize that the Turkanas were indigenous inhabitants of the area and could claim to own the region. The situation could have implications for HIV/AIDS education in the sense that Turkana girls could only be free in classroom settings with fewer or no refugees. The girls were likely to fail to make important contributions to the lesson or refrain from asking for clarification in the presence of refugee pupils and teachers. This could in turn inhibit learning.

4.1.1.3 Pupils' Perceptions on Female and Male Teachers in HIV/AIDS Education

This study captured the teaching of HIV/AIDS education as mainly associated with the female gender. In this connection, 450 out of 516 pupils who drew pictures on HIV/AIDS education activities portrayed the teacher as a female. In addition, the pupils felt that the subject had a lot to do with issues considered feminine such as love and care of PLWHAs, as well as responsible behaviour, which was emphasized for women and girls. This perception was not new. According to Thorpe (2002), female sexuality is constructed as nurturing, submissive and emotional. Further, this study recorded boys and girls at the KRC primary schools talking positively of the female teachers, constructing them as understanding, caring and having a sense of motherhood in teaching HIV/AIDS education. Similar findings were made by Pattman and Chege (2003). Some of the pupils expressed their views as follows:

Female teachers are like our mothers, you see, they know how to teach children. As much as male teachers are trying, I find female teachers better than male teachers (Peter-Boys FGD, KRC Peace Co-educational School).

We have no problem with our female teachers. In fact we want them to be the ones teaching us HIV/AIDS education because they understand our situation and we can even tell them how we feel (Regina-Girls' FGD, KRC Patience Girls' School).

Some boys and girls from the co-educational schools pointed out that although female teachers were good, they were not open enough to discuss sexuality issues of HIV/AIDS in the presence of male pupils. The argument is reflected in the following statements:

The female fear teaching about HIV/AIDS...when they come across certain sensitive content they don't teach it because the boys will always laugh. But if it is Mr Oloo, he just continues teaching even if they laugh (Serah-Girls' FGD, HC Charity Co-educational School).

If it is a male teaching Science, he will have no problem explaining everything, including even drawing the reproductive organs. But the female teachers have a problem when it comes to teaching about the reproductive organs, they become shy and they just leave it out (Zakia-Girls' FGD, KRC Peace Co-educational School).

A relatively different perception of female teachers was seen in a few schools such as the HC Charity Co-educational School where girls and boys preferred male teachers, sighting Mr. Oloo, the Kiswahili teacher, as the best. The girls unanimously portrayed female teachers as gossipers who discussed ‘embarrassing’ classroom moments in the staffroom. They felt the female teachers, who also used an abusive language on the girls, could not be trusted with confidential information and were therefore not well placed to teach HIV/AIDS education. Examples of the girls’ views are as shown in the excerpts below:

I can say male teachers teach well and are not complicated, but the problem with female teachers is that they like gossiping. Even when they teach about HIV/AIDS and you don’t understand or you ask a ‘funny’ question or give a wrong answer to a question, ‘that becomes the story’ when they see or meet you (Norah-Girls’ FGD, HC Charity Co-educational School).

Let me tell you another weakness of female teachers. When they come to class and you don’t answer a question well, they beat you up and tell you that ‘in future you will get children and you will be using your *‘pants as napkins’*, because there is nothing you understand. You are just wasting your time here, just thinking about your husbands out there in the village. I don’t like the female teachers (Rosa-Girls’ FGD, HC Charity Co-educational School).

Although boys at the HC Charity Co-educational School shared similar views as girls regarding male HIV/AIDS education teachers, the boys seemed comfortable with female teachers. The following excerpt from a boys’ FGD explains this argument:

Researcher: Do you find any difference between male and female teachers in teaching HIV/AIDS education?

Jacob: HIV/AIDS education teachers whether male or female are good. We don’t see any problem with them.

Sammy: The male teachers are particularly very good in HIV/AIDS education. Especially Mr. Oloo the Kiswahili teacher. He explains everything very clearly. We have also not seen any problem with female teachers because they are also good (Boys’ FGD- HC Charity Co-educational School).

Various explanations could be given for the differences between boys and girls in their perception of female teachers in the same school. For instance, it could be argued that

boys found no problem with the intimidating behaviour of the female teachers towards girls because it pleased them. Seemingly, HIV/AIDS education at the HC Charity Co-educational School provided an opportunity for boys and female teachers to jointly intimidate girls. Such a situation, if it went unchecked, could on one hand result in the girls' dislike for the subject, and on the other hand make boys enjoy HIV/AIDS education for the wrong reasons of intimidating girls.

At the KRC Patience Girls' School, girls' perception of male and female teachers depended on the teacher's age. Seemingly, the girls preferred older male teachers but looked at young male teachers who talked about HIV/AIDS and sexuality as having a hidden 'sex agenda'. Apparently, the young male teachers also understood how female pupils perceived them as noted in one nineteen-year-old male teacher who expressed his views thus:

Some of them (female pupils) tend not to disclose information to me...they act funnily when I talk to them about sexuality...most of the time they tend to make a lot of noise when you raise the topic and when you turn to the chalk board, they talk amongst themselves maybe about you or something like that (Mr. Wako-teacher FGD, KRC Patience Girls' School).

In stressing her concern that Mr Wako and other young male teachers could not be trusted on matters of HIV/AIDS and sexuality, one of the girls explained:

For a young man, he might be teaching but nothing is entering our minds, because he might teach while 'looking at other people' (other girls) inside the class, not directly...not even seeing the board...we might not know whom he is looking at but some of us will know and sense that, that person is doing something. (Laughter) (Sophie-Ugandan- Girls' FGD, KRC Patience Girls School).

This issue of trust was critical among the KRC schoolgirls as was pointed out by the NCCK officer in particular. As a way of preparing the researcher for arguments such as

the one above, the NCKK officer explained that some refugee girls had been sexually abused and even raped, hence they could no longer trust young men on matters of sexuality. An older male teacher at the KRC Patience Girls' School shared a similar view when he said the following in an FGD:

In fact as we speak now, there are girls who have been brought to this school for protection purposes. There are men out there who are ready to pounce on these girls. So it is like we are hiding them here. So I think that is a culture that is detrimental to the efforts. And there is a lot of rape cases around here, I am sorry to mention, but we have been involved even as a school. Our girls have been raped while they go outside there or as they come to school. ...you know, there are so many people in this camp and where there are so many people these ills in the community have to come in (Mr. Musula-Kenyan teacher, KRC Patience Girls School).

Headteachers at both KRC and HC co-educational schools shared the view that young unmarried male teachers could have a sex agenda while teaching HIV/AIDS education.

Some of the headteachers' comments are exemplified below:

I have no problem with my male and female teachers, apart from maybe the young unmarried male, whom I know may not be that effective in teaching pupils about HIV/AIDS. Because some of the things they are supposed to caution the pupils are what they themselves are actually doing sometimes with the very pupils and it may not be easy for them to talk about it openly (Kenyan Head teacher, HC Joy Co-educational School).

I think there is no difference (between male and female teachers). Except the young male teachers, I think they are not very comfortable because we have many who are not married and they still behave like 'boys'...they also have their own interests so in that case they cannot handle the topic very well because they may also be affected by the topic (Ugandan Head teacher- KRC Peace Co-educational School).

The Ugandan headteacher who made the above statement was a young unmarried man who reiterated that he had tried to show a good example to be emulated by other young male teachers. He attributed what he described as his high moral standards to his Christian faith.

We have some girls who are already mature. I tell them you are my pupils and even beyond that I call you my sisters. I normally tell them that for four years now I have been saved, I am not yet married and in these four years, I have not involved myself in sexual intercourse...I have the same flesh you have, I have the same desires but I am being protected because I have faith (Ugandan Headteacher, Peace Co-educational School).

This study felt that the headteacher who echoed the above sentiments could contribute to greater success of HIV/AIDS education in his school. The headteacher used his religious beliefs to instil in the learners the view that it was not impossible for boys and men to abstain from sex as was believed by some male pupils (Ref. Section 4.1.1.4). Going by findings from earlier studies, the fears expressed by both the girls and headteachers regarding young male teachers in this study, bear educational significance worth noting. For instance, Pattman and Chege (2003), as well as Pembrey (2008), have argued that sexual abuse carried out by male pupils and teachers is common in developing countries, where poverty characterises family economies. In these countries, the scholars observe, some teachers take advantage of their positions to coerce schoolgirls into sex, often in exchange for food or favourable exam results. By acting in this way, the teachers not only created a situation where HIV transmission could occur, but also undermined the very messages that they were supposed to be conveying through HIV/AIDS education. Sexual abuse of this kind is also likely to discourage girls from attending school, thus retarding their educational possibilities and possibly preventing them from learning how to protect themselves and others against HIV infection. Studies conducted in African countries indicate that, although sexual harassment is a widespread phenomenon in schools, it is often ignored by the school authorities and even by female teachers, who many girls perceived as their protectors in challenging the practice (Human Rights Watch, 2001; Mukasa, 1999).

Young female teachers were also problematised in HIV/AIDS education, albeit in a different way compared to young male teachers. At the KRC Liberty Boys' School for

instance, pupils regarded young female teachers as shy. Commenting on a twenty year old female teacher, one of the boys constructed her as an ‘afraid’ age mate saying:

But this other one (female teacher) fears because she is our age-mate. The people in class are big boys and she is our age mate but the one who demonstrates clearly is older than us (Okwaro-Boys’ FGD, KRC Liberty Boys’ School).

Generational differences among the teachers seemed to portray different messages of authority and confidence to the pupils. For instance, the perception that both male and female pupils seemed to have confidence in older teachers regardless of their gender was concretised in various FGD sessions. In an FGD at KRC Patience Girls School one of the girls elaborated on this saying:

Let me take an example of Mr Ominde (a fifty-five year old teacher) maybe he wants to teach us about something (HIV/AIDS or sexuality) he might not do any other things apart from teaching us... he might directly look at us and then explain what he wants to teach (Caro-Girls’ FGD, KRC Patience Girls School).

The Mr. Ominde being referred to in the above excerpt had in an earlier teacher FGD confirmed the girls’ views. He said:

Personally I think they (pupils) respect me so much because they think I am their father and whatever I tell them, they treat it as matters of confidence. So I don’t have any problem teaching them matters to do with HIV/AIDS (Mr. Ominde, KRC Patience Girls School).

Findings regarding preference for older teachers by refugee pupils at KRC schools seem to differ from those of studies done in regular schools by researchers such as Rugalema and Akoulouze (2001). These scholars argue that pupils tend to prefer being taught a sensitive subject such as HIV/AIDS education by younger people such as peer educators rather than older teachers. However, this study takes cognisance of the fact that the concept of ‘peer educators’ is different from that of ‘teachers’, regardless of age. It is

therefore understandable that peer educators share similar experiences and concerns with the learners in a way that a regular teacher would not.

Religious factors further tended to influence the expectations of learners on the gender of the HIV/AIDS education teacher. At the HC Prudence Muslim Academy, all the Muslim girls portrayed the HIV/AIDS education teacher in their drawings as a female while Muslim boys drew a male teacher. This observation was consistent with the views of Islamic religious leaders that HIV/AIDS education could only be taught in single-sex fora by teachers who belonged to the same sex as the learners. One male Islamic leader said:

If HIV/AIDS education must be taught in school, then it must not be done in a mixed gender classroom. Boys must be separated from girls so that the boys can be taught by male teachers and girls by female teachers to help curb immorality (Male Islamic Leader).

Notably, pupils in schools where their religious group was under-represented clearly negotiated their positions with regard to religious beliefs in HIV/AIDS education. This tendency was observed among Somali Muslim pupils at the HC Charity and Joy co-educational schools, who portrayed the HIV/AIDS education teacher as either a man or a woman regardless of the pupils' gender. This observation concretises the argument by Campbell (2004) that individuals were likely to hold onto their cultural and religious beliefs mainly when they belonged to the dominant cultural or religious group in a school, rather than when they represented the minority.

Further, the FGD data showed that Christian pupils looked for qualities other than gender in an HIV/AIDS education teacher. This was consistent with the views of Christian religious leaders, who thought that gender was not the defining factor for the 'ideal'

HIV/AIDS education teacher. For instance, the Catholics emphasized more on the importance of the professional qualifications of the teacher as noted in the comments of the female Catholic leader who said:

To me, the ideal HIV/AIDS education teacher has nothing to do with gender or religion. The most important thing is the professional qualification. I will prefer that the teacher does a bit of counselling psychology because when it comes to HIV/AIDS, you need to understand theories of understanding these children very well and not just understanding how they behave while they are growing (Female Catholic religious leader).

Both male and female Protestant leaders argued that a good HIV/AIDS education teacher ought to possess high moral standards and must not be implicated in sexual relationships with pupils. This was based on the argument that teachers were the immediate role models of their pupils and as such, they had the moral responsibility to practise what they taught in class particularly with regard to sexual relationships.

4.1.1.4 Gendered Interests in HIV/AIDS Education Topics and Methods

Male and female pupils from the various cultural backgrounds represented at KRC primary schools demonstrated a high level of HIV/AIDS awareness through FGDs and drawings. The pupils expressed a clear understanding of the meaning of HIV and AIDS, explaining how the two were different and showing how HIV could lead to AIDS. In all the KRC schools visited, boys and girls correctly and consistently talked of HIV and AIDS in their discussions, as opposed to HIV/AIDS, which gave the impression that they understood that the two were different concepts though related.

Both boys and girls at the KRC schools had a clear scientific understanding of HIV/AIDS including its causes, symptoms, effects and treatment. In a classroom observation at the KRC Peace Co-educational School, a rich and well informed discussion ensued amongst

Standard 7 boys and girls regarding the question of mother to child transmission of HIV. In another classroom observation at the KRC Liberty Boys School, pupils understood the fact that HIV/AIDS had no cure and hence talked of Anti-Retroviral Therapy (ART) as treatment that only prolonged the life of PLWHAs but provided no cure. At the KRC Patience Girls School, pupils eloquently discussed the various myths and misconceptions held by people about HIV/AIDS, such as the belief that having sex with a young virgin could cure AIDS and that AIDS was a condition resulting from failure to practice wife-inheritance in case of widowhood.

Some differences were noted in the interests held by boys and girls in HIV/AIDS education topics and methods. Boys across the cultural and religious divides seemed to set a 'condom and sex agenda' in all their discussions. For instance, while the boys comfortably sighted unprotected sexual intercourse with an infected person as the main cause of HIV, they were eager to explain how condom use could prevent HIV infection. The boys also portrayed an impression that experimenting with sex was normal and inevitable for boys, and therefore it was necessary for them to be taught about condoms. Some of these views are captured in the following excerpt from the boys' FGD at the HC Prudence Muslim Academy:

Researcher: Is there anything you like about HIV/AIDS education?

Mohamed: We feel happy because we want to see the condom, we have never seen it.

Researcher: Why would you like to see a condom?

Mohamed: (Laughing sarcastically) you know seeing is not bad, you can just look at it and read the instructions but you don't have to use it with a girl.

Abdi: We want to see so that we can know more about condoms and we can also use it because sometimes we have to ... (Laughter)

Swaleh: I can use it.

Nur: (Laughter). I can also use it.

Researcher: Please tell us why you would decide to use the condom?

Abdi: (Laughter) You know sometimes you are not able to control the urge to have sex (Boys' FGD, HC Prudence Muslim Academy).

In the discussion above, boys were quick to start up a discussion on the condom when asked to say what they liked about HIV/AIDS education. In addition, all the boys except Mohamed claimed that they would want to use the condom because sometimes engaging in sex became inevitable. Notably, even Mohamed, who insisted that he had no intention of using the condom, said so with a sarcastic laugh. This suggested that he might have meant the opposite of what he said. It was difficult to tell whether the boys sometimes practised sex as they said because there is evidence to suggest that sometimes boys boast of sexual experiences they have never had (Pattman & Chege, 2003). However, for this discussion to have come from the seemingly 'highly protected' (from interaction with girls) Muslim Somali boys, it could also mean that experimentation with sex was a possible reality among these primary school boys (and girls) regardless of their cultural or religious backgrounds. This assumption may not be far fetched, since an earlier study by Pattman and Chege (2003) on regular school pupils from various sub-Saharan African countries recorded voices of children as young as 6 years demonstrating claims of having experienced sex. That being the case for regular school children who enjoy parental protection, it can be assumed that the situation may be worse for refugee children, most of whose parents are absent or traumatised and therefore unable to provide support.

Willis (1977), argues in his study on white boys in the UK, that adolescent boys are often under pressure to engage in sexual relationships. According to the author, the boys are made to believe that engagement in sexual intercourse is an expression of one's masculinity and power over women (Burns, 2002; Thorpe, 2002). Other scholars have observed that the establishment of one's masculine credentials in many African societies

is dependent upon having many heterosexual liaisons (Shefer, 1999; Wood & Jewkes, 1998). Boys who do not conform to such expected versions of masculinity risk disciplinary measures by peers, manifested through teasing and ostracizing the non-conformists (Mirembe & Davis 2001, Morrell, 1998).

Like their HC counterparts, boys at KRC schools confirmed their disappointment with the fact that condoms were no longer being brought to school as a teaching aid. In a classroom observation at KRC Liberty Boys School, there was a moment of laughter when a Sudanese boy wanted the female teacher to explain how it felt to use a female condom (See also Pattman & Chege, 2003). The situation in which the female teacher found herself could be explained in the context of Delamont (1990), who observed that girls' and women's sexuality is surrounded by double standards; on the one hand, they are expected to be asexual, while on the other hand, they risk harassment by boys for behaving asexually. The KRC and HC boys also showed a desire to have teachers becoming more practical by demonstrating what they taught using drawings and pictures of male and female reproductive organs. The various interests of boys in HIV/AIDS education entailing condom use and sexual intercourse among other issues could be demonstrated in their drawings as shown in the plates below:



Plate 4.2: Boy's Drawing Illustrating HIV Transmission.

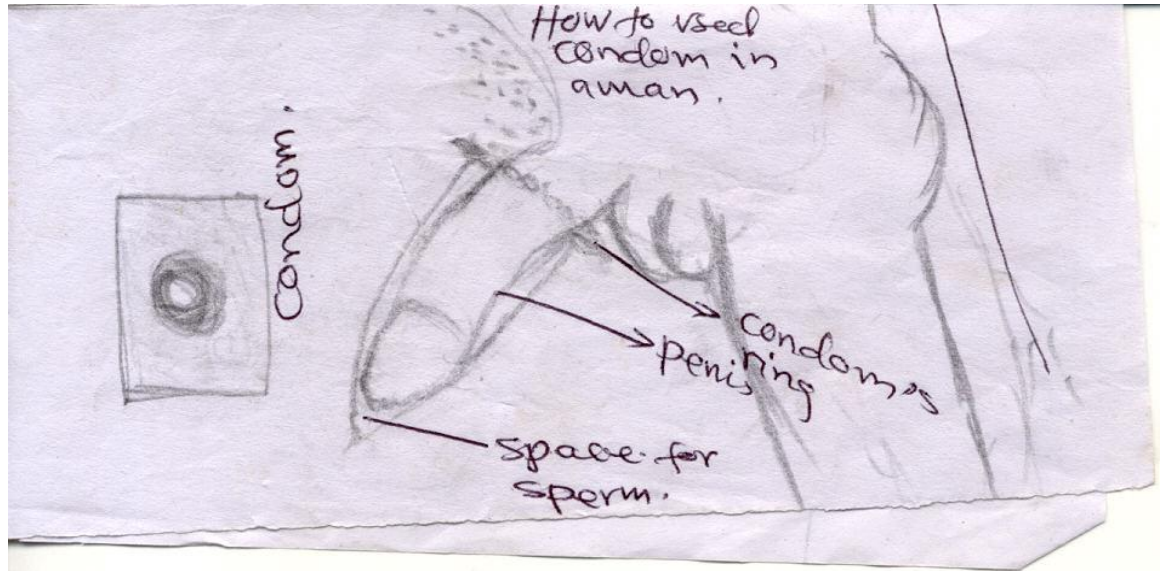


Plate 4.3: Boy's Drawing Illustrating Condom Use.

The boys' interests demonstrated that despite the cultural and religious debates surrounding the teaching of 'safe sex' in HIV/AIDS education in schools, it was necessary to teach the topic in order to save pupils who already had a lot of information regarding sex, some of which could be misleading.

Drawings and FGD data also demonstrated that boys at KRC primary schools were well informed about the link between HIV/AIDS and drug abuse. Part of this understanding is captured in the drawing on the plate below:



Plate 4.4: Boy's Drawing Illustrating the Spread of HIV through Shared Drug Syringes

The relationship between HIV/AIDS and drug abuse was an important aspect of HIV/AIDS education at KRC schools. This is because a study by Adelekan (2006) showed that drug and substance use form part of the highly valued cultural practices among certain refugee communities at KRC (Ref. Section 2.3.3).

Girls across the various cultural and religious divides shied away from talking about sexual intercourse. Unlike their male counterparts, they preferred discussing sharing of sharp objects with an infected person as a cause of HIV infection, and only talked about

unprotected sex after they had been probed. All the girls also seemed to like being associated with sexual abstinence and not condoms. They argued as exemplified below:

Nelly: We like learning about HIV/AIDS because it teaches us how we can protect ourselves from getting HIV infection by not sleeping around with boys until we become big people and get married (Girls' FGD, Patience Girls School).

Natalie: We know that when boys tell us about 'bad manners' (sex), we refuse to listen to them and we can report them to the teacher (Girls' FGD, HC Joy Co-educational School).

Esther: We are happy because we also learn that condoms are not 100% and the best way to protect ourselves from HIV infection is by avoiding sex. Condoms can burst and they can also stick inside the girl's body if they are used wrongly and a doctor may have to do an operation (Girls' FGD, KRC Peace Co-educational School).

Despite the fact that girls across the various cultural and religious backgrounds insisted on practising sexual abstinence, the question as to whether they all practiced what they confessed remains unanswered, since it was not an objective of this study. However, boys at the HC Prudence Muslim Academy who claimed to have experimented with sex claimed to have done it with their female classmates or girls a class or two behind them.

The following excerpt from a boys' FGD explains this:

Researcher: What do you do when you are not able to control the urge to have sex as Abdi says?

Abdi: (Laughter) I go ahead and have it (sexual intercourse).

Swaleh: Sometimes I persevere but other times....(laughter). You just know what happens.

Nur: The truth is that sometimes we practice sex (more laughter).

Researcher: Ok ok. With whom do you practice sex?

Swaleh: Girls in this school or even other schools.

Abdi: And most of the time the younger girls from Standard Five or Six (Boys' FGD, HC Prudence Muslim Academy).

Classroom observations across the KRC and HC schools showed that girls contributed to a greater extent in lessons when HIV/AIDS topics became more scientific. At the KRC Peace Co-educational School, girls actively participated in the lessons when discussions shifted to stages of HIV/AIDS development such as the primary HIV infection stage, the

asymptomatic stage, the symptomatic stage and the AIDS stage, rather than when the discussions focused on topics to do with sexual relationships between boys and girls.

Another topic of observable interest that was discussed in-depth by female pupils across the cultural and religious divides, yet was never mentioned by a single boy in the study, concerned love and care of PLWHAS. This was perhaps because girls had been socialized to believe that loving and caring were feminine attributes hence this belief influenced their preference of HIV/AIDS education topics. The girls consistently cited religious studies as one of the subjects in which they learned about loving and caring for PLWHAS. The girls' interest could also be seen in their drawings such as the ones in Plates 4.5 and 4.6 below:



Plate 4.5: Girl's Drawing Illustrating Need for Love by PLWHAS



Plate 4.6: Girl's Drawing Illustrating Diet of PLWHAS

In some cases, certain seemingly obvious information regarding the nature and effects of HIV/AIDS remained unclear to the HC schools' boys and girls. However, the HC pupils who clearly lacked sufficient information on HIV/AIDS were found to freely and actively raise questions. These questions were effectively discussed by other pupils in the classrooms as well as in FGDs. At the HC Joy Co-educational School, one of the girls asked the following question:

Now that we are told the condom is not a hundred per cent effective, will it be wise for someone to use two or more condoms concurrently to get better protection against HIV? (Phanice , Girls' FGD, HC Joy Co-educational School).

The above question was openly discussed by other girls in the same FGD. A different girl from the HC Charity Co-educational School sought to understand from her Kiswahili teacher why her (girls') parents who 'slept together' (had sex) everyday had never been

infected by HIV, when sexual intercourse was said to be the major cause of the condition. A similar case was observed in a science lesson at the HC Prudence Muslim Academy, where a Muslim Somali boy sought to understand whether polythene bags could be safely used to replace condoms. The teachers, who happened to be male in both cases, reacted to the questions confidently and provided correct answers regarding the role of HIV in transmitting infection and the inappropriateness of polythene bags, respectively.

Additionally, it was noted that unlike the KRC girls, who seemed to understand myths and misconceptions related to AIDS, some HC girls demonstrated little understanding in this area of HIV/AIDS education. In a classroom observation at the HC Charity Co-educational School, an apparently confident Turkana girl explained how a combination of donkey and dog meat could be prepared and the soup used as a cure for AIDS. Whereas 30% of the pupils in the classroom raised their hands to support the argument, some 40% believed that even though the soup could not cure AIDS, it could work in some way as an ART.

At the HC Prudence Muslim Academy, Kenyan Christian teachers expressed concern that the level of HIV/AIDS awareness was very low due to administrative restrictions on discussions of matters of sexuality. Mr. Wanyonyi, a Protestant Kenyan teacher, expressed his views thus:

Recently we had a topic in Class 7 about HIV/AIDS and I knew that issues of sexuality and HIV/AIDS are not supposed to be discussed openly in a Muslim school. However, I tried to approach the lesson in a different way by asking some questions so as to arouse their interest. I discovered that the pupils did not know much. They even told me that you can contract HIV by shaking somebody's hand (Teacher FGD, HC Prudence Muslim Academy).

From the arguments presented above, one could reasonably argue that pupils in KRC schools were more advantaged education-wise than their counterparts in HC schools. Consequently, the HIV/AIDS awareness among male and female pupils at the KRC schools was comparatively higher than what was observed at HC schools. Hence, this study concluded that refugee pupils who left KRC to seek education in the host community schools may have lost considerably in terms of HIV/AIDS education. In this connection, Islamic parents at KRC indicated in the FGDs that they liked sending their children to host community schools where they could receive religious teachings in addition to secular teachings. In addition, some parents believed that host community schools offered better quality education than KRC schools, yet this study confirmed that the reverse was true as far as HIV/AIDS education is considered.

A strong religious influence was noted in the understanding of HIV/AIDS issues by some Christian Sudanese boys, who expressed belief in the healing power of Jesus. Such a belief which may be categorised among the myths and misconceptions surrounding the HIV/AIDS pandemic, was also held by some Christian Sudanese teachers. It was likely that the belief could be easily transmitted to many Sudanese and non-Sudanese pupils at KRC schools. This could jeopardize the prevention messages in HIV/AIDS education, since pupils were likely to regard divine intervention as a sure solution to the HIV/AIDS problem. Additionally, emphasis on the healing power of Jesus could result in religious conflict among non-Christian refugee pupils learning HIV/AIDS education. For instance, whereas Muslims may believe in the healing power of 'Allah' for example, they may not

necessarily look at Jesus as God, since they do not believe in the Trinity as Christians do.

Plate 4.8 captures an example of this Christian angle to the issue of HIV/AIDS.

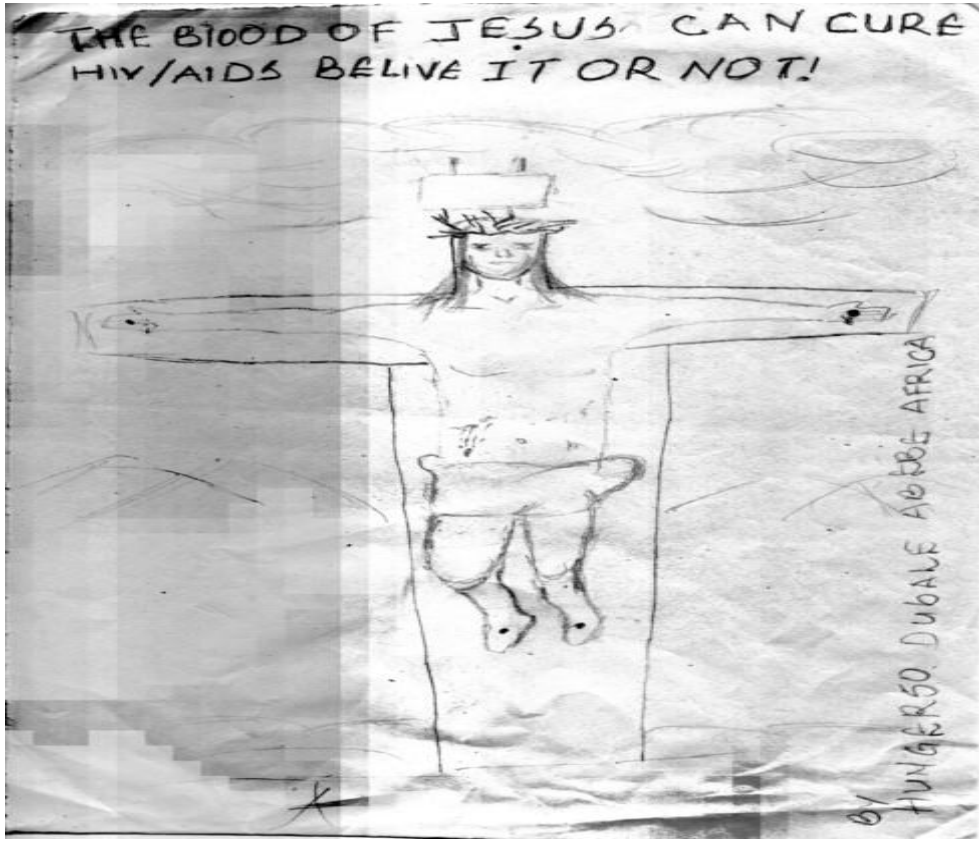


Plate 4.7: Christian Sudanese Boy's Belief in the Healing Power of Jesus

Despite the differences in levels of AIDS awareness between pupils at the KRC schools and their counterparts at the HC schools, both groups of pupils expressed a strong belief that they had a responsibility to create AIDS awareness among community members. This indicated that pupils at both KRC and HC schools were gaining a positive attitude towards HIV/AIDS education.

4.1.1.5 Abstinence versus Safe Sex: Perceptions of Teachers and Religious Leaders

The issue of teaching pupils about safe sex, especially condom use, generated a lot of discussion and debate among the religious leaders, teachers and community members across the participating schools. Their expressed perceptions were as diverse as their cultural backgrounds and religious orientations. For instance, the male Catholic religious leader argued that although the Catholic Church had campaigned against the teaching of condom use for a long time, the Church seemed to be softening its stance, although it could not admit to that. He expounded thus:

I believe that the Catholic Church is beginning to accept that sex among adolescents is a reality and they have to be taught how to protect themselves from HIV infection. Of course I know that the Church cannot admit this openly. But the mere fact that the Catholic Church is now offering small places on the walls or billboards of its institutions for the advertisement of the condoms shows that the Church is beginning to see that people continue practicing illicit sex with or without a condom and the only way to protect such people would be letting them use the condom (Male Catholic Religious Leader).

The above argument notwithstanding, more so coming from a religious leader, some teachers subscribing to the Catholic faith were still rigid on the question of teaching about condom use. On this issue, Mr. Opondo of the HC Charity Co-educational School argued as follows:

Researcher: Is there anything you feel uncomfortable teaching as a result of your Catholic Background?

Mr. Opondo: Of course you know and I don't have to say it. (Laughter), I don't know and that is why I am requesting you to help me know, what is it?) As a Catholic, I think you know, the debate has been all over in the media that due to our faith, we discourage the use of condoms and other contraceptives. That being the case, I cannot advise pupils to use a condom as one of the options for preventing HIV infection. (Laughter) I cannot do that, I can't. I teach science and it is there in the books but my faith cannot allow me to do so. That for sure will be like telling the pupils that they can go and experiment with sex as long as they use a condom (Laughter).

Researcher: So what do you do when you come across a topic that requires you to teach condom use?

Mr. Opondo: I cannot or if I happen to teach, then I tell them about the disadvantages of using a condom and in most cases emphasize abstinence and not otherwise (Teacher FGD, HC Charity Co-educational School).

On the contrary, female Catholic teachers articulated ethics of care, arguing that although they emphasized abstinence as the best way to prevent HIV, they would support condom use to help save the lives of sexually active pupils. Mrs Awiti from the KRC Peace Co-educational School had this to say:

I have to tell them about condom use because I know some of them engage in unprotected sex and there is nothing we can do. For instance, in this school at least every term we find a girl pregnant and that is evidence enough that the girl engaged in unprotected sex. So I tell them about condoms but I also emphasize that abstinence is the best protection (Teacher FGD, KRC Peace Co-educational School).

Like the female Catholic teachers, both male and female Protestant teachers underscored the belief that abstinence was the most acceptable way to prevent infection by HIV. However, they also seemed to have no problem teaching condom use. Similarly, the Protestant religious leaders were of the view that because some people failed to respect God by practising illicit sex, such people had to be taught condom use in order to survive the pandemic and get a chance to live and know God. These kinds of religious-based arguments helped reveal the underlying conflicts in the social, sexual and education lives of not only pupils and their teachers, but also the KRC community and its neighbourhood regarding HIV/AIDS education.

Teachers with a strong Islamic background, like some of their Catholic counterparts, did not believe in teaching safe sex. In fact, the teachers were uncomfortable mentioning such words as 'condom' and 'sex' in the FGD, suggesting that they could have been experiencing difficulties with the words when teaching in the classroom. The interview with the male Islamic religious leader revealed that it was against Islamic Religious principles to discuss issues of sexuality with children, especially in a mixed-sex forum.

This view clearly problematised HIV/AIDS education, since it involved adult teachers and pupils who were culturally and legally children. The suggestion that children get to know about sex ‘naturally’ as they become adults raises critical concerns for any HIV/AIDS education programme. The Islamic religious leader explained:

As Muslims, we believe that it is improper to discuss sex with children. Things to do with sex are natural and human beings just get to know them when the right time comes. That is how Allah made it. It is even worse when you put boys and girls together and talk to them about sexuality. Maybe if you must, then you can do so in single-sex groups (Male Islamic religious leader).

4.1.2 Information Education and Communication (IEC) Material on HIV/AIDS.

Information Education and Communication (IEC) material on HIV/AIDS at KRC and HC schools and communities included T-shirts, billboards, wall hangings, paintings and pamphlets. Notably, the IEC materials were often used as teaching resources during HIV/AIDS education lessons. The interview with the NCKK field officer revealed that the organization often passed on messages on HIV/AIDS through printing and distributing T-shirts to pupils and community members at KRC and its host community. In all instances, during visits to KRC and HC schools, at least 4 to 5 members of the school community would be seen wearing T-shirts with HIV/AIDS messages. Some of the messages read as follows: ‘Keep the Promise’, ‘Stop HIV/AIDS’ ‘Say NO to sex before marriage’, ‘Join the war against HIV/AIDS’ ‘Abstinence is the best prevention’ ‘Abstain from Sex till Marriage’ and ‘HIV/AIDS is a killer disease’. Mr. Sunguti expounded on this educational strategy saying:

Around here, HIV/AIDS is taught and learned everyday and every time through all the school activities including even the clothes we wear. Even as you can see, my clothe is written at the back ‘keep the promise’. This is so that the pupils can read the message and take the necessary action (Teacher FGD, KRC Peace Co-educational School).

Notably, the information on most HIV/AIDS education T-Shirts emphasized ‘abstinence only’ education which may entail just a small section of HIV/AIDS education. Consequently, this mode of teaching seemed to negate a whole range of messages related to HIV/AIDS education such as love and care of PLHWAS, safe sex and modes of HIV transmission, among others. Despite the fact that gender balance was observed in the distribution of T-Shirts with messages on HIV/AIDS as expounded by the NCKK officer, it was observed that out of a total of 45 T-Shirts worn by respondents in this study, only 5 were worn by the female. Some of the girls from the KRC Peace Co-educational School explained that they felt uncomfortable wearing T-Shirts with HIV/AIDS messages since that could portray AIDS as woman’s condition. The same views emerged from female parents in an FGD at the HC Joy Co-educational School. They argued that the HIV/AIDS stigma affected women more than men, and that women were not free to wear clothes that could increase such stigma. One of the parents said:

You know sometimes men want to say women have brought AIDS even when it is them. So when they see a woman in a T-shirt written AIDS they will just think that the woman has AIDS (Grace-Parent FGD, HC Joy Co-educational School).

It was also noted that the dress code for the Muslim Ethiopian and Somali girls was governed by religious obligations, spelling why they did not use T-Shirts and Caps with messages on HIV/AIDS. Some of the girls explained as follows:

Some of us cannot use the T-Shirts because as Muslim girls we cannot just dress the way we like. We have to dress in something that will cover our bodies completely but the T-Shirts will not do that (Asha, KRC Patience Girls’ School).

You know caps are un-Islamic for girls. May be they could have thought of something different which will not make us look like ‘thugs’. Maybe caps can be used by the boys and some other ‘don’t care’ girls, like the Sudanese and Turkanas (Amina, HC Prudence Muslim Academy).

The excerpts above reveal that religious identity through dressing that differentiated the Muslim girls from ‘other’ such as Christian Sudanese and Turkana girls emerged a major motivator against the adornment of caps and T-shirts of whatever nature.

Posters, wall hangings and paintings with messages on HIV/AIDS were common on notice boards, walls and school gates within and around KRC. Some of the IEC materials were designed to get the ‘safer sex’ message across by creating fear of the potential consequences of becoming infected by HIV. The materials demonized HIV/AIDS, portraying it as a monster, a killer, a death sentence and an enemy. Such modes of teaching were likely to discourage PLWHAS from seeking medical help and social support, thus increasing the feeling of hopelessness. The following picture on a school gate is an example of such IEC materials:

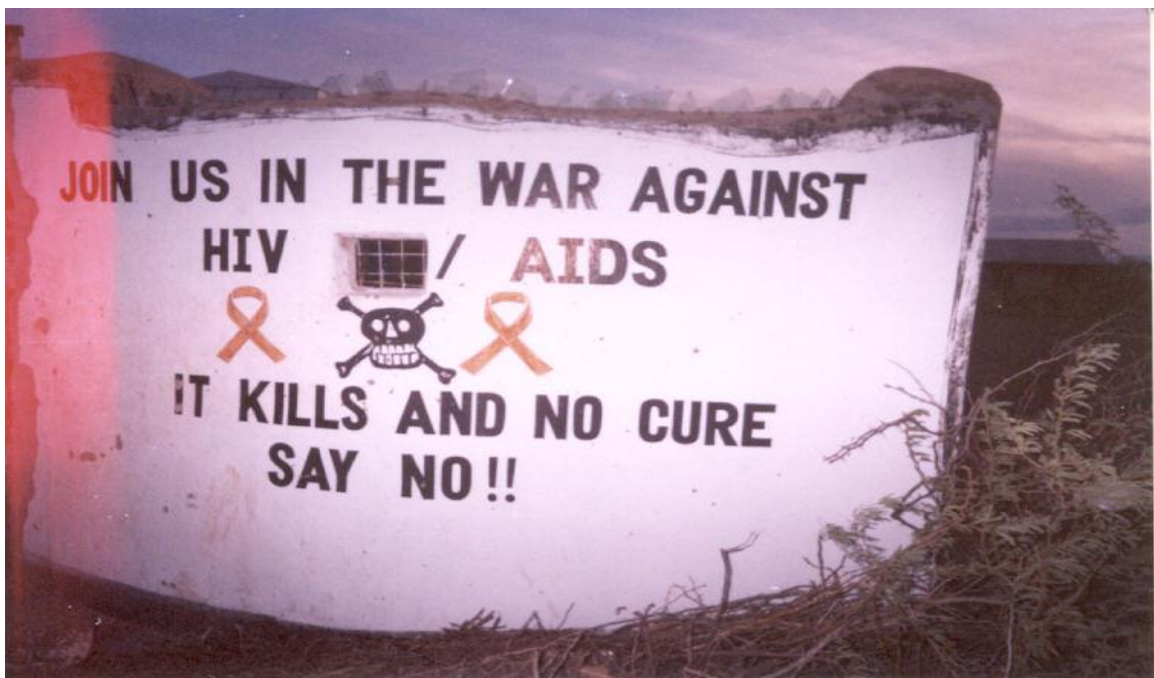


Plate 4.8: School Gate at HC Charity Co-educational School

Although IEC materials such as the one captured and discussed above could be effective in bringing about behaviour change in certain people, it also carries the risk of stigmatising PLWHAS, who stand accused of allowing themselves to become infected by HIV. It also portrays them as a danger to other people. Consequently, such IEC materials contradicted aspects of HIV/AIDS education aimed at reducing stigma associated with HIV/AIDS.

Billboards and drawings with messages on HIV/AIDS were largely used around KRC and its host community to help inform, educate and communicate widely. The most prominent billboard portrayed a man who had locked his pants with a huge padlock throwing the key in a deep river, suggesting that he had totally abstained from sex.



4.9: Billboard Demonstrating Sexual Abstinence with the Words Abstain from Sex till Marriage

This study considered the above billboard as an example of an IEC material that could increase the effectiveness of HIV/AIDS education by correcting the false perception held by pupils that abstinence was a feminine attribute (See Section 4.1.1.4). The billboard had made a notable impact in creating AIDS awareness, since many boys from both KRC and HC schools who participated in this study drew its imitations and explained how the picture made them understand that sexual abstinence was not only important in the prevention of HIV, but was also possible with men.

Reportedly, most of the billboards carrying messages on HIV/AIDS at KRC and the HC were a product of refugee pupils' work at KRC primary schools. Organizations such as NCKK and LWF selected a theme on which drawing competitions were held among pupils. The best drawings were then displayed on billboards. This participatory method of teaching HIV/AIDS education enhanced the pupils' interest and understanding of the subject matter. FGDs revealed that drawings for billboards were mainly done by male pupils, since it was believed that drawing required creativity, thought to be a solely masculine domain. It was explained thus:

Most of these billboards you see around here on AIDS have been drawn by pupils themselves. Boys are particularly very good at that because you know, they are talented in drawing. In fact, last year we had very good Sudanese boys who could draw very excellent pictures for billboards but most of them have now been repatriated back to Sudan (Headteacher, KRC Liberty Boys School).

Sometimes we use our own pupils at KRC to draw for billboards. What we do is that we come up with a theme on which drawings should be made and we hold drawing competitions. Some of the best drawings are then put on billboards (Female NCKK Officer).

The fact that billboards were drawn by boys explained why they displayed messages that favoured the male. For instance, several of the billboards portrayed men as powerful instruments in communicating HIV/AIDS messages and as the ones in need of protection

against HIV infection. Plate 4.10 below illustrates a male-only billboard at KRC (It was not clarified whether pupils participated in preparing this particular billboard).



4.10: A Male Only Billboard Illustrating Prevention of HIV

The portrayal of men as the ones in need of protection against infection by HIV could jeopardize HIV/AIDS education by raising questions concerning who was responsible for infecting the men with HIV. The answer to this question may most likely be found in an accusing finger silently and unconsciously pointed at the female. This situation could generate conflict between female and male members of the KRC community in their understanding of the relationship between gender and HIV/AIDS. Gorski (undated) advises that in order to avoid conflict, teaching material must be examined for bias and oppressive content before being used in multicultural settings.

This study confirmed that the involvement of KRC pupils from diverse cultural backgrounds in the preparation of IEC materials enhanced the utilization of linguistic diversity, thereby promoting understanding of HIV/AIDS issues among pupils and

community members. Notably, the pupils prepared some of the IEC material in their native languages, such as Somali, Didinga, and Turkana as well as Kiswahili and French. For instance, billboards were observed within KRC with messages in Somali and Didinga which read as follows:

Somali : *Cudurka HIV waa cudur adnuka kajira ee galmada aan sharciga ahayn intadan aqal kalin kahor kadigtoo now daacad unoqo lamaa nahaaga* (HIV/AIDS condition is real in the world, so abstain from sex till marriage and be faithful to your partner).

Didinga: *Aito liona, holo ithaanini to eet morith ci HIV.* (Mosquitoes do not spread HIV).

At the HC, some of the billboards with messages in Kiswahili and Turkana read as follows:

Kiswahili: *Kutumia mpira (kondomu) vizuri kila wakati watu wanafanya mapenzi husaidia kuzuia magojwa ya zinaa ukiwemo Ukimwi.* (Using condoms correctly and consistently during sexual intercourse will substantially reduce the risk of contracting STIs including HIV).

Turkana: *Epedaritwaan atapun lokwakel itorunit achama ka akiper angitunga angiarei, niberu ka nikile niti eyakar ipei kech lokwakel.* (Practice safe personal behaviour to stop the spread of HIV).

Some of the billboards found at KRC not only utilized the native languages of particular refugee communities, but also translated the messages in English as seen in Plate 4.11 below:



4.11: A Billboard Illustrating Use of Diverse Languages in AIDS Awareness¹

The above data demonstrates how the IEC materials utilized the linguistic diversity that came with multiculturalism to enhance the understanding of HIV/AIDS. It also shows how speakers of particular languages were targeted with messages specific to their cultural practices related to HIV transmission. The pluralist ideology of multiculturalism, as expounded by Cushner *et al.*, (2003), encourages this kind of a situation, where schools and teachers regard linguistic diversity positively and use it to enhance learning, rather than trying to kill some languages in favour of one dominant language. The pluralist understanding is opposed to the earlier ‘assimilationist model’ of multiculturalism, which used the analogy of the ‘melting pot’ to describe the goal of schools as helping immigrants to shed their native languages, learn the dominant

¹ It was rare to find billboards on HIV/AIDS entirely focusing on women such as the one above.

language and assimilate into the dominant culture. However, this study noted that native languages of the minority refugee communities at KRC such as Eritreans and Rwandese seemed to be left out from the HIV/AIDS IEC materials.

4.1.3 HIV/AIDS Education Co-curricular Activities

Co-curricular activities formed part of the school culture of learning HIV/AIDS education at KRC and its host community. Both the KRC and HC schools portrayed similar patterns in the ways they sought to provide HIV/AIDS education through co-curricular activities such as sports and games, video and film, and indoor clubs. Analysis of data from FGDs, interviews, drawings and observations revealed how factors relating to multiculturalism, religion and gender singly and interactively influenced HIV/AIDS education through co-curricular activities as presented in this section.

4.1.3.1 Sports and Games for HIV/AIDS Education.

The organization of physical entertainment activities, after which participants received HIV/AIDS education materials, was a common feature in the sampled schools. For instance, sports and games were used to facilitate the learning of HIV/AIDS education at both KRC and HC schools. At the KRC Liberty Boys School, observations revealed that interclass “Soccer for HIV/AIDS” events were organized in such a way that winning teams were awarded presents bearing messages on HIV/AIDS. The presents included T-Shirts, caps and school bags that read, for instance, ‘Join us in the war against AIDS’, ‘abstain from sex till marriage’ ‘stop AIDS’ and ‘keep the promise’. The messages enhanced HIV/AIDS education by emphasizing its content in both classroom and out-of-

class situations, and also reminded pupils and community members of the need to take preventive measures against HIV infection.

In other instances, the apparently popular soccer sport was used to foreground HIV/AIDS education. In an observation at the HC Charity Co-educational School, a weekend soccer match among four HC schools, including Charity and Joy co-educational schools, was used to kick-start an HIV/AIDS awareness and testing event. During the event, pupils and community members received leaflets, pamphlets and counselling sessions on AIDS from individuals and organizations including National Council of Churches of Kenya (NCCCK) and International Rescue Committee (IRC) officers, with the help of schools' 'anti-AIDS club' members. The messages on the pamphlets and leaflets included definitions of HIV/AIDS, ways of contracting and not contracting HIV, and prevention of HIV infection. Notably, the messages tended to ignore the fact that HIV/AIDS education was not just about prevention, rather it equally needed to benefit PLWHAS by focusing on positive living. This HIV/AIDS awareness and testing event was unique in the sense that its activities motivated some pupils, teachers and community members to volunteer for HIV testing, which was readily availed at a mobile Voluntary Counselling and Testing Centre (VCT) organised by IRC. Consequently, the event provided an opportunity for teachers and pupils to practise what was learnt in HIV/AIDS education lessons.

During FGDs, pupils from KRC and HC schools underscored their love for sports and games, which they said resulted in their liking for HIV/AIDS education programmes linked to games and sports. Some of the students' arguments are exemplified below:

I am always happy when we go out in the field and learn about HIV and AIDS freely through games. That way, we are free to ask questions on any topic in any language we feel comfortable with (Saidi-Boys' FGD, KRC Liberty Boys).

It is a great experience to receive and give information about such a sensitive subject in a stress free environment as seen in soccer for AIDS (Jason-HC Joy Co-educational School).

The excerpts above revealed that the pupils' liking for HIV/AIDS education programmes based on sports and games was linked to the teaching methods used, as well as informal environment in which learning took place. The power of games and sports in making HIV/AIDS education enjoyable has also been underscored by Rugalema and Khanye (2001) in studies done in regular schools in various countries in Africa. Similarly, Grassroot Soccer (2002) discusses the popularity of soccer and games-based programmes in teaching HIV/AIDS education in Zambia, Botswana, Zimbabwe and South Africa. In the refugee setting at KRC as well as in HC schools, sports and games not only makes HIV/AIDS education enjoyable, it also empowers pupils and community members to break down cultural barriers and bring their communities together with a shared purpose. This is exemplified in extracts of FGDs with refugee parents, teachers and pupils alike as shown below:

When we go to the schools to watch soccer for HIV and AIDS, we interact well amongst ourselves as refugees and with members of the host community. You find a Sudanese, Ethiopian and Turkana united in cheering a common school team because their children are there. The three will laugh and sing together as spectators and also share the pain in case the team loses. This way, a sense of brotherhood emerges and I can assure you that it doesn't end there (Male Congolese Parent , Peace Co-educational School).

The Sudanese boys in this school had never considered us equal human beings until the day we helped the school soccer team win. None of the three goals scored in that match came from a Sudanese but two were from Ethiopians and one from a Somali. Since that time, the Sudanese now tend to appreciate boys from other cultural backgrounds (Willy-Ethiopian-Boys' FGD, KRC Liberty Boys).

We like sports and games for HIV/AIDS because they enable our pupils to work together without allowing cultural differences to divide them (Mr. Mbatl-Teacher, HC Joy Co-educational School).

The excerpts above revealed that the incorporation of sports and games in HIV/AIDS education could be an effective way in restoring social relationships formerly ruined by socio-cultural and religious differences among the various cultural refugee groups at KRC and its host community. The concept of 'teamwork' and 'team spirit', which underscore a unity of purpose, was clearly evident in the discussions with the research participants. This created space for joint learning of social and health issues including HIV/AIDS education.

Religious activities had a direct influence on the timetabling and scheduling of sports and games activities for HIV/AIDS education. For instance, documentary evidence from school timetables showed that whereas the HC Charity and Joy co-educational schools scheduled games and sports for HIV/AIDS education for Friday afternoons, the HC Prudence Muslim Academy scheduled such activities for weekends. According to Headteachers and teachers, the majority of pupils at the HC Prudence School were Muslims, hence they needed time for the Friday prayers that are mandatory in Islam. However, pupils at the HC Charity and Joy co-educational schools were mainly Christians who went to church on Sundays. As such, to minimize conflict of interest, sports and games activities for HIV/AIDS education had to be organized in a manner that allowed time for attendance of religious services and activities. One of the teachers commented on this observation:

The reason why we put sports and games for HIV and AIDS on weekends is because most of our pupils are Muslims and they have to go for prayers on Fridays. Even as we speak, they are not here but you will see them at the Mosque on your way out. So we have to come back here tomorrow and sometimes on Sundays for the outdoor activities. Yah...we cannot do it the 'Charity' style because those ones are Christians and they have no problem with their Fridays (Mr. Walunywa, HC Prudence Muslim Academy).

From the data cited above, it is reasonable to argue that schedules for sports and games activities for HIV/AIDS education favoured pupils from the majority religious backgrounds at the expense of those whose religious groups were underrepresented in their schools. For example, Christian pupils, who formed less than 10% at the HC Prudence Muslim Academy, and Muslim pupils, who also formed less than 10% at the HC Charity and Joy co-educational schools were often left out of these important HIV/AIDS education activities. Despite this, teachers made no efforts to provide compensation. This resulted in exclusion that created conflict for pupils wishing to gain from both Religious activities and sports and games for HIV/AIDS education. In this case, the teachers left out an important aspect of multicultural education which, according to Gay (1996) requires educators to find ways of compensating learners from minority groups who lose out on some lessons due to factors related to their membership in certain religious and cultural groups. By so doing, teachers would enhance the Human Rights Approach to education, which requires that all children participate in learning activities on equal basis (UNICEF, 2000).

Unlike the HC schools, KRC schools teachers and headteachers argued that religious activities had little influence on the scheduling of HIV/AIDS education activities in their schools. In particular, headteachers at the KRC schools insisted that they considered their pupils learners and not Catholics, Protestants or Muslims. Some of their arguments were as follows:

We do not allow religious matters to distract school programmes. Once they come here they are pupils and not Muslims or Christians (Headteacher, KRC Liberty Boys School).

You know schools are not religious institutions. We don't even look at our pupils as coming from different religious backgrounds because we believe that could promote discrimination of some kind (Headteacher, Patience Girls-Kenyan Protestant).

HIV/AIDS affect pupils from all kinds of religious backgrounds and when they come here they all have to adhere to our scheduling of HIV/AIDS education programmes (Ugandan Headteacher, Peace Co-educational School- Protestant).

In the above excerpts, the KRC headteachers felt that recognizing pupils' various religious affiliations could lead to discrimination of those from certain religious groups by exclusion. Although the headteachers may have had good intentions, their tendency to ignore pupils' religious backgrounds could be interpreted as a basis for conflict that could in turn undermine the teaching and learning of HIV/AIDS education. Such situations denied pupils opportunities to share their concerns of how HIV/AIDS education content and methods worked for or against them as members of particular religious backgrounds. Jackson (2003) advises that religious differences among pupils must be identified and used to enrich the learning process without assuming that a certain religious group has nothing to contribute to educational activities.

Girls across the various cultural and religious divides at the KRC and HC schools portrayed some similarities in their perceptions of sports and games for HIV/AIDS education. They believed these activities required a lot of strength and energy thought to be only masculine oriented. This belief tended to de-feminise sports and games, creating a situation which denied girls an opportunity to learn HIV/AIDS education as well as communicate HIV/AIDS messages through such activities. The following are some of the comments made by the girls:

In some boys and mixed schools, I have seen information on HIV/AIDS being passed through football, athletics and other games. But that does not happen in this school because as you can see, it is a girls' school and you don't expect us to have the energy to play such games especially with the kind of weather in this place (Regina-Catholic Ugandan, Patience Girls School).

Boys in this school play soccer for HIV and AIDS. (What about girls?). Girls don't like playing games in the field. They will rather go to the indoor clubs or sit and gossip. (Why don't they like playing?). Most of them are just weak physically and they don't want to run or push themselves so much. You know, they get tired quickly but boys don't (Selly-Protestant, Sudanese, Peace Co-educational School).

We don't play soccer. (Why?) We have no strength like the boys. We will be tired (Zakia, Ethiopian Muslim, Peace Co-educational).

It was also common for girls from all cultural and religious backgrounds to associate their low participation in games to the physiological and biological changes in their bodies. The girls claimed to be uncomfortable running around in games attire during menstruation. They also felt that everybody around them stared at their developing breasts, therefore running around could only attract more attention to themselves. The following are examples of such perceptions as captured through FGDs:

Sometimes younger girls enjoy games, but the ones in this class (Standard Seven) fear. (Why do they fear?). You know somebody could be 'attending' (menstruating) (Laughter) and when she runs people will see and laugh. So even if the person tries to run, they do so while holding their skirts and that makes it very difficult (Serah-Protestant Turkana, HC Charity Co-educational School).

For a girl, when you go playing soccer or running, you just know the way the breasts will dance like this (while demonstrating) (laughter) and then people will just start looking at you. It is embarrassing (Caro-Catholic Burundian, KRC Patience Girls School).

When girls get their periods they don't want to play. Sometimes they don't even come to school (Amina-Muslim Somali, HC Prudence Muslim Academy).

The above excerpts support findings by Muhanguzi (2005) in a study in regular schools in Uganda, where girls preferred staying in their dormitories reading or conversing during games activities due to reasons related to menstruation and physical development of breasts. However, this study observed that NGOs at KRC understood how girls from various cultural groups perceived games and sports, and recognized that their various

perceptions could implicate negatively on HIV/AIDS education programmes based on sports and games. Consequently, the organizations were already working closely with LWF to organize special programmes for girls and other groups considered special in schools and the community. For instance, there was a basketball team for the physically challenged and indoor sports facilities such as dominos, cards and scrabble for the disabled and older people. These efforts were beginning to make sports and games more inclusive and could increase the accessibility of HIV/AIDS education programmes linked to sports and games.

There were also some comparable perceptions and attitudes among boys across cultural and religious divides on HIV/AIDS education activities. The boys attributed their active participation in the activities to the belief that they were more talented and energetic than girls. Thus, they tended to essentialize sports and games as masculine activities. A section of the boys explained thus:

As boys we have one advantage. We are energetic and as a result, we often play soccer for AIDS as you will see in that picture that I have drawn for you (Okwachi- Protestant Sudanese, Peace Co-educational School).

We use our masculine talents such as athletics and football to pass messages on HIV/AIDS to the school community. But girls use other easier activities such as music to do the same (Mohammed- Muslim Somali, Prudence Muslim Academy).

The arguments above confirm findings by Pattman and Chege (2003) in a study where boys described themselves as strong and active in contrast to the girls. The boys also looked at their being good at football as an important criterion of male popularity – an expression of how ‘masculine’ they were. It could be argued that physical strength was taken to symbolise male superiority. Therefore, in describing themselves as strong, boys were not simply referring to attributes or characteristics they already possessed, but were

constructing themselves as superior to girls. This position of masculinity had implications, though implicit, for HIV/AIDS education, whereby boys were constructed as powerful tools for communicating issues related to the pandemic through sports and games, than were girls. This is in spite of the historical feminisation of the teaching of HIV/AIDS and the positioning of the female as responsible for the spread of HIV (Ndumbuisi & Luzoho, 2006; Also see section 4.1.1.3).

Somali and Ethiopian Muslim boys had additional reasons as to why they preferred outdoor HIV/AIDS education activities. For instance, the boys were happy with the fact that games and sports were exclusive in that they attracted fewer girls. Some of the boys argued as follows:

When I go to the field for games I find it okay because we are just male pupils only. But for the indoor clubs you feel uncomfortable because so many girls are crowding there and there is nothing you can talk with them (Swaleh- Muslim Somali, HC Prudence Muslim Academy).

We don't like going for the activities of the Islamic Muslim Association because the club is full of girls (What do you do during that time?). Some of us go to the field to play soccer. At least there you interact with many boys and you are comfortable (Quaabata-Muslim Ethiopian, HC Prudence Muslim Academy).

The above statements seem to suggest that Muslim Ethiopian and Somali boys preferred activities with fewer girls as they perceived girls as less intelligent and incapable of contributing useful ideas to an activity. This notion is suggested in Swaleh's statement that there was 'nothing' boys could talk about with girls. Teachers attributed the negative attitude of Somali and Ethiopian boys towards activities dominated by girls on culture and religion. In one of the teacher FGDs at the KRC Peace Co-educational School, the teachers maintained thus:

Mr. Muli: For your information Somali boys are never keen on participating in the activities dominated by girls. You must have been told that the Somali culture as well as the Islamic religion in which they belong, strongly emphasize the separation of boys from girls. That is why the boys will be absent from activities dominated by girls.

Researcher: Ok. So that is with the Muslim Somali boys.

Miss Okwachi: Even the Muslim Ethiopian boys also behave in a similar manner. It is not easy to find them publicly identifying with activities dominated by girls. But there is little we can do as teachers because that is how the boys have been brought up.

Mr. Abdi. You know the Somali and Ethiopians tend to believe that interaction between boys and girls can lead to pre-marital sex. And that is the reason why they discourage the mixing of the two sexes (Teacher FGD, KRC Peace Co-educational School).

From the above excerpts, teachers explained that the Somali social culture and Muslim religious practices, of which the Somali and some of the Ethiopians were also members, had socialized boys and girls to grow up in separation as a way of curbing sexual immorality. Thus, there was notable polarisation of gender, with boyhood and girlhood being systematically constructed as opposites. This cultural tendency had potential to problematise HIV/AIDS education that, in essence, was designed to allow both boys and girls to participate as partners in addressing pertinent and effective strategies of preventing and eventually stamping out the AIDS pandemic.

Notably, Somali and Ethiopian Muslim girls showed little interest in outdoor activities. This trend became clearer with girls at the HC Prudence Muslim Academy. According to the teachers, Somali girls had been socialized to believe that living an active and outgoing life was a reflection of ‘cheapness’- basically referring to portrayal of the ‘bad girls’ socially and sexually. One of the male teachers explained the idea thus:

For the period I have been here, I have realized that Muslim Somali girls are not supposed to be very active, their response is not like that of boys and as a result, boys are doing much better than the girls. There is a notion that the Muslim girls are not supposed to talk before people or show that they are active. They are supposed to hide their feelings. That has made them less active in classroom and outdoor activities (Mr. Anindo, a Christian Kenyan teacher- KRC, Prudence Muslim Academy).

To the Somali girls, shyness and looking down while talking to people of the opposite sex indicated 'good manners'. Further explicit differences were observed between the Somalia-Somali and the Kenya Somali girls, with the Somalia-Somali showing more pronounced characteristics associated with the Somali culture of the 'good mannered', as opposed to the Kenya Somali girls, who were a little more open, thereby portraying the image of a less cultured Somali girl.

The Somali and Ethiopian Muslim girls also pointed out that one of the reasons they shied away from outdoor activities on HIV/AIDS education was because they feared loss of their virginity, which was highly valued by their cultures and religions. Muslim Ethiopian girls also raised concern over the kind of attire used in games and sports. The girls viewed the short skirts, shorts and sleeveless shirts used in games as 'Un-Islamic', therefore one of the main hindrances to their participation in sports. These cultural and religious beliefs hindered the effectiveness of HIV/AIDS education through sports and games, as they excluded Somali and Ethiopian Muslim girls. Some of the girls argued as follows:

We don't want to participate in football and games because we cannot wear short clothes and tops that expose our bodies. (Why is that so?). We are not allowed to do that as Muslim girls. We always have to cover our bodies (Zakia- Muslim Ethiopian , Peace Co-educational School).

You know if you want to play soccer you must wear shorts in public. But for Muslim girls we can't do that because even our parents will not accept (Amina- Muslim Ethiopian, Joy Co-educational School).

Like Amina, several Ethiopian girls mentioned the fact that parents restricted them from participating in games and sports due to the kind of attire used. The strong influence of

Ethiopian male and female parents on the attitudes and perceptions of pupils on HIV/AIDS education activities was also reflected in statements made with the parent FGDs as follows:

Personally I discourage my girls from playing games. A girl who can wear shorts in public in order to play soccer will be a poor role model to younger girls. I cannot allow it (Mr. Aden –Muslim Ethiopian Parent, KRC Peace Co-educational School).

Learning HIV/AIDS education through games is not bad. What we dislike is the kind of dressing our girls are expected to use during the activities. They can even make them fall into the sexual sins that they are taught to avoid (Ms. Rosa-Muslim Ethiopian Parent, HC Charity Co-educational School).

In general, Ethiopian parents strongly influenced their female children with the perception that games attire that exposed the girls' bodies could jeopardize the very HIV/AIDS messages they were taught. The assumption that exposure of girls' bodies could lead to sexual immorality was, in this study, debatable. This is because in Kakuma, it was part of the Turkana culture for girls to walk bare-chested, yet the community still maintained high sexual morality. This argument was confirmed when a male parent said the following:

In our community you will see most girls and women just walking without tops. But I can assure you that this is a good example of a society with very high moral standards. No man can dare do anything to the girls because he knows he will pay over thirty animals. So I don't believe that dressing has anything to do with moral decay (Mr. Lokon-Turkana parent, HC Charity Co-educational School).

The above observations notwithstanding, efforts by schools to enhance multicultural contexts with an aim to improve the participation of Somali and Ethiopian Muslim girls in HIV/AIDS education games and sports activities were noted. For instance, Somali Muslim girls at the HC Joy and Charity co-educational schools and the KRC Peace Co-educational School were encouraged to participate in games. They also interacted with boys more than their counterparts at the HC Prudence Muslim Academy. The

participation of Christian Sudanese, Turkana, Ugandan, and Congolese girls in HIV/AIDS education sports and games activities was comparatively more pronounced than that of their Somali and Ethiopian Muslim counterparts. Similarly, girls of Ethiopian Orthodox background participated in games fairly well and had no problem using the requisite attire. These categories of girls seemed to benefit considerably from the HIV/AIDS education programmes linked to sports and games.

Differences in the attitudes and perceptions of HIV/AIDS education games and sports activities by girls from different cultural backgrounds demonstrated firstly, the complexities involved in the ways girls negotiated HIV/AIDS education activities against traditional cultures and religions. Secondly, it also brought to light the identity conflict experienced by girls as they navigated between being 'good' or 'bad' girls in the process of HIV/AIDS education. And thirdly, there was the role of religious culture in encouraging girls to break away or remain within defined traditional gender boundaries, as noted between the Ethiopian Orthodox and Muslim girls respectively. On the whole, it was felt that HIV/AIDS education games and sports activities benefited boys more than girls, since these activities were clearly gendered and constructed as masculine, both in the context of religious and social culture. Most affected were girls of Somali and Ethiopian Muslim backgrounds from schools with less complex cultural diversity such as the HC Prudence Muslim Academy, where the Islamic culture on gender segregation was the norm.

4.1.3.2 Video Shows and Films for Teaching HIV/AIDS Education Fora

Apart from sports and games, Video shows and film formed another mode of teaching HIV/AIDS education and Reproductive Health Education at KRC and HC schools. Although FilmAid International was the main organization responsible for showing video and films, certain KRC schools such as Patience Girls acquired their own additional videos. This initiative demonstrated the seriousness with which HIV/AIDS education programmes were taken. According to the NGO officers at KRC, FilmAid International worked closely with other aid agencies such as IRC, UNHCR, LWF, NCKK and Jesuit Refugee Service, in their creation of AIDS awareness materials. The following are examples of some of the NGO officers' explanations of this approach to HIV/AIDS education:

We also promote HIV/AIDS education through contributing to the FilmAid's Library of films. Yah...we work together with them because we know the videos and films will eventually be used to improve AIDS awareness in our schools and communities (Female NCKK Officer).

Sometimes we also partner with FilmAid International in the production of Films that are later on used to create AIDS awareness within the camp. Other organizations which have been working with us in this include NCKK, LWF, Jesuit Refugee Services and of course UNHCR. We actually implement all these programmes on behalf of UNHCR (Male IRC Officer).

The study analysis revealed that FilmAid Programmes were based on the principles of refugee participation and empowerment. According to pupil and teacher FGDs, members of the various refugee communities at KRC were taught to write film scripts, direct, act and edit the videos that were used in FilmAid programmes. This community involvement meant that views and perceptions from diverse religious and cultural backgrounds were incorporated in the HIV/AIDS education films, thus, contributing positively to multicultural education. Grant and Gomez (1999) reveal that incorporating views from

cultural and religious groups represented in the classroom contributes to greater acceptance of the subject by the learners. In this context therefore, culturally responsive video and film formed a unique mode of teaching HIV/AIDS education in ways that not only improved refugees' health, but also helped to educate, improve self esteem and break the monotony of deprived and dependent refugee life. The films also helped to reduce stigma, conflict and tension through cooperative engagement. According to pupils and teachers' FGDs, FilmAid programmes were used in anti-AIDS clubs, during lessons and for entertainment purposes. The screenings were followed by discussions facilitated by teachers. Some of the pupils and teachers explained the issue as exemplified below:

There is an organization that comes to this school to show videos on HIV/AIDS. We normally watch the videos and then discuss with the teachers and those people who bring the video about what we have learned (Tinah-Girls' FGD, KRC Peace Co-educational School).

We watch the videos together with our teachers and they explain to us many things about HIV/AIDS (Dan-Boys' FGD, KRC Liberty Boys School).

When our pupils are being shown the videos on AIDS we also have to be there so that we can guide them on the content of the video (Teacher FGD, KRC Liberty Boys School).

I always advise my teachers to be there and I ensure that because when we leave pupils to watch those videos alone they may not even make sense out of what they are watching. So I always ensure that teachers participate in the whole thing (Headteacher, KRC Peace Co-educational School).

Apart from showing video in schools, there were also outdoor evening and daytime screenings for community members, followed by group discussions about topics of concern. The discussions, in this case, were facilitated by NGO officers. The timings of community video shows increased the participation from a wide range of participants, who watched the films depending on the convenience of their schedules.

Since video and film modes of teaching HIV/AIDS education entertained at the same time, they appeared to be well liked by headteachers, teachers, pupils, NGO officials and

community members across cultural and religious divides as evidenced in the following comments:

At KRC we have FilmAid International which brings video shows on HIV/AIDS. But after realising that girls were so excited about the videos and that a lot of discussion around HIV/AIDS issues was generated during the shows, we decided to get our own video as a school so that we can have the shows at least every week (Kenyan Male Headteacher, KRC Patience Girls School).

We like the videos because we are able to see and understand everything regarding the transmission of HIV and how somebody suffers and eventually dies. It is different from when you are just told by the teacher in class. I believe anybody who watches the videos can never get involved in unprotected sex (Daniel-Sudanese – Boys’ FGD, Liberty Boys School).

The videos are good because they help our children and husbands to learn a lot about AIDS. Some of the things they see are sensitive and we could not have managed to teach them as mothers or wives. Now we do not have to bother since video shows are doing it for us (Mrs. Ramadhan-Somali Parent, HC Joy Co-educational School).

The above finding on the popularity of videos corresponds to the earlier observation by the Boston University Centre for International Health and Development Study of June 2006, which recorded positive responses in regard to FilmAid International video screenings across cultural, religious and gender divides at the KRC out-of-school community. The appreciation of HIV/AIDS video and film in this study portrays the potential of film to transcend the barriers that often hamper traditional chalk and talk educational approaches, particularly in topics that challenge socio-cultural and religious norms of human interaction.

Although video and film enjoyed acceptance across cultural, religious and gender boundaries, the method seemed to work best for girls in single sex rather than mixed sex classroom settings. This is perhaps because girls were able to freely discuss matters related to sexuality in the absence of boys. The study confirmed that, for instance, pupils from KRC Patience Girls School enjoyed HIV/AIDS education through video and film

more than their counterparts in all the co-educational schools. This category of girls pointed out unequivocally that video shows triggered even the most sensitive discussions that could have otherwise remained difficult between the girls and their teachers, arguing thus:

Learning HIV/AIDS education through video is best. It is the only time we can laugh and even feel free to chat with the teachers regarding sensitive issues that arise from the video. Yet in the classroom we cannot be all that free (Regina-Catholic Ugandan, KRC Patience Girls).

The goodness with video is that it is interesting and so we all pay attention, no one can doze. We are able to see and remember interesting and sometimes frightening things about HIV and AIDS. Also, teachers are friendly during video shows. It is not like the classroom where they sometimes put on stone face and one cannot dare ask them anything (Caro-Catholic Burundian, KRC Patience Girls School).

In contrast, girls in co-educational schools expressed discomfort watching HIV/AIDS education video and film at the same forum as boys. At the HC Charity Co-educational School, girls claimed that some video and films demonstrated the actual act of sexual intercourse, prompting boys to make fun of the girls during and after the shows. By making reference to what they had watched in the video, boys often portrayed female sexual organs as ugly. The girls explained thus:

Researcher: What are some of the activities used in the teaching of HIV/AIDS education?

Norah: Video shows. (Tell me more about video shows) Sometimes people come here from FilmAid and show videos on HIV/AIDS. We see how people play sex, contract HIV and then become sick and die. Some girls vomit while taking their meals at lunch time (laughter) on remembering what they have watched. You know the videos show people playing sex and one can see how the female sexual organ looks very bad. I even don't know how to describe it (More laughter).

Serah: Yes teacher. That makes boys to laugh a lot during the video shows as they look towards the *girls' end*. When we go out they start telling us 'we have seen you' (your sexual organs). So that is how you look like?' That makes us feel bad and naked. You know even if you are the one watching, you will see that 'the female thing' (sexual organs) looks ugly.

Researcher: What about the male sexual organ?

Norah: That one looks a bit better. It is not as bad as the 'female thing' (laughter) (Girls' FGD, HC Charity Co-educational School).

The problematisation of the female genitalia as noted in the above excerpt results in girls being ashamed of themselves as they describe the female ‘thing’ as ugly apparently due to the sarcastic comments by boys. In addition, the boys’ sexual organs are perceived as less ugly by both boys and girls. This finding reflects how boys and girls construct their gender and sexual identities in opposition with each other. Gergen (1999) provides an explanation of such behaviour, arguing that our ways of seeing the world (including how we look at ourselves) are generated by relations rather than by external realities. The situation suggests that differences in the understanding of HIV/AIDS education in the context of heterosexuality could lead to conflict between boys and girls, thus hampering gender partnerships in addressing the spread of HIV infections.

Unlike girls, boys across the participating schools, even with the problematisation of female genitalia, found no problem with the content of the video shows and the gender composition of the audience. In fact, the boys portrayed excitement when video shows focused on sexual content that girls found embarrassing such as ‘sexual intercourse’ and/or ‘sexual organs’. It seemed like the boys preferred watching such video shows in mixed gender fora, in order to see the reaction of girls and female teachers. The following explanations from boys helps exemplify this observation:

It is ok for me when we watch video shows in boys’ only groups or even when girls are present. In fact (with a sarcastic laugh) when the girls and madams are there we can also see how they will behave and what they can also say about HIV and AIDS (Peter, KRC Peace Co-educational School).

I want us to watch video when girls are there because what is being shown involves both girls and boys. So we all have to be there so that everybody can see their part. Why are the girls always afraid and yet they also do ‘these things’ (laughter) (Isaac, HC Joy Co-education School).

In view of this finding, it could be argued that video shows and films with elements of real sexual activity added little value to HIV/AIDS education for pupils in co-educational schools. Instead, the shows tended to deflect attention away from the real issue of HIV infection. Hence, such videos and films jeopardised gender relations by creating a greater gap between boys and girls in an environment where cultural and religious conflict was already a reality. The videos and films created a situation that encouraged boys to feel superior over girls, and also gave the former an opportunity to intimidate female pupils and teachers through their sarcastic gestures and laughter.

4.1.3.3. Drama, Poem and Music for HIV/AIDS Education

Drama, poem and music as ways of teaching HIV/AIDS education were observed at both KRC and HC community schools. At the KRC schools, the NGOs came up with appropriate AIDS awareness themes and asked teachers to develop relevant items for interschool competition. Winning schools in such competitions were recognized and rewarded with trophies accordingly. One headteacher explained thus:

Every year, our partner NGOs under the leadership of NCK always come up with a theme for HIV/AIDS activities and teachers are encouraged to come up with items for competition based on that. Last year the theme was 'Breaking the silence' and winning schools were rewarded. Our school is very good at that and that is why you can see all these trophies (Headteacher Interview, KRC Patience Girls School).

Observation data showed that girls always performed better than boys in drama, poem and music competitions. For instance, while the KRC Patience Girls School displayed several trophies won in the year 2007 HIV/AIDS awareness competition, the KRC Liberty Boys School had only one trophy. Peace Co-educational School had none. This observation led to the understanding that girls were socially better predisposed to learn

HIV/AIDS education through drama, poem and music, especially when in single-sex environments. While this observation underscored the feminisation of these activities, it also showed that boys could develop a positive attitude towards activities viewed as feminine, when exposed to such activities in a single-sex environment as seen at Liberty Boys School. The low opinion of boys in co-educational schools towards drama, poem and music was attributed to the fact that girls in the same schools showed interest in the same activities, prompting boys to rebel by constructing their identities in opposition to girls. They hence shunned the apparently feminised activities of drama, poem and music.

While there were no glaring cultural differences in pupil participation in drama, poem and music, Ugandan girls were widely commended for their expertise and openness in the performance of these activities. According to the teachers, the Ugandan girls were confident and always willing to assist other members of the school community to learn HIV/AIDS education through cultural activities. One of the teachers elaborated on this as follows:

Ugandans are particularly very good when it comes to such activities as cultural songs, poems and drama. They are so courageous and willing to share quite a lot of information. A good example is Regina; one of the girls you have just talked to in a group discussion (Mr. Wako- teacher FGD, KRC Patience Girls School).

The seriousness and openness with which Ugandans embraced the fight against HIV/AIDS had been noted in earlier studies, and was thought to have contributed to the achievement of lowering HIV prevalence in Uganda (Panos, 2003).

It is noteworthy that HIV/AIDS education drama, poem and music activities were unique in the way they reflected the linguistic diversity represented in schools and communities

within and around KRC. For example, the songs were from different ethnic and linguistic backgrounds. The dances reflected diverse cultural characteristics, while the poems and drama were in various local and foreign languages. This could be interpreted as a means of inclusiveness, thus benefiting pupils from all cultural backgrounds, including those who did not understand the English language commonly used in formal instruction. Taking care of the diversity of languages through HIV/AIDS education emerged as a necessary and important aspect of multicultural education, underscoring views of researchers such as Gorski (Undated) who had pointed out that multicultural educators needed to find alternative ways of assisting pupils from diverse linguistic backgrounds to learn the curriculum content in a non-discriminatory way.

Apart from being used in interschool competitions, songs and drama were also used in classroom situations. Below is an example of a song used during a Kiswahili lesson which focused on ‘UKIMWI’ (AIDS) at the HC Charity Co-educational School:

Soloist: Ukimwi ni ugonjwa hatari (*AIDS is a dangerous disease*).

All: Ya. Yachoma kama moto, yachoma kama moto (*It burns just like fire x2*)

Jikinge, jikinge na Ukimwi usije ukachomeka (*Prevent yourself from AIDS so that you may not burn*).

It was observed that all members of the classroom actively participated in singing the above song regardless of their gender, cultural and religious backgrounds. The song, like some of the IEC materials discussed in section 4.1.2, portrayed AIDS negatively by equating it to burning fire that must be avoided at all costs. Hence, the song could easily increase stigmatisation of PLWHAS. Notably, the HIV/AIDS education drama, poem and musical activities were more vibrant at the KRC schools than the HC schools, indicating

that HIV/AIDS education programmes were relatively elaborate and possibly well supported at the camp as compared to the surrounding host community.

4.1.3 .4 Anti-AIDS Club activities

Anti-AIDS clubs were widely used in teaching HIV/AIDS education at both KRC and HC primary schools. The club activities were organized and facilitated by partner NGOs and individual schools. The anti-AIDS clubs illustrated the power of peer education and the benefit of learning outside the formal educational system. The club approach was based essentially on peer education, where pupils learnt from their fellow pupils with patrons acting only as facilitators. Rugalema and Akoulouze (2001) point out that the strength of peer education stems from the fact that ideas or information could be more easily accepted if they came from an individual with whom one shared the same concerns.

One major anti-AIDS club identified was referred to as the ‘anti-AIDS club’; which had been established by NCKK in every school. The female NCKK officer explained the concept thus:

We have established a fifteen (pupils) member anti-AIDS club in every school located in the camp with one patron who is our Reproductive and HIV/AIDS education facilitator. He or she trains the club on issues related to HIV and AIDS and then we use the club members to reach others and that is a form of making sure that information flow is attained within the schools (Interview, NCKK Officer).

Members of the anti-AIDS club, commonly referred to as ‘peer educators’, carried the responsibility of creating AIDS awareness in the school community. The ‘peer educators’ were continually exposed to new information regarding HIV/AIDS through workshops

and seminars organized by NCKK in partnership with other NGOs at KRC. The anti-AIDS clubs worked closely with drama, poem and music clubs in creating AIDS awareness.

Another club identified was the Sexual and Gender Based Violence (SGBV) club, whose activities went beyond AIDS awareness to include gender awareness and link it to sexuality issues. Unlike other anti-AIDS clubs, the SGBV was only present at the KRC Patience Girls School. In addition, the SGBV was the only club with a female patron. This may mean that there were some misconceptions about gender at the KRC and HC schools. Notably, gender was still associated with girls and women, rather than with relationships between women and men or boys and girls. Contrary to such notions, researchers such as Harvey and Fine (2005) describe gender as a relational concept, arguing that masculinity and femininity ought to be thought of in relation to each other. Thus, femininity can only exist with masculinity, just like we can only talk of length in relation to brevity. Such misconceptions of 'gender' as referring to women and girls indicate lack of understanding in the KRC schools, thus suggesting the need for gender education among teachers and pupils.

The Health Education club emerged as one of the most influential anti-AIDS clubs observed at the HC schools. This is perhaps because of its coverage of health issues without centering solely on HIV/AIDS. At the HC Charity Co-educational School, the Health Education club involved all members of the school community in discussing HIV/AIDS and other health related issues once a week. According to the observation

data, the Health Education club activities often started with ‘health talks’ from resource people, who were either NGO officials or religious leaders. The health talks were then followed with discussion sessions on questions raised by pupils during the week through question boxes². The question boxes were placed in strategic places in the school compound for pupils to drop in written questions thought to be ‘embarrassing’ or confidential. The photograph below shows a teacher demonstrating the use of question boxes.

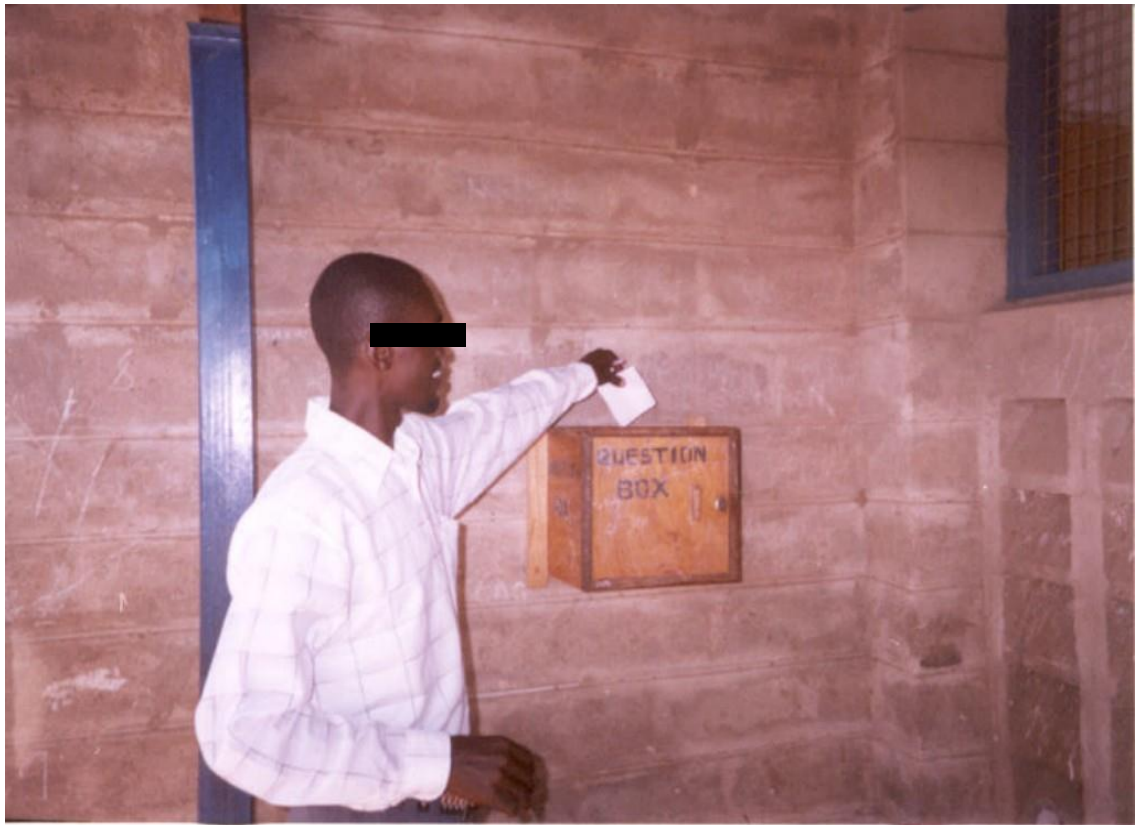


Plate 4.12: A Teacher Demonstrating the Use of Question Boxes

² Question boxes were clearly marked differently from the commonly found suggestion boxes, which were non-existent in the school.

The Health Education club encouraged active participation across gender, cultural and religious divides due to its unique method of discussing questions from anonymous sources. This may reasonably be interpreted to mean that some of the pupils who remained silent in the classroom during HIV/AIDS education lessons could ask many questions if provided with alternative approaches such as the question box. Some of the teachers from the HC Charity Co-education School explained the situation thus:

Before we introduced question boxes, some of the boys and girls seemed shy and could not ask questions in HIV/AIDS education lessons. You could see a girl whisper something into another girl's ear and yet none of the two girls could come out clearly to state their concern. But with the question boxes, now we get most of those questions in confidence and discuss them in the open (Angelina, Teacher FGD).

Question boxes have increased the number of questions we receive from pupils related to HIV/AIDS and sexuality issues. Now pupils can share their concerns without fearing that others will get to know and stigmatise them (Mr. Oloo, teacher FGD).

Debating and religious clubs also played a useful role in creating AIDS awareness. Whereas girls dominated religious clubs, boys preferred debating clubs where they often shouted and showed roughness and other qualities traditionally considered masculine. The tendency of girls to present themselves as being more religious was also noted in pupil FGDs, where many girls emphasized the importance of responsible behaviour as a way of fighting HIV/AIDS as well as respecting God. Some of the girls explained their position thus:

In CRE we learn that we must not have sex before marriage because we shall be sinning against God and we can also get AIDS (Terry, HC Joy Co-education School).

When we practice sex, God will punish us and make us get AIDS because it is bad manners (Caro-Girls' FGD-KRC Patience Girls School).

The bible requires us to abstain from sex until we become big people and get married (Selly, KRC Peace Co-educational School).

It is noteworthy that religious clubs tended to divide pupils along cultural lines. For instance, most Sudanese, Turkana and Congolese pupils were Christians and hence dominated the Young Christian Society (YCS) which was mainly Catholic, and the Christian Union (CU) which was mainly Protestant. The Somalis and a number of the Ethiopians were Muslims hence dominated the Muslim Association. The cultural clustering observed in religious clubs was seen as a means of curbing the possibility of pupils learning HIV/AIDS education from the religious experiences and histories of members of religious and cultural groups different from their own. However, Cushner *et al.*, (2003) and Campbell (2004) stress that multicultural education should seek to promote a situation that will encourage pupils to learn from the cultures of other members of the group without necessarily losing sight of their own values.

According to the observation data, religious clubs stressed different messages concerning HIV/AIDS. The YCS for instance, encouraged abstinence and preached against safe sex, including the use of prophylaxis with emphasise on discouraging condom use rather than encouraging sexual abstinence. As a result, some members of the YCS thought that if they had to practice sex, then it was better to do it without a condom. It was in this connection that some male pupils from the HC Charity Co-educational School seemed curious about understanding the possibility of polythene bags replacing condoms. The bags would apparently serve the preventive purpose while they were not as prohibited as were condoms. For instance, one of the YCS club members was noted asking the following question in the classroom:

During clubs we are told that condoms are bad and our church does not approve of them. Will it be acceptable for us to use something different, like for example polythene bags? (Sammy-Catholic Sudanese, Classroom observation, HC Charity Co-educational School).

In view of arguments such as the one above, it is clear that the YCS club could have been providing insufficient information as to why condom use was discouraged, thus leading learners astray educationally.

Unlike the YCS, the Muslim Association (MA) gave more attention to the welfare of the less privileged members of the school community than it did to creating HIV/AIDS awareness. The MA members frequently contributed money to buy school and personal effects for materially disadvantaged pupils arguing that it was an indirect way of dealing with HIV/AIDS. Ochieng' (2004) points out that materially disadvantaged people are at a higher risk of infection by HIV because they are likely to engage in sex for money among other related activities such as illicit drug trade. Members of the MA also justified their silence on HIV/AIDS issues by arguing that it was morally wrong to discuss matters of sexuality in public. If the situation at hand forced them to discuss such matters, they could only do so in single sex fora and confine themselves within 'acceptable' boundaries of abstinence. On the contrary, the CU clubs, which were dominated by pupils of the Christian Protestant background, were more open on the discussion of HIV/AIDS and sexuality issues. Like their YCS counterparts, the CU members advocated for abstinence, but seemed to take a less rigid stance against safe sex and condom use as compared to the YCS. This finding indicated that the presence of different religious clubs in schools could promote different perspectives of HIV/AIDS education messages among learners. It would therefore be wise for teachers to closely monitor club activities related to HIV/AIDS education and guide pupils accordingly to avoid misconceptions.

4.2 Capacity and Preparedness of Male and Female Teachers in HIV/AIDS Education

It can hardly be disputed that teachers spend considerable time with young people in their formative years, hence are in a position to make a lasting influence on a young person's character and personality during a time of rapid physical, emotional and social development (Nzioka & Ramos, 2008). Teachers are therefore increasingly being asked to teach HIV/AIDS education to young people and can, in this way, substitute for inadequacies in traditional and parental sexuality education related to HIV. Teachers are also expected to provide care and support to pupils affected by the epidemic, to act as counsellors to orphaned and vulnerable children, and 'are often the advisors, elders, leaders and among the most educated people in the village' (Kimani, Kiragu & Mannathoko, 2006).

At KRC primary schools, teachers could be classified in different ways. One of the classifications for instance, depended on the kind of agreement the teachers had entered into with LWF; an organization in charge of education programmes at KRC. In this classification, there were 'contracted teachers' consisting of trained personnel of Kenyan origin who had signed a contract with LWF, 'casual teachers' who were either trained or untrained teachers of Kenyan origin, and who did not possess the LWF's contract and, finally, the 'incentive teachers', consisting of trained and untrained refugee teachers. Teachers were also classified depending on their level of education and training. In this category, there were P1 qualified teachers, teachers who had undergone in-service training to get qualifications other than P1, and untrained teachers (Ref Table 3.2). At the

HC schools, around 70% of the teachers were trained with the qualification of a P1 certificate and above, such as S1 and graduate teachers. They were employed by the Government of Kenya through the Teachers Service Commission (TSC). The remaining 30% consisted of trained and untrained teachers employed by the school management committees (SMCs).

All teachers at KRC and HC schools regardless of their educational and professional qualifications, claimed good mastery of the HIV/AIDS education content. Classroom observation data confirmed the good understanding of HIV/AIDS education content by the teachers. However, a negative attitude towards the subject was noted from a few female Ethiopian and Somali Muslim teachers in the HC schools. These teachers interpreted anything related to sex education as instilling children with 'evil ideas'. The teachers' views are captured in the excerpt below:

Researcher: What exactly do you teach pupils concerning HIV/AIDS?

Mrs. Saidi: In this school we do not tell them any 'bad things' to do with sex because they will go and practice that and it is not good.

Ms. Abdi: We don't teach about HIV/AIDS because we may have to discuss sex and yet it is sinful (Teacher FGD, HC Prudence Muslim Academy).

Since a teacher's capability to deliver a subject effectively is determined not only by cognitive knowledge, pedagogical skills and motivation, but attitude towards the subject matter as well, questions may be raised regarding the capabilities of the few female Muslim teachers exemplified above to teach HIV/AIDS education.

It was also observed that some male and female teachers of Christian Congolese background at the KRC schools lacked the linguistic skill to communicate basic concepts

such as Abstinence, Antiretroviral Therapy (ART) and HIV Transmission. At a classroom observation at KRC Peace Co-educational School, a female Congolese teacher consistently used wrong spellings and pronunciations of common English words related to HIV/AIDS. For instance, the teacher could repeatedly write the word 'transmittion' on the board instead of transmission, 'absence' instead of abstinence and 'intercoruse' instead of intercourse. This anomaly was linked to the fact that the Congolese teachers, who were accustomed to communicating in French, found it difficult to understand and express themselves in English, which was the official language at KRC schools. It pointed to the need for language induction courses for all HIV/AIDS education teachers.

Of the 48 teachers (39 male and 9 female) who participated in this study, only 2 indicated having benefited from HIV/AIDS education pre-service training, despite the fact that many were trained teachers. This translates to a mere 5% of the teacher sample. The 2 teachers, 1 female and 1 male, had graduated from Highridge Teachers' Training College (TTC) in 2004 and 2005 respectively. Nzioka and Ramos (2008) named Highridge TTC alongside Mombasa Polytechnic and the University of Nairobi as pioneers in institutionalising policies on HIV/AIDS as a response to the call by the Education Sector Policy on HIV/AIDS. The HIV/AIDS education pre-service training for teachers in Kenya remains an issue of concern, considering the need that many studies have exposed in the area of teacher capacity in HIV/AIDS education. In a study by Ruto, Ghege and Wawire (2008) that covered Nairobi, Bondo and Garissa districts of Kenya, no teacher indicated having benefited from HIV/AIDS pre-service training. This 2008 data show that although teacher trainees pointed out that knowledge on HIV/AIDS was being

availed to TTCs, the methodology for teaching HIV/AIDS was not provided. Hence, teachers were left on their own to experiment on appropriate pedagogy in this challenging area of HIV/AIDS education.

This study found out through interviews with headteachers and FGDs with teachers that teachers at KRC and HC primary schools were mainly equipped with knowledge on HIV/AIDS through seminars and workshops organised mainly by the government and NGOs. Some of the headteachers elaborated thus:

Training seminars on HIV/AIDS education are normally organized for almost all our teachers by NCKK. And we also have one of our staff who is specifically trained by NCKK to teach HIV/AIDS education (Headteacher, KRC Patience Girls School).

Most of the time teachers get to learn about HIV/AIDS through seminars and workshops organized by the government. But you just know these 'things' by the government. Sometimes they are not consistent. They only come once in a while (Headteacher, HC Joy Co-educational School).

Teachers working at KRC schools were exposed to more seminars and workshops than their host community counterparts due to the strong NGO support within the camp. One such NGO was NCKK whose stated aim was to capacitate KRC teachers to teach HIV/AIDS education effectively. The NCKK field officer explained thus:

The other thing we are also doing in the schools is training of the teachers. As NCKK we get a lot of support from UNHCR and WFP, who are our donors, for training teachers on HIV and AIDS induction in the existing curriculum. The teachers use the Kenyan curriculum, so knowing very well that most of these refugees have come from different nations and may not be well conversant with the Kenyan curriculum, the NCKK liaises with well trained ministry of education administrators to come and train the teachers so that they can pass on the information to pupils. Such teachers can even fill in the gap in case our reproductive health motivator is absent from school (Interview- Female NCKK Officer).

This trend has potential for eliciting feelings of superiority among the refugee teacher population, which was apparently more knowledgeable than the host community teacher population. Teachers at the HC schools mainly relied on workshops organized by the

Government. One such workshop that was widely mentioned as having provided teachers with skills in HIV/AIDS education was the 'Primary School Action for Better Health' (PSABH) which was organized by the MoE with CfBT in 2001. On the whole, it was felt that the training workshops by the government were not as regularly held as the teachers may have wished. In addition, very few HC schools teachers had an opportunity to attend the workshops because in most cases, only headteachers and anti-AIDS Clubs patrons benefited from the trainings. Yet headteachers in many schools hardly taught the HIV/AIDS education lessons. Mr. Mwangi explained:

... and by the way, only headteachers benefit from the HIV/AIDS workshops and sometimes very few of us who may be heads of some departments could also be invited to participate. And you see even the headteachers are not the ones who teach and also they rarely talk to us about what they learn in those workshops. So the workshops may not be all that useful to us (Teacher FGD, HC Joy Co-educational School).

Some teachers also cited print and electronic media as important sources of information on HIV/AIDS which they used to enhance their capacities in the subject. However, all teachers insisted that they were in need of regular training on HIV/AIDS education content and methods, in order to keep updating their knowledge and skills. Classroom observation at the HC Joy and Charity Co-educational Schools proved that frequent teacher training in HIV/AIDS education was indeed necessary. Some of the teachers made seemingly small mistakes which could have serious implications for HIV/AIDS education. At the HC Joy Co-educational School, a Kenyan Christian teacher who wanted to become creative was observed leading pupils in defining AIDS as '*Aibu Imeingia Duniani Sasa*', which is the Kiswahili version for 'Shame has found its way into the world'. This definition seemed interesting to some pupils but also carried the danger of increasing stigmatisation for PLWHAS, thereby jeopardising HIV/AIDS education that

aimed at reducing stigma. Another teacher at the HC Charity Co-educational School was observed advising pupils that the use of two or more condoms concurrently could increase chances of preventing HIV infection and yet this information was scientifically incorrect.

Teacher turn-over rates emerged as a major challenge not only for HIV/AIDS education, but also for other school activities and subjects at KRC schools. The refugee teachers kept leaving schools for repatriation to their countries of origin or resettlement to northern nations. Trained Kenyan teachers also preferred taking up government jobs in regular schools when such opportunities presented themselves. This being the situation, NGOs at KRC spend a lot of resources training and retraining HIV/AIDS education teachers. The NCCK field officer had this to say:

The other challenge we also face and which we think we have to live with is the fact that these teachers keep going and we keep retraining them. As we speak, we have already scheduled to train more teachers in the next one or two weeks.

Documentary evidence from the records kept by LWF showed that the teaching force at the KRC schools was male-dominated, with a similar situation at the HC schools. Male teachers outnumbered female teachers by the ratio 13:1 (See Table 3.2), and all the headteachers were men. This meant that most decisions related to HIV/AIDS education were made by a predominantly male population which is likely to give a male orientation. This notwithstanding however, researchers such as Chege and Sifuna (2006) and Kombo (2006), provide evidence to show that, with proper gender educating, it is possible to have gender sensitive male dominated regimes that give the female equal opportunities as the male. Similarly, without proper gender educating, it is also possible to have gender insensitive female dominated regimes that perpetuate the status quo of male dominance.

Another challenge noted at the KRC schools hinged on cultural representation of teachers in the various categories of schools. Several male and female pupils were from four nationalities, namely, Somalia, Ethiopia, Uganda and Eritrea. From these nationalities, there were male teachers only. A few Somali and Ethiopian female teachers had been noted outside the refugee camp at the HC Prudence Muslim Academy. Several female pupils hailed from Rwanda and Burundi. Teachers from these countries included a couple of male and only 1 female each in the whole camp. The situation meant that a considerable number of children lacked important role models representing their nationalities and gender in the school settings at KRC. The most affected were Somali, Ugandan and Eritrean girls. According to Cushner *et al.*, (2004), positive role models from the pupils' cultural backgrounds are necessary for effective learning in multicultural settings. Lack of female teachers from nationalities such as Somalia, Ethiopia and Uganda also implied that girls from the majority cultural groups, namely, the Sudanese, missed having role models who represented groups other than their own. This situation was worsened by the fact that teachers, as the observation data illustrated, tended to demonstrate little knowledge or experience with people from other cultures, which limited their ability to interact with pupils from cultures other than their own.

Classroom observations revealed that regardless of their level of training, teachers were influenced by their religious beliefs while teaching HIV/AIDS education. For instance, some Protestant CRE teachers portrayed AIDS as a punishment that came from God due to the sinful nature of human beings. The following excerpts portray examples of this influence among the teachers:

We always remind them to obey God through practising sexual abstinence, otherwise they will receive punishment through such things as HIV and AIDS (Mr. Muliro, KRC Liberty Boys School).

You know nowadays people sin a lot and they have to receive some punishment from God. That is why you hear of such things as HIV and AIDS (Mr. Wako, KRC Patience Girls School).

Unlike the Protestant CRE teachers, Protestant religious leaders who were interviewed hesitated taking positions regarding the question of AIDS being a punishment from God. They insisted that what was important was seeking a solution to the HIV/AIDS problem rather than trying to understand whether it was a punishment from God. One of the Protestant religious leaders said:

Well, whether it is a punishment from God or not, I think I would put my emphasis on the solution. People must stop practicing sex outside the union of marriage as a way of respecting God (Male Protestant religious leader).

Differences in the views of Protestant teachers and religious leaders showed that people who practised the same faith could have different and sometimes conflicting interpretation of religious values and principles. As such, there was a danger of some teachers introducing their own orientations into the teaching of HIV/AIDS education, hence portraying them as part of the religious doctrine.

Religious overtones in HIV/AIDS education were not a preserve of Christians. Islamic teachers also viewed HIV/AIDS as a punishment from God. They insisted that all human suffering including illnesses came as a result of the sinful nature of human beings against *Allah* (God). The same argument came from Islamic religious leaders, who added that the solution to the HIV/AIDS problem lay in obeying the Holy Book, apparently implying the Koran. One male Islamic leader elaborated this view saying:

You know according to the Koran and even the Bible, every problem that affects human beings is caused by human beings themselves. You know every small sin we do brings curses in our environment because God does not command human beings to sin (Male Islamic Leader).

The false belief held by Muslim teachers and religious leaders that AIDS was a punishment from ‘Allah’ was being transmitted to many pupils in the diverse cultural and religious backgrounds represented in classrooms taught by Muslim teachers. Yet evidence to the contrary abounds. In describing ‘Allah’ (God) as the most forbearing (AL-Haleem), the Islamic teachings portray Him as the one who bestows favours, both outward and inward, lavishly to His creation despite their many acts of disobedience and transgression (God Names, 2009). This is what ‘Allah’ says:

And if ‘Allah were to punish men for that which they earned, He would not leave a moving (living) creature on the surface of the earth; but He gives them respite to an appointed term: and when their term comes, then verily, ‘Allah’ is Ever All-Seer of His Slaves (Al-Faartir [35] : 45).

And if ‘Allah’ were to seize mankind for their wrong-doing, He would not leave on it (the earth) a single moving (living) creature, but He postpones them for an appointed term and when their term comes, neither can they delay nor can they advance it an hour (or moment) (An-Nahal [16]:61).

On the whole, it was felt that although the belief that AIDS was a punishment from God could promote behaviour change in some people, it could also increase stigmatization of the PLWHAS and jeopardize HIV/AIDS education messages aimed at reducing stigma.

However, it was clear that amidst the religious, HIV/AIDS discourse, the Catholic teachers disagreed with the view that AIDS was a punishment from God. They argued that God’s punishment on sinners was yet to come. Mr. Musula commented thus:

There are friends of mine, religious people, who tell me that AIDS and the wars that we see in the world have been mentioned in the book of Revelation. You know about the demon with seven heads and there is the pouring of the cup and that cup is AIDS and another cup is war between America and Baghdad and all that. But Catholics have another way of believing. We believe that the punishment is forthcoming; we will be punished later but not now (Teacher FGD, KRC Patience Girls).

Like the Catholic teachers, Catholic religious leaders portrayed God as forgiving as captured in an interview with a male Catholic religious leader who said:

When you look at the attitudes of God, you find that He is loving, merciful and providence (sic). Therefore, we can say that God forgives and we don't perceive him as a punisher (Male Catholic Religious leader).

This study contends that the overemphasis on the forgiving nature of God by Catholic teachers and religious leaders, coupled with their disapproval of safe sex and use of condoms, has potential of posing danger to HIV/AIDS education. Indeed, some of the pupils receiving the Catholic messages could practice premarital sex without protection, expecting God to forgive them while concurrently risking HIV infection. This finding points to the need to empower teachers to identify and critically challenge religious teachings that may jeopardize the effectiveness of HIV/AIDS education.

Apparently, many of the teachers in the study sites lacked knowledge and skills to educate in a multicultural setting. Classroom observation showed that some teachers over-engaged learners of their own cultural background at the expense of other cultural groups. This was the case, particularly in classrooms where the teacher belonged to the majority ethnic group. For instance, at the HC Charity Co-educational School, 10 out of 15 pupils who were given a chance by a Kenyan teacher to participate in the HIV/AIDS education lesson were Kenyans. At the KRC Liberty Boys School, a female Sudanese teacher engaged only Sudanese boys in the lesson, despite the fact that around 8 nationalities were represented in the same classroom. Jackson (2003), advises that a multicultural educator ought not to concentrate on certain cultural groups of learners, but rather, he/she should act as a true connoisseur of gemstones, who values every gem (student) for its unique beauty, facets and origins.

4.3 Linking the HIV/AIDS Education Programme at KRC Primary Schools and the Programme at the HC Schools

Although UNHCR has laid down restrictions on the interaction between refugees and the local community, refugees at KRC interacted considerably with members of the host community (UNHCR, 2006). In this context, it is believed among the local authorities that an unknown number of refugee children from KRC were enrolled in the host community (HC) schools. Various reasons were cited to explain this phenomenon. For instance, some refugee parents felt that the religious needs of their children could be recognized better in schools with religious affiliations such as the HC Prudence Muslim Academy where pupils could get both secular and religious teachings. This partly explained why the majority of pupils at the school were refugees. Notably, the UNHCR had also opened up opportunities for children from the host community to learn at the KRC schools. As such, approximately 10% of the pupil population in KRC schools were locals. Given this situation, the study found it necessary to establish the link between the HIV/AIDS education programme at KRC schools and the programme at the HC schools.

Although both KRC and HC schools followed the Kenya MoE curriculum that integrated HIV/AIDS education in all the subjects, KRC schools had an additional HIV/AIDS and reproductive health curriculum developed and supported by NCKK. This study found HIV/AIDS education to be relatively more vibrant at the KRC than the HC schools, clearly due to the strong NGO support and the multi-sectoral approach that the KRC schools had adopted. Different stakeholders ranging from community members, teachers, pupils, NGO staff and religious organizations jointly and singly played a role in

the fight against HIV/AIDS through education at KRC schools. Some of the HC headteachers described the teaching capacity for HIV/AIDS education in their schools as comparably inadequate. The following interview excerpts help concretise this perception:

Ok, the schools at the refugee camp teach the same curriculum as we do, that is the Ministry of Education curriculum, where we do infusion and integration of HIV/AIDS. However, we cannot be compared to them because they have gone a step higher. They have all the experts in HIV/AIDS education working there and they even teach it as a subject on its own through NCKK. They also have regular video shows from FilmAid International and so many other advantages that we do not have (Head teacher, HC Charity Co-educational School).

You cannot compare HIV/AIDS education at Kakuma Refugee Camp with what happens here. That is where they have all the resources in terms of experts on matters of HIV/AIDS, Information and Communication material like T-Shirts and Billboards, I hope you have seen some of them, and they are doing very well in regard to HIV/AIDS awareness. Here we are only trying but we do not have even the financial capacity to reach those standards (Head teacher, HC Joy Co-educational School).

Even with the expressed differences in the levels of AIDS awareness between the KRC and HC schools, it was observed that NGOs working at KRC were beginning to make efforts to extend some of their HIV/AIDS programmes to the HC schools thus, becoming more inclusive in their educational strategies. At the HC Charity Co-educational School, pupils and teachers confirmed that they received video shows and films from FilmAid International at least twice a month. They added that the video shows had created a notable impact in the war against HIV/AIDS through increasing the level of AIDS awareness among pupils. At the HC's Prudence Muslim Academy where video services were not extended, teachers and pupils were quick to point out that they benefited from the video and films within the community around the camp.

The availability of IEC materials facilitated by NCKK for the KRC community tended to spill over to the host community and its schools. For instance, the billboards prepared by the KRC pupils were not only displayed within KRC, but also in the host community

where all community members including pupils could see them. Also possessed by the HC pupils, teachers and parents were the NCK T-shirts and caps bearing messages on HIV/AIDS. A parent was quoted saying:

The billboard you saw at the corner over there (pointing towards the direction) was put by NGO officers from the camp. Sometimes those ladies from NCK also walk around the community and discuss with us a lot of things regarding HIV and AIDS. Then sometimes they leave us with T-Shirts with those messages. So we can say that we actually benefit from the camp when it comes to learning things to do with AIDS (Mr. Epur-Turkana Parent, HC Prudence Muslim Academy).

Another useful link noted between the HIV/AIDS education programmes at the KRC and HC schools was to do with teaching staff. Ever since the government of Kenya froze the employment of fresh graduates from TTCs and universities in the late 1990s, some of the trained teachers were getting jobs at the KRC primary schools as they awaited the government's employment. Notably, the teachers later on kept leaving KRC schools as they took up government appointments in the HC schools. In this connection, the study findings noted that many of the teachers at the HC schools had at one point taught at KRC primary schools. According to the teachers, having worked at KRC schools had benefited them in the area of HIV/AIDS education. They claimed to be able to apply the same knowledge and skills in teaching the subject of HIV/AIDS education at the HC schools. Some of the teachers commented thus:

Most of the songs and dances we use in teaching HIV/AIDS education here, we learnt them while teaching at the KRC schools. Like for myself, I taught at a KRC school for two years before getting the TSC appointment to teach in this school (Mr. Njoroge, HC Joy Co-educational School)

You know some of us in this school taught at schools within the camp before coming here. That gave us a chance to learn quite a lot of things from their HIV/AIDS education programmes, which we are now applying in our teaching here (Mr. Oloo, HC Charity Co-educational School).

In view of the comments above, the high rate of turn-over in the teaching staff that was seen as a disadvantage to KRC schools as discussed in Section 4.1 of this thesis was in the real sense benefiting the HIV/AIDS education programme at the HC schools.

4.4 Respondents' Suggestions on the Improvement of HIV/AIDS Education

The respondents who participated in this study gave suggestions and recommendations which they thought could improve HIV/AIDS education programmes for refugee and regular schools in Kenya. The suggestions and recommendations were as diverse as the cultural, religious, gender and age differences among the respondents. Some of the recommendations are presented in this section and have also informed recommendations made in Chapter Five.

Female refugee pupils, who apparently felt unsafe in the hands of young men, suggested that headteachers need to ensure that HIV/AIDS education was only handled by older male and female teachers who were culturally construed as 'parents' and therefore perceived as morally upright. That way, the girls believed that they would feel safe and free to learn and therefore improve their participation in HIV/AIDS education lessons. In an FGD at KRC Patience Girls School, the girls argued thus:

Regina: I think teachers should not just teach HIV/AIDS education because they are trained to do so. The headteachers should also consider other important things like the age of the teacher. We want to be taught by older and serious people like Mr. Ominde and not young men.

Sophie: I also think it will be good to be taught by mature teachers. We will feel safe and there will be no fear of sexual harassment or anything like that. With young male teachers you can never be sure of what they may want to do. In fact they may just cheat some of us so that they can 'use' us the way they want.

Caro: Old teachers whether men or women should teach us AIDS because they are not interested in 'bad things' but they know they are teaching their children. Young teachers may have the knowledge yes, but they can also misuse us.

On the contrary, female HC pupils, who seemed suspicious of female teachers, suggested that the teaching of HIV/AIDS education should be left to male teachers, regardless of their age. To the HC girls, male teachers controlled the intimidating behaviour of boys in class and did not aim to embarrassing girls during and after the lesson as did their female counterparts.

Girls from KRC and HC co-educational schools who found the behaviour of boys intimidating, suggested that it would be better for HIV/AIDS education to be taught in single sex fora. In the same way, Turkana girls and boys who went to KRC schools seemingly felt inferior in the presence of refugees and therefore suggested the separation of the locals from refugees in the classrooms for effective learning of HIV/AIDS education.

While Somali and Ethiopian Muslim girls at KRC schools joined girls from other cultural groups to suggest ways of improving HIV/AIDS education, their counterparts at the HC Prudence Muslim Academy suggested the removal of HIV/AIDS education from the syllabus altogether due to the perception that the subject contradicted cultural and religious teachings that discouraged the discussion of sex in open mixed-gender fora.

Both KRC and HC male pupils recommended practical methodologies for teaching HIV/AIDS education that involved demonstrations by use of such teaching aids as drawings, pictures, male and female condoms as well as use of PLWHAS as resource people. According to the boys, the practical aspect, which they believed could lead to

greater understanding of HIV/AIDS education, had not yet been exploited to the full.

They commented thus:

Anthony: We want to see condoms, including the female condom. Why are the teachers assuming that when they merely mention we already know what they are talking about.

Dan: I think it is the NCK policy that condoms should not be brought to school because of the Christian principles of the organizations. But this is something that can be reconsidered. Seeing condoms does not necessarily mean using them. But there are many other things that teachers could consider using to enhance our understanding of the subject. We need to see pictures and drawings illustrating even the sexual organs and how HIV is transmitted. It will give us a clear picture of what we are learning.

Jimmy: I also think it will be nice when we have more of practical than theory. This is something we want to see in order to understand. We want to see how someone with AIDS looks like and hear what they would tell us. We can even walk to the hospitals and see what is happening there but we are not given such an opportunity (Boys' FGD, HC Muslim Academy).

Headteachers and teachers at KRC and HC schools recommended government-facilitated, regular and comprehensive pre-service and in-service training programmes for all teachers in HIV/AIDS education. While this study recognized that the ministry of education through KIE had put in place an HIV/AIDS education curriculum for pre-service teacher training, it also noted that many of the TTC graduates had not received such training and were therefore not aware of the curriculum. They said:

You know HIV/AIDS is an area where new discoveries are made every day and it would be proper if they keep organizing trainings for us. Not just for headteachers and patrons of certain clubs but all teachers because we all teach HIV/AIDS education in one way or another (Mr. Wako, KRC Patience Girls School).

Okay you know what we know about AIDS is what we read in the papers, watch on TV and things like that. But this could be misleading. So training is what we want. We can't say that what we know is enough. You see a person like you is even undertaking a PhD in HIV/AIDS education. So I believe the government should ensure that we are trained more and more (Mr. Oloo, HC Charity Co-educational School).

The government should provide adequate training for our teachers. By the way it is not just an easy area to teach the way people will think. Sometimes pupils ask tough questions and teachers need to be trained even on the methodology of handling such questions (Headteacher, HC Charity Co-educational School).

Both Christian and Islamic religious leaders suggested regular, effective and compulsory religious teachings for teachers, pupils and the community alike. To the religious leaders,

the holy books discouraged premarital and extramarital sex and were a sure way of controlling HIV infection. However, headteachers pointed out that some religious leaders were undereducated and misled pupils on matters of HIV/AIDS, hence it was necessary for schools to devise ways of ensuring that only highly educated and professionally qualified religious leaders talked to school pupils concerning HIV/AIDS.

While the Catholic religious leaders recommended high professional qualifications for the HIV/AIDS education teacher, the Islamic and Protestant religious leaders stressed on the importance of moral uprightness if the teachers would serve as good role models.

Some of the religious leaders argued thus:

Any HIV/AIDS education teacher who has sexual relationships with his/her pupils will not be effective. How is he going to come out boldly and attack that subject and yet there is a pupil in class who has a relationship with him? The teacher will have no moral authority to teach. But if it is somebody who is genuine and has got nothing to do with relationships with pupils, he will be more authoritative and effective (Male Protestant Religious Leader).

I will recommend a teacher who will not, under any circumstances, be implicated in immoral sexual relationships with his own pupils or even any other sexual relationships that are not religiously straight because it will portray a bad picture to the learners (Male Islamic Religious Leader).

HC schools' headteachers recommended government allocation of HIV/AIDS education funds to specific schools for the effective running of the programmes. One of the headteachers expounded thus:

If the government can allocate funds for HIV/AIDS education to specific schools as they have done with CDF (constituency development fund), I assure you a lot of improvement would be seen. Schools will be able to organize seminars for training teachers, buy material for the subject, and even invite resource people. There is no way you can invite an HIV positive person to share his experiences with the pupils and you don't give him anything or even appreciate him in any way. That is why as schools we need some funding in order to move forward and succeed in this area (Headteacher, HC Joy Co-educational School).

Notably, headteachers such as the one who made the above recommendation were not aware of government budgetary allocations for HIV/AIDS education programmes, which ironically existed. This raised questions regarding the utilization of such funds.

Having seen the impact of HIV/AIDS education at KRC schools, teachers at KRC and HC schools recommended to the Ministry of Education to direct schools to teach HIV/AIDS education as a stand-alone subject with a special place in the timetable, and ensure that the subject is examined. In addition, the teachers also suggested that the KIE should come up with more resource materials especially reference books in HIV/AIDS education.

According to the teachers, the HIV/AIDS education curriculum ought to be revised regularly given the dynamic nature of the epidemic. One of the teachers who felt uncomfortable with the manner in which HIV/AIDS was addressed in the curriculum said:

Well I guess ah when AIDS was infused into our syllabus , it was referred to as an emerging issue, just like the gender issue, drugs issue and the other issues. But the extent to which the AIDS menace has affected the world, I don't think it is an emerging issue anymore, it is not, they should find another way of calling it (Mr. Musula, KRC Patience Girls School).

Teachers suggested that the government need to check the information given by the media on sensitive issues of sexuality and drug abuse because some of it contradicted HIV/AIDS education content. One of the male teachers stated that:

I also think that the media should also be checked because I have seen a lot of kids getting a lot of information, it is like kids are watching too much TV and they are seeing so many things on TV that may even contradict what we are telling them in class. So the media as much as the fight against HIV/AIDS is on should also be checked because what we are seeing on TV and the message that we give the pupils does not go together (Mr. Oloo, HC Charity Co-educational School).

4.5.0 Emerging Themes in HIV/AIDS Education

According to the data collected from this study, respondents seemed to hold similar interests in particular themes as discussed in this section.

4.5.1 HIV/AIDS: Women's or Men's Condition?

Within the African context, societies have tended to construct HIV/AIDS as a woman's condition. This view has, for the most part, depicted mainly women as responsible for the spread of the epidemic (Ndumbuisi & Luzoho, 2006). In this regard, the researcher paid particular attention to how respondents constructed men and women in relation to HIV/AIDS in their discussions. In the HC schools, some boys and girls consciously and perhaps unconsciously portrayed AIDS as a condition mainly associated with women.

For instance, a boy who attempted to explain how HIV was spread said :

One can get HIV when he 'sleeps' (have sexual intercourse) with an infected girl
(Classroom observation, HC Joy Co-educational School).

The male teacher in the classroom where the above response was given quickly pointed out that HIV could also be spread from an infected boy to a girl. The teacher, who was apparently gender sensitive in his lesson, portrayed HIV/AIDS as conditions affecting both men and women. This led to the understanding that although some HC school pupils still misunderstood HIV/AIDS in relation to a particular gender, teachers were making efforts to correct the situation by pointing out the role of gender in heterosexual relations as the main factor, among others.

At the HC Charity Co-educational School, a girl was cited saying:

HIV/AIDS is spread by women who like having sexual relationships with multiple partners. Today she is with this man, tomorrow with that man and the other day with the other man (Classroom observation, Charity Co-educational School).

The female teacher in the classroom where the above response was given made no effort to correct the feminisation of HIV infection, yet her discussions had clearly indicated that she understood that HIV was spread by both men and women. As was observed in section 4.1 of this thesis, this female teacher may have been uncomfortable handling certain HIV/AIDS education topics in the presence of boys, as was noted in instances in other schools.

Unlike the HC schools' pupils, KRC schools boys and girls tended to be more gender-sensitive as they associated HIV/AIDS with both men and women. In an FGD at the KRC Patience Girls School, mixed views emerged regarding the role that men and women play in the spread of HIV/AIDS as seen below:

Regina: I have heard that HIV mostly affects the male because they like cheating girls (laughter) and maybe the girl has HIV/AIDS even the girl will not refuse. As you know girls, they just go and they spread AIDS to many men.

Esther: I blame both of them (men and women) because they have to abstain from sex until they get married.

Caro: I blame men because even them they do polygamy.

Emmy: I blame both men and women because they are being told that AIDS is spreading and both of them are aware that AIDS is through sexual intercourse but they don't believe.

Phyllis: I blame the girls because they are practising prostitution and most of the HIV is spread by girls because maybe one man has HIV and AIDS while the girl is practising prostitution that means she will go to a lot of men and spread HIV to them.

Researcher: Ok and have you also seen men who practise commercial sex?

Sophie: I have seen one (man). But mostly it is girls who are prostitutes.

The blame game observed in the above-cited FGD with girls had its match among the teachers. For example, while male teachers for the above group of pupils did not blame

women for the spread of HIV, they tended to shift the blame to the men as seen in the following discussion:

Mr. Ominde: They (Sudanese refugees) have been here for fifteen years now and they have learnt a lot. There are many of their men who have married Kenyans and it always starts with the men. Their girls are yet to do it but the men ... I don't blame the men as such but I know that men are more adventurous, you know, they venture into strange territories. They want to know what lies beyond the borders. So I believe although Eve started it all (laughter), man is more adventurous than the woman.

Mr. Wako: These days women are also very adventurous. They want to take the equality thing to say that they can move and initiate the sex issue. So you find that the way they behave, I might say that somebody is raping your mind first because of the way they dress before you initiate the issue.

Mr. Musula: I can talk on the side of men, they are more adventurous than women especially in the Sudanese community. Because we (Sudanese) pay very expensive dowry. So if you marry that one she becomes part of your property in the house and you have the right 'just to move' as you wish (laughter) (Teacher FGD, Patience Girls School).

One realizes that two of the three male teachers in the above discussion tend to construct men as responsible for the spread of HIV. Even Mr. Wako, who partly blames women for initiating sex, seems to argue that the women have only started doing what men have been doing over time.

This kind of perception was seen as unhealthy because it only shifted the blame from women to men. Yet it was necessary for teachers to fully understand that men and women had an equal responsibility in the fight against HIV/AIDS through effective education that was gender-responsive, sensitive and inclusive.

4.5.2 Gender as Sacred and God-given: Parents' Views

Parents who participated in this study commonly portrayed gender as a sacred and God given attribute. Division of human attributes into masculine and feminine was perceived

as a heavenly or divine intervention from God meant to regulate relationships among human beings. This finding reinforces earlier findings by Morojele (2008) in regular schools in Lesotho, where parents perceived division of chores and responsibilities as a result of decree by celestial intervention. One of the parents at the KRC Liberty Boys School argued along this religious line of thinking saying:

Boys should be taught more about prevention of HIV/AIDS especially through condom use because they are the ones who decide whether or not sex has to happen and how it happens. Even the bible is clear that a man was created before a woman and therefore should be the chief decision maker (Mr. Okwaro, Christian Sudanese parent).

Mr Okwaro's argument was explicitly based on the biblical story of creation found in the book of Genesis chapter 2 which gives an account of Adam (the man) having been created before Eve (the woman). The parent interpreted this to mean that the man gained some experience in living before the woman and was given instructions to serve as God's spokesman. This therefore gave the man a lead in all matters including decisions that steer sexual relationships. This finding explained the stereotypical relationships between men and women, which parents believed were ordained by providence.

In particular, the Female Christian parents tended to hold the supremacy of men in high esteem. They believed that unlike women, men had the right to make all decisions pertaining to sexual relationships because the bible gave them the authority to do so. In this regard, the women did not see themselves as being in a position to take any active role in the control of HIV/AIDS, since the Bible commanded them to submit to their husbands. Reference was often made to the book of Ephesians 5;21-24 which addresses gender relations between heterosexual spouses thus:

Be in subjection to one another in fear of Christ. Let wives be in subjection to their husbands as unto the Lord, because a husband is head of his wife as the Christ also is the head of the congregation, he being a saviour of this body. In fact, as the congregation is in subjection to the Christ, so let wives also be to their husbands in everything (Holy Bible; NIV).

Further, the female Christian parents looked at polygamy and sexual relationships outside wedlock as immoral and contributing to the spread of HIV/AIDS. However, they argued that polygamy was socially acceptable sighting the biblical example of Solomon, who had 700 wives and 300 concubines (1 Kings 11:3). A couple of the female Christian parents commented thus:

Men are polygamous by nature. It doesn't matter whether they go to Church or not, even those who confess salvation are not any better. And this is not anything new because we even hear stories of the men of God like Solomon who never managed to keep one wife (Nereah, Female Sudanese Parent).

Sometimes there is nothing we can do about prevention of HIV and AIDS as women because men are never satisfied by one woman. We have to accept that sometimes they have to go out or marry other wives. Ours is just to pray so that they don't infect us with HIV (Sarah, Female Sudanese Parent).

The above sentiments indicated that women tended to comply with situations that oppressed them even when such situations increased their vulnerability to HIV infection.

4.6 Summary

This chapter has shown that gender, culture and religion, singly and interactively influence the learning of HIV/AIDS education in complex ways that are sometimes not well understood by teachers. Further, HIV/AIDS education is found to be more vibrant and relatively well supported at the KRC than the host community schools. The chapter reveals that although teachers at KRC and host community schools seem to have good mastery of HIV/AIDS education content, some of them lack skills necessary for

multicultural and gender responsive teaching as well as communication. The chapter discusses links between the HIV/AIDS education programme at KRC and the programme at the host community schools in terms of the shared curriculum, teachers and IEC material. It also presents the respondents' suggestions for the improvement of HIV/AIDS education. The next chapter gives a summary of the research findings and makes various conclusions and recommendations based on the findings.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.0 Introduction

This chapter includes a summary of the main findings; conclusions drawn as well as the recommendations made. These three aspects of the chapter takes cognisance o the study problem as outlined in chapter one of this thesis.

5.1 Summary of the Main Findings

The first and major objective of this study sought to establish how multicultural, religious and gender factors interactively and singly influenced the teaching and learning of HIV/AIDS education for refugee pupils. Under this objective, eight key findings were summarised as follows. First, culture interacted with religion to influence the level and nature of interaction between boys and girls during HIV/AIDS education, thereby determining their participation and behaviour patterns in the programme. Whereas Somali Muslim pupils sat and worked in same-gender clusters with minimal interaction across genders, Sudanese and Turkana Christian boys and girls interacted more freely. Consequently, the cultural and religious tendencies of Somali Muslim boys and girls denied them an opportunity to work as partners in addressing pertinent and effective strategies in HIV/AIDS education. Hence, Somali Muslim pupils portrayed lower levels of participation and awareness as compared to their Christian Sudanese and Turkana counterparts.

Further, unlike the Christian Turkana and Ugandan girls who seemed open and outgoing in classroom and out-of-class HIV/AIDS education activities respectively, the Somali and Ethiopian Muslim girls remained quiet, reserved and shy as a way of showing respect to male teachers and fellow pupils, as would be expected by their religion and culture. This situation resulted in conflict that jeopardized HIV/AIDS education, as Kenyan Christian male teachers misinterpreted the girls' behaviour to mean lack of interest. While boys across cultural and religious divides seemed vocal and expected teachers to focus more on sex and condoms in a practical way, girls were less vocal and preferred discussing love and care of People Living with HIV/AIDS (PLWHAS). Consequently, the girls found the boys' behaviour intimidating and preferred learning HIV/AIDS education in single-sex fora.

Secondly, gender interacted with culture to influence pupils' expectations of the HIV/AIDS education teacher, thereby determining acceptability and effectiveness of lessons delivered by teachers of different ages and gender. While for example, older male and female teachers were culturally regarded as 'parents' and therefore respected by both boys and girls, young male teachers were perceived as having a hidden 'sex agenda'. Consequently, HIV/AIDS education lessons delivered by older teachers were taken more seriously by the pupils and seemed more effective. In the same way, religious factors further influenced the expectations of learners regarding the gender of the HIV/AIDS education teacher. Thus, while the Muslim pupils preferred teachers of the same gender as their pupils, their Christian counterparts seemed to readily accept both male and female teachers. The image of female teachers across the cultural and religious divides of

pupils sometimes proved controversial. While many boys and girls described female teachers as caring, understanding and well placed to teach HIV/AIDS education, some Turkana girls from HC schools described female teachers as ‘gossipers’ who could not be trusted with a ‘sensitive’ subject such as HIV/AIDS education.

Thirdly, it was clear that religion interacted with gender to determine teachers’ interpretation of HIV/AIDS education content. Hence, pupils received different and sometimes contradicting messages on similar topics depending on the gender and religious background of the teacher. While male Catholic teachers insisted against the teaching of safe sex, for example, female Catholic teachers demonstrated ethics of care by teaching safe sex to save lives of sexually active pupils. In the same way, while Muslim and Protestant teachers seemed to instil fear in the learners by portraying AIDS as a punishment from God, Catholic teachers stressed the forgiving nature of God in regard to sexual sins. The emphasis on the forgiving nature of God could easily jeopardize HIV/AIDS education as it was likely to make some learners believe that one could practice sex ‘without condoms’ and still get favour from God by being protected from HIV infection.

Fourthly, culture in the form of various traditional beliefs and practices always appeared to interact with gender to influence the nature of messages displayed on the HIV/AIDS Information Education and Communication (IEC) material that sometimes served as resources for HIV/AIDS education programmes. Notably, the involvement of refugee boys from diverse cultural backgrounds in the preparation of IEC materials through

participatory learning utilized the cultural aspect of linguistic diversity to enhance communicability of the material. However, the IEC material, having been prepared by boys, portrayed the male as the one in need of protection from HIV infection. Hence, the female were construed as potentially responsible for the spread of HIV, thereby contributing to gender bias in HIV/AIDS education. Religion and culture further influenced the acceptability and utilization of IEC materials by pupils, teachers and community members. For instance, females across the various religious and cultural divides seemed to shun T-shirts with messages on AIDS due to the belief that such T-shirts could emphasize the traditional African cultural belief that AIDS was a women's condition. Such clothing was left to the males, who were construed as powerful instruments in communicating messages on HIV/AIDS. In the same way, Muslim and Ethiopian girls could not adorn T-shirts and caps with messages on HIV/AIDS because of the cultural and religious principles governing their dress code.

Fifthly, findings show that the schedules of religious services for the dominant religious group at HC schools determined the timetabling of outdoor activities meant to promote HIV/AIDS education. Hence, the religious interests of minority groups seemed to be ignored. In most cases, pupils from such groups had to sacrifice HIV/AIDS education activities in order to attend religious services. This situation reflected conflict of interests that could jeopardize the teaching and learning of HIV/AIDS education.

Sixthly, gender interacted with both the various cultures and religions to influence the participation of boys and girls in out-door activities meant to promote HIV/AIDS

education. Notably, boys across the various cultural and religious divides preferred sports and games, which were associated with strength, and therefore viewed as masculine. Girls, in constructing themselves in opposition to boys, shunned sports and games in order to preserve virginity, 'show good manners', minimise interaction with boys and avoid games attire discouraged by their religious and cultural groups. The girls identified more with drama, music and poetry which were perceived as feminine activities.

The seventh finding concerns pedagogical practices in HIV/AIDS education. Video and film as a mode of teaching HIV/AIDS education explicitly traversed cultural and religious barriers due to its 'edutainment' nature that emerged as girl and boy friendly. Consequently, this approach to teaching HIV/AIDS education encouraged pupils from various cultural and religious backgrounds to jointly and comfortably watch, laugh, discuss and learn matters of HIV/AIDS and sexuality without the kind of inhibitions noted in the traditional classroom learning context. However, video content that showed the real sexual activity seemed destructive and hence raised questions regarding its educational value. This is because it served as an opportunity for boys to intimidate girls, making the latter prefer watching video lessons only in single sex fora.

Finally, the eighth finding illuminates the negative effects of religious clubs such as Christian Union (CU), Young Christian Association (YCS) and Muslim Association (MA) in the learning of HIV/AIDS education in the study schools. These clubs tended to encourage division of pupils along cultural lines and also stressed different topics of HIV/AIDS which were sometimes wrongly interpreted by those with less competence in

religious matters. This finding is instructive considering the high esteem that major religions in Kenya seem to enjoy in public life. The cultural divisions denied pupils an opportunity to learn from religious and cultural experiences of other groups. Another negative effect emanated from sexual and gender based violence club (SGBV) was that it encouraged exclusion of boys from its HIV/AIDS activities due to the teachers' misinterpretation of gender to mean girls and women, thus denying the boys their right to association. Such exclusions may create hostility between girls and boys.

On the whole, this study contends that when communities, families and individuals flee their homes to seek refuge in multicultural camps in other countries, they carry with them certain aspects of their religious and cultural beliefs and practices which may not die easily. The diverse and sometimes conflicting religious and cultural beliefs and practices interact to influence how boys and girls engage with HIV/AIDS education in multicultural refugee schools and classrooms as gendered beings. The effect is normally felt in the way boys and girls participate in HIV/AIDS education classroom and out-of-class activities, as well as their expectations and attitude towards the content, pedagogy, teacher's gender and age and the gender composition of the classroom in which the subject is taught. However, boys and girls are not always rigid, but sometimes tend to negotiate cultural and religious beliefs and practices in relation to HIV/AIDS education depending on the level of their cultural and religious representation in the school and classroom settings. In this regard, the less dominant cultural and religious group in the classroom and/or school is usually more flexible. It is therefore important to empower

teachers to identify and critically challenge cultural and religious beliefs and practices that may jeopardize the effectiveness of HIV/AIDS education in such settings.

The second objective of this study set out to examine capacities and preparedness of male and female teachers to implement HIV/AIDS education in the multicultural refugee settings of Kakuma. Major findings show that, firstly, although the number of qualified teachers outweighed that of untrained teachers, both qualified and untrained teachers demonstrated good mastery of HIV/AIDS education content areas. However, the majority of the qualified teachers claimed not to have benefited from in-service HIV/AIDS education training and hence continued to experiment with pedagogy in this important subject. Further, many of the teachers lacked skills to educate in a multicultural setting, thereby over-engaging learners from their own cultural backgrounds at the expense of other communities represented in the classroom. Similarly, some male and female teachers tended to concentrate on the more vocal male pupils at the expense of girls. These cultural and gender tendencies excluded girls and pupils from cultural backgrounds defined as ‘others’ from HIV/AIDS education lessons.

Secondly, while the KRC teachers were regularly trained on HIV/AIDS education content through seminars and workshops organized by NCKK in collaboration with other organizations working at KRC, the HC teachers mainly depended on government workshops. These were irregular and mostly benefited headteachers. Hence, the KRC teachers were better equipped to handle the subject as compared to their HC counterparts.

Thirdly, culture and religion interactively determined teachers' attitudes towards HIV/AIDS education. Hence, a negative attitude towards the subject was noted among some female Ethiopian and Somali Muslim teachers, who interpreted anything to do with sex education as instilling evil ideas in children. This attitude made teachers less willing to teach anything to do with sex, and if the matter went unchecked, such attitudes could interfere with the successful delivery of HIV/AIDS education.

Fourthly, refugee teachers from francophone African countries such as Congo lacked linguistic skills to communicate basic concepts related to HIV/AIDS in English, thereby using wrong spellings and pronunciation. Such linguistic problems among teachers could easily affect the interpretation of meanings of important concepts in HIV/AIDS education by learners, hence making the teaching and learning less effective.

Fifthly, teacher-turn over rates emerged as a major challenge for HIV/AIDS education at the KRC schools. This is because refugee teachers left the camp for repatriation and/or resettlement in northern nations, while trained Kenyan teachers took up government jobs in the HC schools. While the KRC community thought they were on the losing end because they had to keep retraining teachers in HIV/AIDS education, the HC schools who received some of the teachers from KRC saw it as an advantage.

Sixthly, the teaching force at both KRC and HC schools was male-dominated, and all the headteachers, even in girls' schools, were male. This situation disempowered female

teachers and pupils and created conflict that could result in the formulation of school policies favouring the male in regard to issues of sexuality and HIV/AIDS education.

Seventh, cultural representation of teachers did not tally with that of pupils. Consequently, a considerable number of pupils lacked important role models representing their gender and cultural backgrounds. This was likely to have negative implications for HIV/AIDS education. The most affected were Somali, Ugandan and Eritrean girls.

The third objective in this study, which sought to establish the link between KRC HIV/AIDS education programme and the programme in regular schools in the surrounding HC, yielded 3 major findings. Firstly, organizations working at KRC such as NCKK and FilmAid International extended their support for HIV/AIDS education programmes to the HC schools in form of video and film, IEC material and awareness seminars. Such efforts by NGOs were commendable and if well sustained, could help uplift levels of HIV/AIDS education programmes at HC schools, which were apparently much lower than those at the KRC schools.

Secondly, while KRC authorities felt they lost when qualified Kenyan teachers trained to teach HIV/AIDS education at the KRC schools relocated to the HC schools, the HC schools reported that such teachers contributed significantly to improving the quality of HIV/AIDS education at the HC schools using the skills acquired while working at the camp. Thirdly, although both KRC and HC schools followed the KIE curriculum that

integrated HIV/AIDS education into other subjects, KRC schools went a step higher and also taught HIV/AIDS and reproductive health education as a stand alone subject.

The fourth objective set out to generate recommendations on good practices to improve HIV/AIDS education for pupils in refugee and regular schools in Kenya. Consequently, the study sought suggestions and recommendations on the improvement of HIV/AIDS education from all the respondents. The suggestions and recommendations were diverse and sometimes contradictory. Firstly, while the KRC female refugee pupils recommended older male and female teachers for HIV/AIDS education, the HC girls suggested that the subject should be left to male teachers. Secondly, girls across the cultural, religious and gender divides suggested that HIV/AIDS education be taught in single-sex fora. Thirdly, Muslim Somali and Ethiopian girls in HC schools recommended the removal of HIV/AIDS education from the curriculum, since they perceived it as undermining cultural and religious principles. Fourthly, male pupils recommended a practical approach to teaching HIV/AIDS education.

Teachers and headteachers recommended pre-service and in-service teacher training on content and methodology of HIV/AIDS education because to them, such training did not exist. In addition, the teachers recommended that HIV/AIDS education in public schools be taught as a stand alone and examinable subject so as to be taken seriously by teachers and learners. The teachers suggested the need for governmental control of media programmes, and slapping of bans on those that negatively impact on morality of the pupils. Muslim religious leaders suggested that religious teachings need to be made

compulsory to teachers, pupils and community members as a way of dealing with the HIV problem. While the Catholic religious leaders recommended high professional qualifications for teachers, the Protestant religious leaders emphasized high sexual morality for teaching.

Two themes emerged in the study. Firstly, boys and girls at the HC schools portrayed HIV/AIDS as a condition mainly associated with women. Secondly, parents who participated in this study commonly portrayed gender characteristics as sacred and God-given. These thematic finding explained the stereotypical relationships between men and women, which many parents, teachers and pupils believed were ordained by Providence, thus influencing perceptions on HIV/AIDS and sexuality. However, there were parents, teachers and pupils (boys and girls) whose perceptions were liberal as they challenged traditional beliefs on sexuality. This category of subjects constitutes what may be described as potential change agents in their social contexts.

5.2 Conclusions

This study draws several conclusions from its findings. Firstly, training teachers in HIV/AIDS education without sensitising them on cultural realities of different refugee pupils could contribute little to the effectiveness of the subject. Such teachers would not understand how behaviour patterns of boys and girls in an HIV/AIDS education lesson are influenced by a complex web of cultural, religious and gender factors, therefore they may not know how to respond to these challenges. The misunderstanding of the pupils' cultural base by the teachers could easily result in conflict that could undermine the

teaching and learning process. Additionally, the pupils, who may be in positions of subordination, are likely to continue suffering in silence when nobody comes to their aid.

Secondly, assigning HIV/AIDS education lessons for refugee girls to young male teachers in their twenties or younger could only make girls feel unsafe, shy and suspicious, thereby gaining little from the lessons. In the same way, refugee and non-refugee boys would feel superior over young female teachers, and hence make the teachers' lives unbearable in the classroom. However, refugee girls and boys would most likely feel safe with and respect older male and female HIV/AIDS education teachers and take their lessons seriously.

Thirdly, assigning teachers from different religious backgrounds such as Christian Catholic, Christian Protestant and Muslim to teach similar topics on HIV/AIDS education to different groups of pupils translates into sending different and sometimes contradictory messages about similar topics. Hence, pupils may go to the same school and use the same curriculum, but still interpret and perceive issues related to HIV/AIDS differently depending on the religious background of their teacher. In the same way, if teachers with different religious beliefs and practices were given a chance to teach HIV/AIDS education to the same classroom, they would send different and sometimes contradicting messages about similar topics, which may leave pupils in a state of confusion.

Fourthly, involving male pupils, teachers and the community in the preparation of IEC material for HIV/AIDS education without proper gender educating may easily lead to

gender-biased material that would perpetuate male dominance and patriarchy through HIV/AIDS education programmes utilizing such material. In addition, IEC material such as T-shirts and caps may be carefully prepared and yet they would be underutilized if gender, religious and cultural barriers to the usage of such material are not identified and responded to appropriately. Further, male and female pupils, teachers and community members are likely to be caught up in conflict of interest as they struggle to conserve their cultural and religious beliefs and practices related to dress codes, which is often linked to HIV/AIDS issues.

Fifthly, pupils in minority religious groups may easily miss out on many co-curricular HIV/AIDS education activities scheduled by HC schools for the convenience of the majority religious groups. Conflict arises when such pupils have to make a choice between either attending their religious services or HIV/AIDS education activities, which may sometimes run concurrently.

Sixthly, female pupils may benefit little from HIV/AIDS education activities linked to sports and games as a result of gender misconceptions linking sports to strength, which is perceived as a masculine attribute. Additionally, cultural and religious beliefs related to preservation of virginity and strict observation of dress codes may discourage girls from participating in sporting activities meant to promote HIV/AIDS education.

The seventh point concerns video and film. While video as a mode of teaching HIV/AIDS education could contribute to breaking of cultural and religious barriers that

hinder the learning of HIV/AIDS education in a refugee situation, it may also contribute to the widening of gender barriers among pupils as long as the video shows include sexual material. Video shows with aspects of real sexual activity provide an opportunity for boys to intimidate girls and young female teachers, thereby creating conflict of gender.

The eighth point concerns clubs. Religious clubs promoting HIV/AIDS education among refugee pupils can only succeed if proper guidance is sought from highly qualified teachers who understand gender and cultural realities of various groups. These teachers should also have the capacity to utilize them for the benefit of HIV/AIDS education. Ninthly, the multi-sectoral approach of NGOs at KRC in dealing with HIV/AIDS was making a great impact in the promotion of HIV/AIDS education. Ninthly, teachers' interpretation and perception of HIV/AIDS education content continued to be influenced by culture regardless of the teachers' level of education and training.

The tenth point concerns teacher turn-over rates. Although high HIV/AIDS education teacher turn-over rates at KRC schools seemed a disadvantage to the camp, the teachers who left the camp for repatriation, resettlement and government jobs at the HC could contribute a lot in fighting HIV/AIDS both locally and globally using the knowledge and skills they acquired while working at KRC. The situation provided an opportunity for the work of the NGOs at KRC in HIV/AIDS education to make a global impact in the fight against HIV/AIDS.

Lastly, refugee pupils who left KRC to seek admission at the HC schools may have lost considerably in terms of HIV/AIDS education. This is because the HIV/AIDS education programme at the KRC schools was much more vibrant than that at HC schools due to the strong NGO support at the camp.

5.3 Recommendations for Policy and Practice

This section has been informed by the research findings as well as suggestions made by various respondents. It recommends to policy makers, organizations and individuals how HIV/AIDS education for refugee and regular schools could be improved in Kenya.

Teacher Training Colleges

Recommendations are made to teacher training colleges (TTCs) in Kenya to ensure that the implementation of the KIE HIV/AIDS education curriculum, which was last modified in the year 2004, focuses not only on content but also on the methodology of teaching the subject as well. This recommendation was informed by the realization that many trained teachers at KRC and HC schools, including those who had graduated from TTCs as recently as 2007, admitted to not having received pre-service training in HIV/AIDS education, and even recommended such training to be put in place.

Ministry of Education

Firstly, due to gender misconceptions noted among teachers in this study, the study recommends that the government of Kenya through KIE should come up with a comprehensive teacher training curriculum for both pre-service and in-service courses that would not only address HIV/AIDS education, but also equip teachers with

knowledge and skills on gender-responsive education. Such a curriculum would help teachers understand the classroom and out-of-class gender dynamics with regard to sexuality and HIV/AIDS education. They would hence respond accordingly in ways that would enhance the teaching and learning of HIV/AIDS education. This would ensure, for instance, that teachers balance the participation of boys and girls in HIV/AIDS education lessons and effectively control the intimidating behaviour of boys.

Secondly, this study having noted cross-cultural misunderstandings and misconceptions among teachers and pupils with regard to sexuality and HIV/AIDS, as well as outdoor and indoor activities used to teach HIV/AIDS education, recommends a teacher training curriculum that would provide teachers with knowledge and skills for multicultural education. This curriculum would help the teacher understand cultural and religious realities of various groups of pupils and how to respond accordingly in a manner that enhances the teaching and learning of HIV/AIDS Education. For instance, the teachers would understand the importance of availing equal opportunities to learners from diverse cultural groups in an HIV/AIDS education lesson.

Thirdly, in view of the headteachers' recommendation of financial support for HIV/AIDS education programmes, this study recognizes that the government of Kenya already has such budgetary allocations. It therefore recommends policy measures to ensure that schools with special categories of pupils, such as refugees, get access to, and make prudent use of the funds.

Fourthly, having noted higher levels of AIDS awareness at KRC schools teaching HIV/AIDS education as a subject, this study recommends that HIV/AIDS education not only be integrated with other subjects but also taught as a stand-alone subject with specialised teachers in Kenyan primary and secondary schools. Although this may have implications for the limited financial, human and time resources, in the long run it will be an investment worth making.

Fifthly, while this study recognises that children have been exposed to lots of print and electronic material with different messages on sexuality issues, and in view of the teachers' recommendation for the government to control media programmes on sexuality, the protection of media freedom is also noble. Consequently, the researcher appeals to the government and the media to dialogue and find a common favourable ground concerning editing and airing of sexuality-related programmes in ways that would impact positively on the sexual morality of the viewers. Parents could also help monitor and control programmes and material that children watch and read while at home, to help control the exposure of children to material contradicting teachings in HIV/AIDS education.

School, Community and NGOs

In view of girls' suggestion of gender separation in HIV/AIDS education lessons, this study recommends to schools to be sensitive to girls' concerns by sensitizing boys and teachers on the need to respect girls as well as boys. Rather than separating girls and boys, schools should encourage boys to be supportive of girls as equal human beings with a right to education. In addition, girls need to be empowered and encouraged to engage with boys in classroom learning activities. In the same way, there is need to encourage

boys to participate in the activities dominated by girls as well as the Sexual and Gender Based Violence Club (SGBV). In turn, girls should be encouraged to participate in debating, sporting and outdoor activities, and their participation recognized in positive ways.

Participating NGOs

Having found that video shows on real sexual activity distorted learning of HIV/AIDS education, this study recommends to the organizations working with refugees such as NCKK, FilmAid International, LWF and UNHCR to carefully edit videos that are to be used for school children, and eliminate distorted content.

Last but not least, this study recommends to the organizations concerned with refugee education such as UNHCR, LWF, and NCKK to open up teaching opportunities for non-refugee teachers from cultural groups represented by refugee pupils who have no teachers from their communities to act as role models and create a sense of inclusion and belonging.

5.4 Recommendations for Further Research

Educational research is one of the central areas of acquiring knowledge that helps in the development and sustainability of any aspect of education, be it theoretical, conceptual or practical. This study has been restricted to the conceptual and practical interactive influence of culture, gender and religion on HIV/AIDS education for primary school pupils at KRC and its HC in Kenya using qualitative approach and based on the conflict theory. Its findings can therefore only be generalised with care in settings that are similar

to KRC environment. Consequently, further research is recommended in the following areas: firstly, the experiences of different age categories of male and female HIV/AIDS education teachers in both refugee and regular schools is worth investigating. This research recommendation has been informed by the revelation of this study that the age of the teacher interacted with gender in ways that tended to problematise HIV/AIDS education. However, the study did not fully concentrate on this aspect as it was not among its objectives but was an emergent finding that raises educational concerns. Similarly, the perceptions of different age categories of learners on young and older teachers also needs to be studied with an aim of offering knowledge that would inform teacher education accordingly.

Secondly, a study similar to this one is recommended for multicultural regular school situations in Kenya as seen in some parts of cosmopolitan cities such as Nairobi. Data from such studies would enable comparisons between regular and refugee situations, particularly with regard to pedagogical practices and curriculum insights.

Thirdly, this study focused on the influence of culture, gender and religion on HIV/AIDS education, which is directly linked to sexuality. It remains unclear whether similar findings could apply to other subjects such as mathematics and English that have no direct relationship with sexuality but which nonetheless are known to be considerably gendered. Consequently, the study recommends that further research be conducted on the influence of culture, religion and gender on non-sexuality related subjects. For instance, are there cultural or religious dynamics that influence learner participation in some selected subjects?

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APPENDIX 1: GRAPHICS USED IN DATA COLLECTION

Activity 1

This was a non- threatening introductory activity that helped the researcher establish rapport with the child. It also gave information about the home situation of children.

- (i) Give the children pieces of drawing paper, pencils and crayons.
- (ii) Tell each child to draw their house on the piece of paper and show all the people he/she lives with. Make sure every child has understood and ask for any questions. Give the children time to finish their drawings. Do not stand over the children or walk round observing. Come down to the children's level, sit and spend a few minutes with some children and engage yourself. You can also sit and draw with the children. Split boys and girls into separate groups.
- (iii) Ask children to explain their pictures, telling you with whom they live, their relationship with adults in the family and the most important people in their lives.
- (iv) Ask who does what tasks (work) in the house. Ask about differences between boys and girls work in order to introduce the ideas of gender and a gender analysis approach. Activity 1 modified from Clacherty, 2005.

Activity 2

This activity enabled children to get used to wide thinking and drawing. It also enabled them get used to Group discussion. The activity helped the researcher to know some of the things in the mind of pupils that provided some insight into what else they could be asked during the research process apart from what had already been prepared in the schedules.

- (i) Ask children to suggest what other activities they can draw.
- (ii) Guide them in deciding on one of the activities suggested and let the children draw it and discuss with you.

Activity 3

This activity was meant for data collection purposes.

- (i) Ask the children to draw their classroom and everybody in it (boys, girls and the teacher) and show what they do during HIV/AIDS education lesson.
- (ii) After all the drawings are ready, walk around asking every individual to briefly interpret their drawing and ask them a few questions on the drawing.
- (iii) Put together drawings that seem to have some similarities in interpretation and let the pupils who have drawn them discuss their ideas in the groups, which the researcher will facilitate and see whether similar themes emerge.

APPENDIX 2: INTERVIEW GUIDE FOR HEAD TEACHERS

Age_____ Gender_____

School_____ Educational Qualification_____

Professional Qualification_____ Teaching Experience (No. of years) _____

No. of years as Head teacher Nationality _____

1. Please tell me about your work as a head teacher in this school and elsewhere.
2. Tell me about the curriculum used by your school for teaching HIV/AIDS education?
(Probe in regard to the MoE curriculum, NCKK Curriculum etc).
3. What do you understand about the Education Sector Policy on HIV/AIDS?
4. What other policies do you have for HIV/AIDS education?
5. Who are the HIV/AIDS education teachers in your school? (Probe in regard to Nationality, Refugee status, level of training, gender etc.)
6. a). In your opinion, how prepared are male teachers in your school to teach HIV/AIDS education to refugee pupils? (Probe in regard to in-service and pre-service training, seminars and workshops, Public *barazas*, etc)
b). How prepared are female teachers to teach HIV/AIDS Education?
7. How do you ensure continued preparedness of teachers in teaching HIV/AIDS education? (Training, seminars, workshops etc).
8. a) What are some of the activities that teachers in your school use for teaching HIV/AIDS education? (Group work, drama, song, poetry, posters etc)
b) How comfortable are the teachers in implementing the activities? (Probe for attitudes and perceptions of male and female teachers differently).

9. How do the pupils in your school respond to HIV/AIDS education? (Probe along gender lines).
10. What are some of the community outreach activities by your school to help combat the spread of HIV/AIDS?
11. a) What are the different types of materials used in teaching HIV/AIDS education in your school?
b) How adequate are the resource material used in teaching HIV/AIDS education? (Probe in regard to relevance, quantity etc)
12. a) What are the religious denominations represented in your school?
b) In what ways do religious issues affect the delivery of HIV/AIDS education in your school?
13. a) Which are the socio-cultural represented in your school?
b) What are some of the socio-cultural beliefs and practices of the teachers and pupils that affect HIV/AIDS education? (Probe along gender lines).
14. a) How do the female parents in your school respond to HIV/AIDS education?
b) How do male parents in your school respond to HIV/AIDS education?
15. What makes teaching HIV/AIDS education to refugee pupils different from teaching regular pupils?
16. Suggest how HIV/AIDS education for refugee pupils could be made more effective? (Probe what should be done by religious groups, government, NGOs etc)
17. Tell me about any other thing that we have not addressed concerning HIV/AIDS education? Thank you very much for your cooperation

APPENDIX 3: FGD GUIDE FOR PARENTS

Ages_____ Gender_____

Nationality_____ Religion_____

Educational/Professional background_____ Number of children_____

1. What are the things taught in school and outside the school concerning HIV/AIDS?
(Transmission, Signs and symptoms, prevention, Testing etc)
2. What aspects of HIV/AIDS education do you like? (Why?).
3. What aspects of HIV/AIDS education don't you like? (Why?).
4. What would your culture encourage about HIV/AIDS education (Methodology, content, condom use, abstinence, mixed gender group discussions etc)
5. What would your culture discourage about HIV/AIDS education?
6. How does your religion encourage aspects of HIV/AIDS education?
7. How does your religion discourage aspects HIV/AIDS education? (Safe sex, condom use etc)
8. a) In what ways do parents in your school influence school activities?
b) How do they influence the teaching and learning of HIV/AIDS education?
9. In your opinion, does HIV/AIDS education make children better or worse? (Sexual behaviour).
10. What are your suggestions to improve HIV/AIDS education in schools?
11. Tell me any other thing about the teaching and learning of HIV/AIDS education that we have not talked about. Thank you very much for your cooperation.

APPENDIX 4: INTERVIEW GUIDE FOR RELIGIOUS LEADERS

Religious status_____ Religion_____

Age_____ Gender_____

Educational level_____ Work experience (No. of Years)_____

1. What do you understand about HIV/AIDS education offered in primary schools at KRC? (Probe with regard to content, methodology etc).
2. What aspects of HIV/AIDS education does your religious group encourage for schools? – Probe with regard to content and methodology. (Why?)
3. What issues does your religion discourage about HIV/AIDS education offered in schools?
4. How does your religion promote the teaching and learning of HIV/AIDS education? (Financing, Resource material, Teacher training, Talks in schools, curriculum etc)
5. How does your religion discourage what it views as negative aspects of HIV/AIDS education?
6. What do you understand about the situation of refugee children living at KRC in relation to HIV/AIDS? (Vulnerability. Probe along gender lines)
7. In your opinion, how important is HIV/AIDS education to refugee pupils?
8. How different should the HIV/AIDS education given to refugee pupils be from that given to regular pupils?
9. In your opinion who qualifies to teach HIV/AIDS education to refugee pupils? (Probe in terms of the teacher’s religious background, training, refugee status, gender etc.)

10. What should be the 'ideal' HIV/AIDS education for refugee pupils according to your religious principles?
11. Suggest ways of improving HIV/AIDS education for schools.
12. Give any other information concerning HIV/AIDS education that we have not talked about.

Thank you very much.

APPENDIX 5: SINGLE SEX FGD GUIDE FOR PUPILS

School_____ Class_____

Gender_____ Religious backgrounds_____

Nationalities_____

1. Tell me about the subjects you learn? (To help establish rapport)
2. In which subjects do you learn HIV/AIDS education?
3. Tell me some of things you are taught about HIV and AIDS?
4. How do you like what you are taught about HIV/AIDS education? (Probe for various content areas and reasons why they are liked).
5. What don't you like about HIV/AIDS education? (Content, Method, Teacher etc. Probe for reasons).
6. How do you feel in class during HIV/AIDS education lessons? (Shame, excitement, embarrassment etc).
7. What are some of the activities that teachers use in teaching HIV/AIDS education? (Drama, Dance, Song, Group work, Debate etc).
8. What would you like teachers to teach about HIV/AIDS that they are not teaching?
9. How do male teachers conduct HIV/AIDS education in relation to other subjects? (Methodology, scope of coverage, time allocated, classroom control etc).
10. How do female teachers conduct HIV/AIDS education as compared to other subjects? (Methodology, scope of coverage, time allocated, classroom control etc.)
11. How do girls in your class behave during HIV/AIDS education lessons?
12. How do boys in your class behave during HIV/AIDS education lessons?

13. According to your religious teachings and principles, what aspects of HIV/AIDS education would you say are acceptable or not acceptable?
14. According to your cultural beliefs and practices, what aspects of HIV/AIDS education would you say are acceptable or not acceptable?
15. In your opinion, how can HIV/AIDS education be made more effective? (Content, activities, methods, materials, teachers, time allocation etc)
16. Give me any other information about HIV/AIDS education that we have not discussed.

APPENDIX 6: CLASSROOM OBSERVATION GUIDE

a) Teachers' Information

School _____ Class _____ Subject _____

Age _____ Gender _____ Nationality _____

Refugee/Non-refugee (Please Tick one).

1. The behaviour of the teacher when mentioning 'sensitive' words e.g. sexual intercourse. _____

2. Note down terms used to represent sexual words . _____

3. List all the aspects of the topic as reflected in the syllabus (Prior to the lesson). Tick aspects that will be covered and those that will be avoided.

<u>Aspect</u>	<u>Covered</u>	<u>Not covered</u>	<u>Time allocated</u>
_____	_____	_____	_____

4. How does the teacher react to the pupils' questions and answers? _____

5. Time spent on various activities

Activity	Time
_____	_____

6. Resources used for teaching (Observe for adequacy, relevance etc)

Resource	Comment
_____	_____

7. How the teacher involves pupils in the lesson in regard to gender.

Girls' activities	Comments
_____	_____

Boys' activities	Comments
_____	_____

8. How does the teacher construct men and boys in relation to Sexuality in general and HIV/AIDS in particular? (Spreading of HIV, Dressing, Sexual partners etc)_____
9. How does the teacher construct women and girls in relation to Sexuality in general and HIV/AIDS in particular? (Spreading of HIV, Dressing, Sexual partners etc)._____
10. Any other observation concerning the teacher's behaviour in class?_____
11. List all the HIV/AIDS and sexuality material displayed in the classroom, school compound, staffroom, head teacher's office etc.

b) Pupils' Information

School_____ Class_____

No. of boys_____ No. of girls_____

Nationalities represent_____ Religious groups_____

1. Describe the seating arrangement of boys in relation to girls in the classroom?_____
2. Describe the general behaviour of boys in class (Excitement, Shame, asking questions, answering questions, topics of concern etc)_____
3. Describe how boys react when "sensitive" words are mentioned e.g. sexual intercourse._____
4. Describe the general behaviour of girls in class._____
5. Describe the reaction of girls when 'sensitive' words are mentioned._____
6. Indicate the number of questions answered by boys and girls during the HIV/AIDS education lesson and describe the nature of the questions.

	No. of questions (Tally)	Nature of questions
No. of questions asked by the teacher		
No. of questions answered by Girls		
Number of questions answered by boys		
No. of questions asked by girls		
No. of questions asked by boys		
Total		

7. How do boys construct boys/men and girls/women in relation to HIV/AIDS in the lesson? _____
8. How do girls construct girls/women and boys/men in relation to HIV/AIDS in their arguments? _____
9. Any other observation made concerning boys/girls during the lesson? _____

APPENDIX 7: FGD GUIDE FOR TEACHERS

1. What curriculum do you use for teaching HIV/AIDS education? (Probe for the MOE curriculum, NCKK curriculum, school's own curriculum etc).
2. What are some of the activities that you use in teaching HIV/AIDS education? (Drama, Dance, poetry, song, sports etc).
3. What do you like about the HIV/AIDS education activities? (Why?)
4. What don't you like about the HIV/AIDS education activities? (Why?)
5. What aspects of HIV/AIDS education do you cover more often? (Why?)
6. What aspects of HIV/AIDS education do you omit? (Why?)
7. How comfortable are you teaching HIV/AIDS education?
8. How do male refugee pupils respond to HIV/AIDS education?
9. How do female refugee pupils respond to HIV/AIDS education?
10. In your opinion what is it about HIV/AIDS education that is not culturally right? (Probe along the various cultural groups represented).
11. In what ways has the diverse cultures of refugee pupils affected the teaching of HIV/AIDS education?
12. In what ways do the diverse cultures of refugee pupils affect the teaching and learning of HIV/AIDS education?
13. What suggestions would you give to improve HIV/AIDS education for refugee pupils?
14. Discuss other issues that we have not covered so far concerning HIV/AIDS education? Thank you very much.

APPENDIX 8: INTERVIEW GUIDE FOR THE NCCK FIELD OFFICER

Gender_____ Position at NCCK_____ Nationality_____

Work experience_____ Age_____

1. Briefly comment about your work as an NCCK officer at KRC.
2. What is the role and contribution of NCCK on HIV/AIDS education at KRC and the surrounding community primary schools? (Curriculum, Financing, Materials, Activities, teachers etc).
3. As a faith based organization, what aspects of HIV/AIDS education does NCCK encourage? (Probe for reasons)
4. What aspects of HIV/AIDS education does NCCK discourage? (Probe for reasons).
5. Do you consider refugee pupils a special group in relation to HIV/AIDS? (Probe for reasons).
6. Who qualifies to teach HIV/AIDS education to refugee pupils?(Academic and professional qualification, Gender, culture, religion etc) Why?
7. How do you find cultural plurality influencing HIV/AIDS education at KRC and the surrounding community schools? (Probe in relation to gender and religion).
8. Suggest how HIV/AIDS Education could be made more effective?
9. Give any other information about HIV/AIDS education that we have not talked about?

APPENDIX 9: INTERVIEW GUIDE FOR IRC OFFICER

Gender_____ Position _____ Nationality_____

Work experience_____ Age_____

1. Tell me about yourself. (Educational and professional background, work at KRC and elsewhere etc)
2. What is the role of your organization in HIV/AIDS education at KRC and the surrounding community primary schools?
3. How do you find cultural pluralism at KRC influencing HIV/AIDS education?
4. What are some of the religious factors that influence HIV/AIDS education?
5. Tell me about the influence of gender on HIV/AIDS education.
6. Give suggestions to improve HIV/AIDS education.
7. Tell me any other thing about HIV/AIDS education that we have not talked about?

APPENDIX 10: GAMES

Here are some of the games that were used in the research. Children were encouraged to come up with more games which they taught their friends and the research team.

River bank

The group stands in a long line in front of the leader. If the room is small, make two lines. If the leader calls 'river' the whole group has to hop with legs together to the right. If he or she calls 'bank' they have to hop to the left. If he/she calls 'riverbank' then they stay where they are and wave their hips in a circle. As the game speeds up those who go in the wrong direction are out. Don't make the game too competitive, there is no need to play until everyone is out-just have fun with it.

Shake shake banana

Play in a circle. The leader says. 'When I say the word orange touch your head, when I say Apple touch your toes. When I say shake shake banana put both hands on your waist and shake your hips.' The leader then calls out Apples etc. At first put the correct action with what you call out but as you go on call out one word and do the action for another. Children will get confused and there will be much laughter. Keep the atmosphere light and non-competitive. Use fruits that children will know. (Games adopted from: Clacherty, 2005)

APPENDIX 11: LETTER FOR PARENTS/GUARDIANS

Dear parent/Guardian,

Every one of us wants children who are not infected by HIV/AIDS to remain free from getting infected and those who are infected to lead a healthy, positive and longer life. One of the ways of ensuring this is through effective HIV/AIDS education in school. In this regard, I would like to find out how children experience the teaching and learning of HIV/AIDS education and also get some recommendations on how to make HIV/AIDS education more effective.

I will be visiting schools in Kakuma Refugee Camp and the surrounding areas together with two other researchers soon and wish to ask permission to speak to your children. We will work with the children, draw pictures with them and hold discussions together about how they experience HIV/AIDS education. Everything they tell us will remain confidential. That is, we will not tell anyone which child said what.

A report will be written about what the children will say but it will not indicate who said what. The report will be available for review by other researchers, policy makers and interested persons including parents, who may or may not use it to improve the teaching of HIV/AIDS education.

You have a choice to give or not to give permission for your child to participate in the research and you are under no obligation to give explanation for your decision.

Thank you.

I _____ (Name of parent/guardian) give permission for my child
_____ (Name of the child) to take part in the research about HIV/AIDS education.

Signed _____ Date _____

APPENDIX 12: DOCUMENTARY ANALYSIS GUIDE

Provide a brief report on the following:

1. How many sub-camps are there at KRC & the approximate sizes of each sub-camp?
(Refer to the LWF records).
2. What are the nationalities of refugees represented in each sub-camp and their various percentages? (Refer to records at LWF, Camp Manager’s office, UNHCR).
3. List down schools in each sub-camp? (Refer to LWF records)
4. Provide the population of each sampled school per class and gender?

Name of the school_____

Sub-camp_____

Class	1	2	3	4	5	6	7	8	Total
Girls									
Boys									
Total									

5. Provide the various nationalities represented per sample school? (Refer to LWF records)
6. State religious groups represented by teachers and pupils in the sample schools (Refer to the UNHCR records).
7. Give the ages of primary school girls and boys per class (Refer to LWF record)
8. Describe religious teachings on gender and sexuality (Refer to the Bible and Koran).

APPENDIX 13: WORK PLAN FOR THE STUDY

WORK PLAN

Activity	Period	Comment
Preparation of Research Instruments <ul style="list-style-type: none"> - Interview Guides: Head Teachers, Religious leaders. - FGD Guides: Primary school girls and boys, Teachers, parents. - Classroom observation Guide - Drawing Guide for boys and girls 	Nov to Dec. 2007	All the activities accomplished
Pilot Study <ul style="list-style-type: none"> - Acquisition of research permit and clearance - Pre-testing and Refinement of research instruments - Training Research assistants - Sampling schools and subjects 	Jan to April 2008	All the activities accomplished
Field Work Research activities <ul style="list-style-type: none"> - Graphics..... - Interviews for head teachers and religious leaders..... - Documentary analysis..... - FGDS for Teachers and pupils and classroom observation..... - Data analysis and literature review..... - External Examination..... - Final report..... 	May 2008..... June to Aug. 2008 Sept to Dec 2008 Jan-April 2009 May – Sept. 2009 Oct.- Dec. 2009 Jan-Feb 2010	Accomplished Accomplished Accomplished Accomplished Accomplished Accomplished

APPENDIX 14 : RESEARCH PERMIT

PAGE 2 PAGE 3

THIS IS TO CERTIFY THAT:

Prof./Dr./Mr./Mrs./Miss..... RUBAI
MANDELA OCHIENG

of (Address)..... KENYATTA UNIVERSITY
P.O.BOX 43844 NAIROBI


has been permitted to conduct research in.....
KAKUMA REFUGEE CAMP..... Location
TURKANA..... District,
RIFT VALLEY..... Province,

on the topic..... GENDER AND HIV/AIDS EDUCATION
IN MULTI-CULTURAL AND MULTI-RELIGIOUS
CONTEXT OF DISPLACEMENT: THE CASE OF
KAKUMA REFUGEE CAMP PRIMARY SCHOOLS

for a period ending 30TH SEPTEMBER, 2010.....

Research Permit No. MOST 13/001/37C 59.
Date of issue..... 6.9.2007
Fee received..... SHS.1000.00

PERMANENT SECRETARY
MINISTRY OF EDUCATION
SCIENCE AND TECHNOLOGY



M.O. ONDIEKI
FOR Permanent Secretary
Ministry of
Science and Technology

Applicant's
Signature

APPENDIX 15 : THE NCK LETTER



15th October, 2007

Rubai Mandela Ochieng'(Ms).
Department of Educational Foundations
Kenyatta University
P.O. Box 43844-00100
NAIROBI.
Email: rubaimandela@yahoo.com

Dear Ms. Rubai, _____

RE: HOSTING AT KAKUMA REFUGEE CAMP

Greetings from NCKK

Following your request to be hosted at our Kakuma Refugee Camp, I write to inform you that NCKK has agreed to host you while you collect data on your doctoral study **"Gender and HIV/AIDS Education in Multi-Cultural and Mult-Religious Context of Displacement: The Case of Kakuma Refugee Camp Primary Schools"**.

Kindly note that you are expected to submit to NCKK a bound copy of the paper upon completion of her study. You will in addition be expected to adhere to the NCKK code of conduct and values copies of which are enclosed herewith for your attention.

Please arrange to take out a personal accident cover in order to insure us against any liability that arises during your time at Kakuma.

With kind regards,



Oliver Kisaka
DEPUTY GENERAL SECRETARY

Encls.

APPENDIX 16: LETTER FROM THE DEPARTMENT OF REFUGEE AFFAIRS



**OFFICE OF THE PRESIDENT
MINISTRY OF STATE FOR IMMIGRATION &
REGISTRATION OF PERSONS
DEPARTMENT OF REFUGEE AFFAIRS**

Website: www.refugee.go.ke
E-mail: refugee.affairs@yahoo.com
Tel: + 254-020-250120
+254-020-340297
+254-020-317393
Fax: +254-020-315012
When replying please quote:

Maendeleo Hse 7th floor
P.O. Box 42227 - 00100
Nairobi, Kenya

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13th February 2008

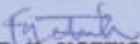
Mr. Oliver Kisaka
Deputy General Secretary
The National Council of
Church of Kenya
P. O. Box 45009 - 00100
NAIROBI

*Clear to visit the camp
as per the authorization.
W. M. M. M. M.*

RESEARCH AUTHORIZATION AT KAKUMA REFUGEE CAMP

Your application for Rubal Mandela Ochieng to undertake research at Kakuma Refugee Camp has been approved with effect from 20th March to 30th June 2008.

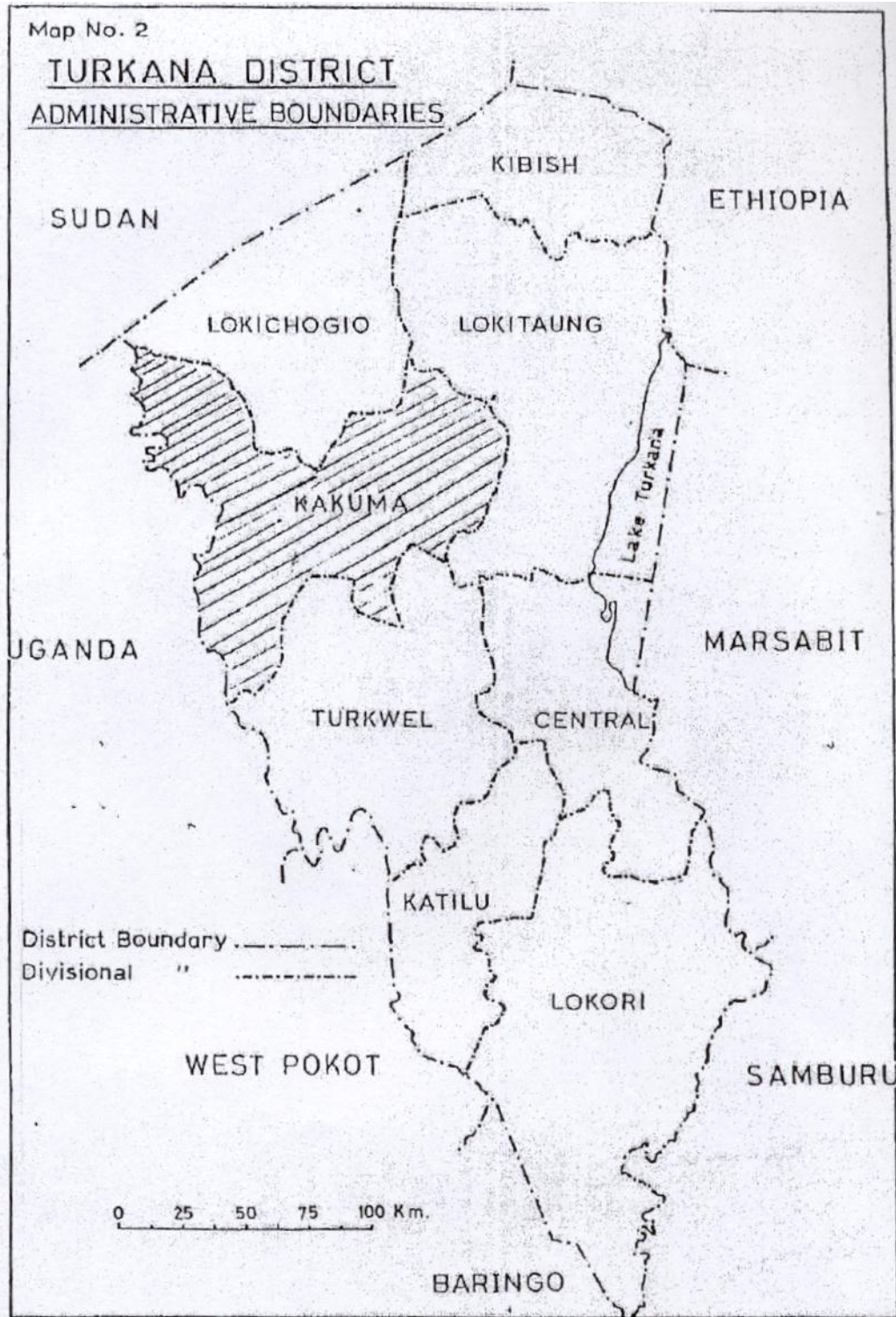
On arrival at Kakuma the researcher should pay a courtesy call to the Camp Manager near the DO's office. This office will appreciate to get a copy of the research findings for information purpose.


E. K. NGETICH
For: COMMISSIONER FOR REFUGEE AFFAIRS

Cc: Camp manager
Kakuma Refugee camp.
KAKUMA

16-05-08
P. O. BOX 42227-00100 NAIROBI
P. O. BOX 42227-00100 NAIROBI

APPENDIX 18: MAP OF TURKANA DISTRICT SHOWING KAKUMA



Prepared by DRSSRS