

**THE FACTORS INFLUENCING THE TEACHING OF HIV/AIDS  
EDUCATION IN PUBLIC PRIMARY SCHOOLS IN KISUMU EAST  
DISTRICT, KENYA**

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## ABSTRACT

The purpose of this study was to establish factors that influence Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) curriculum teaching in public primary schools in Kisumu East district. HIV/AIDS pandemic was declared a national disaster in Kenya in November 1999. Since it was discovered in the early 1980's it has claimed many lives. New infections occur every day, especially among young people. If humanity is to survive past this century, the seemingly unstoppable pandemic must be checked. Education is one powerful way through which we can stop the spread of the deadly disease. This study adopted the *ex-post facto* research design. Random sampling technique was used to select the respondents. Data was collected using questionnaires administered to the respondents. The data was descriptively analysed using the Statistical Package for Social Sciences (SPSS) version 17.0 for windows. The findings established that teacher training in HIV/AIDS, HIV/AIDS related resources availability, teacher's attitudes and lack of examination in HIV/AIDS influence the teaching of HIV/AIDS curriculum in primary schools in the area of study. It was concluded that the rate of HIV/AIDS infection may not reduce significantly because the subject is not being taught as intended, the relevant content need to be incorporated in the teacher training curriculum, in-service training and HIV/AIDS education teaching should made compulsory. The findings of this study are expected to help in the teaching of HIV/AIDS curriculum in Primary school; hence palliate the HIV/AIDS pandemic in the area of study. The study recommended that teachers be trained and oriented in HIV/AIDS education, teaching resource materials be developed and the Ministry of Education endeavour to make the teaching of HIV/AIDS curriculum compulsory.

**Keywords: HIV/AIDS, education, teaching, primary schools**

## INTRODUCTION

The HIV/AIDS pandemic is a threat to humanity all over the world today. Since it was discovered in early 1980's, HIV/AIDS has claimed the lives of many people. An estimated 38 million people worldwide are living with HIV/AIDS, two thirds of these are in sub-Saharan Africa (UNAIDS, 2001). Over 2.6 million people worldwide, many in developing countries have died due to AIDS related diseases. The disease has no known cure to date.

The disease has impacted negatively on many aspects of human life. HIV/AIDS has had adverse effects on education worldwide (Muraa & Kiarie, 2001). HIV/AIDS threatens to undermine achievements in literacy, increase the number of poorly educated and reduce educated work force (NACC, 2000). The most affected section is the youth aged between 15-24 years (UNAIDS, 1999). Economically, a large part of a country's Gross Domestic Product (GDP) is channelled towards combating the damage and provision of HIV/AIDS related Medicare and research. Though HIV/AIDS has been spreading fast, Whiteside and Sunter (2000) argue that a lot can be done to curb the spread for example through education. In 2000, 189 world leaders agreed on eight points Millennium Development Goals (MDG's). The sixth one is to reverse the spread of HIV/AIDS, Malaria and Tuberculosis by 2015. HIV/AIDS was to be given priority due to its alarming rate of spread (UNAIDS, 2001).

HIV/AIDS has also greatly affected the labour force of many countries. This is due to the fact that majority (more than 75%) of the people infected with HIV/AIDS fall in the age bracket of 15-45

years. The education sector has not been spared either. Many AIDS orphaned children have had to drop out of school either due to lack of school fees or to fend for their families (Cohen, 1996; Muraa & Kiarie, 2001).

Owing to the above, many governments, Non-Governmental Organizations (NGO's) and private sector world over have made concerted efforts to address the challenge posed by HIV/AIDS pandemic. Kenya in particular declared HIV/AIDS a national disaster in November 1999. Since then, the Government established a strategy involving many sectors through the National AIDS Control Council (NACC). The Council then developed a National strategic plan, which was meant to be all-inclusive involving private sector, government ministries and departments, physically challenged people and civil societies.

The Kenyan Education Sector Policy on HIV/AIDS was crafted to act as a guideline for effective prevention, care and support within the public sector. The understanding of the policy is that education plays a key role in preventing HIV/AIDS and mitigation of its effects on the individuals, families, communities and the society. The policy was a result of the Dakar Framework for Action Education for All (DEFA) which was adopted by the International communities during the world education forum in Dakar Senegal in 2004. This forum was preceded by the declaration of commitment on HIV/AIDS by the United General Assembly Session (UNGASS), which set targets of reducing HIV and AIDS infection among 15-24 year olds. This session also called upon governments to develop policies by the year 2003 and implement them by the year 2005. The expectation was that the governments would provide a supportive environment to orphans; children affected and infected by HIV and AIDS. The declaration called for vastly expanded access to information and education especially youth specific HIV and AIDS education necessary to develop skills required to reduce vulnerability to HIV infection.

For the education sector to respond effectively to the challenges of this pandemic, a policy was developed aimed at addressing HIV/AIDS issues as they are affecting the entire education and training system. The education sector policy on HIV/AIDS has formalized the rights and responsibilities of every person involved directly or indirectly in the education sector. The scope of its application has been defined to cover learners, employees, managers, employers and other providers of education and training in all public, private, formal and non-formal learning institutions at all levels of Education in the Republic of Kenya. The policy is heavily guided by the international conventions, policy guideline and regulations which include but not limited to the constitution of the Republic of Kenya Bill of Rights, Education Act, Teachers' Service Commission (TSC) Act and Code of Regulations among others. The principles of the policy include: access to information, equality, privacy and confidentiality, access to care, treatment and support, safety in work place and learning institutions, fair labour practices and gender responsiveness, involvement of people living with HIV and AIDS and functional partnerships. The goal of the policy includes prevention, care and support, HIV and AIDS and work place and management response.

The Ministry of Education (MoE) developed the Education Sector Policy on HIV and AIDS in 2004. This document recognizes education as a key factor in the prevention of HIV/AIDS and in the mitigation of its effects on individual's families, communities and society. Furthermore, the document adds that the gains made by the Government in terms of access, quality and retention are seriously being undermined by HIV/AIDS epidemic and its impact on the demand for and supply of education (RoK, 1999). In effect, Education for All (EFA) goals and Millennium Development

Goals (MDG's) for Education cannot be achieved without urgent attention to HIV/AIDS (UNAIDS, 1997).

In this respect, the MoE through the Kenya Institute of Education (KIE) developed an HIV/AIDS syllabus in 1999 to be used in primary, secondary schools and colleges in teaching HIV/AIDS which might have been difficult to implement due to lack of training of teachers and availability of relevant HIV/AIDS teaching and learning materials (Mithamo, 2005).

Education has the potential to reduce and contain the HIV/AIDS pandemic through the provision of information and skills about the disease. Education helps to reinforce positive health behaviours and alters behaviour that places people at risk. Schools reach young and teenage children and are therefore ideal settings for teaching young people how to avoid either contracting the infection or transmitting it to others.

According to the Republic of Kenya (1999), the reasons for HIV/AIDS education include:

- i. Giving people information about the disease including how it is transmitted and how people can protect themselves from being infected.
- ii. Teaching people how to put this information to use and act on it practically - how to get and use condoms, how to suggest and practice safe sex, how to prevent infection in medical environment or when injecting drugs.

Integration has been proposed as the way HIV/AIDS education is to be taught in Kenya. Integration means the interrelation of studies so that the material of each lesson is made intelligible through its connection with the points involved in others. Integration is meant to make study interesting for it connects the work of the lesson with what the child already knows and is interested in. Certain subjects within the primary school curriculum readily incorporate topics that can easily be utilized to teach about HIV/AIDS since they have embedded HIV/AIDS related content in them. In this HIV/AIDS era, the right to education includes the right to the knowledge and skills needed for HIV prevention. Such right can only be exercised if the school curriculum deals effectively with sexual health and HIV/AIDS prevention and care. In our AIDS scarred world, sexual health and HIV/AIDS education are a pre-requisite for individual and community survival.

In Kenya, HIV/AIDS education is now an integral part of primary and secondary school curriculum. The syllabus has the following general aims on HIV/AIDS (RoK, 1997):

- i. Acquire necessary knowledge and skills about HIV/AIDS and sexually transmitted diseases.
- ii. Appreciate facts and issues related to HIV/AIDS and Sexually Transmitted Diseases.
- iii. Develop life skills that will lead to HIV/AIDS and Sexually Transmitted Diseases free life.
- iv. Make decisions about personal and social behaviour that reduce risks of HIV/AIDS and Sexually Transmitted Diseases infection.
- v. Show compassion towards and concern for those infected and affected by HIV/AIDS and Sexually Transmitted Diseases infection.
- vi. To be actively involved in school and out of school activities aimed at prevention and control of HIV/AIDS and Sexually Transmitted Diseases infection.
- vii. Communicate effectively with peers and others, issues and concerns related to HIV/AIDS and Sexually Transmitted Diseases.

If the aims above are achieved, a large proportion of youth in schools will develop a behaviour change that will help in HIV/AIDS prevention and control (Republic of Kenya, 1999). Education has tended to emphasise more on the academic (Bear, Caldwell & Milliken, 1989) rather than behavioural skills.

Despite the introduction of HIV/AIDS Education and campaigns, the disease continues to spread. This study was an attempt to establish the factors that influence the teaching of HIV/AIDS education in primary schools in Kenya. The study sought to answer the following research questions:

- i) Does a teacher's training in HIV/AIDS influence the teaching of HIV/AIDS education in Primary Schools?
- ii) Does availability of HIV/AIDS related resources influence the teaching of HIV/AIDS education in Primary schools?
- iii) Does a teacher's attitude influence the teaching of HIV/AIDS in Primary schools?
- v) Does lack of examinations in HIV/AIDS education influence the teaching of HIV/AIDS education in Primary schools?

This study was expected to come up with findings that may be useful in improving the delivery of HIV/AIDS and health education in primary schools before children get into adolescence which is a vulnerable age of development.

### **LITERATURE REVIEW**

Boler et al, (2003) researched on HIV/AIDS curriculum implementation and reception in Kenya and found out that 90 percent of teachers in Kenya believe that they have a responsibility to teach HIV/AIDS content. Even so, this study did not go further to establish factors that influence teachers in carrying out this responsibility. Besset and Swainson (2002) in their study to assess HIV/AIDS impact on primary and secondary schools in Mbooni Division, Machakos District reported that teachers lacked competence and commitment to teach HIV/AIDS in the overcrowded syllabus.

Through education, schools give information that can help reduce stigma (Tuju, 1996). HIV/AIDS knowledge is likely to encourage more respectful, open-minded attitude towards other people (Gikenye, 2004). Nzoka (2006) observes that exposing learners to a greater understanding of the epidemic can help them to realize that AIDS can affect anyone and that no one has a right to judge any individual on the basis of their HIV status. Affirming this position, Bett (2003) observes that pupils, teachers and support staff need to be educated about HIV/AIDS. Roeland and Boerma (2004) notes that teachers should research in depth when preparing to teach HIV/AIDS content. On emphasizing the need for HIV/AIDS education in schools, Boler and Jelema (2005) observe that what is universally clear is that schools are in a position to change young people's attitude and behaviour.

M'maisi (2007) notes that sustaining awareness and education is a key factor in combating HIV/AIDS spread. She further notes that education is important both in pre and post infection cases. In pre infection, it will provide knowledge for self protection, foster personal value system, inculcate skills for self protection, promote a behaviour that will lower protection risks and enhance capacity to help others protect themselves against risk.

Education is recognized as key to curb HIV/AIDS spread (RoK, 1997). The National AIDS and Sexually Transmitted Control Programme (NASCO) was formed in 1992 to organize and coordinate national response to HIV/AIDS epidemics. It recommended introduction of HIV/AIDS curriculum in Kenyan schools. In 1997 the Government of Kenya published Sectional paper Number 4 on AIDS in Kenya which permitted HIV/AIDS teaching in schools at all levels in the Kenyan education system.

Sex education was mainly introduced in western countries to curb the problem of unwanted pregnancies, abortion and STD's. A research carried out on sex education revealed clearly that teachers need further training to handle the subject and specialized training (Trippe 1994).

Teachers assigned to teach courses on sexuality, HIV/AIDS and relationship skills clearly need special training to increase the knowledge and comfort levels. In Thailand, prior to training, many teachers reported that they found it difficult to lead a discussion on sexual health and anatomy and expressed discomfort with the idea of demonstrating condom use to students (Dadian, 2001). In Nigeria, a research carried out to find how prepared teachers were to teach sex education in the country's schools, concluded that both current and future population of teachers irrespective of their teaching experiences, academic qualifications and age were in support of sex education programme. However, their preparedness may be hindered by their scanty knowledge of what sex education actually entails (Adamolekun & Boyenbode, 1988).

Oluoch, Omulando and Shiundu (1992) observed that pre-service and in-service training of teachers is key to any curriculum implementation. For curriculum development venture to succeed, the teachers involved must understand and accept the ideas contained in the new curriculum being proposed or implemented. The teachers should look at the particular curriculum development effort as their own and not something being imposed from outside. Thus they have to understand, accept and internalize the philosophy or reasoning behind the new ideas, materials and teaching methodology advocated in the new curriculum.

To enable teachers gain this understanding and acceptance, it is necessary for them to go through specially designed educational programmes. These programmes should be directed both at the serving teachers and at the teacher trainees. Relevant training programmes should hence be instituted within the regular teacher preparation curriculum so as to enable newly qualified teachers to be conversant with the new curriculum before they leave college. At the same time suitable in-service training programmes should be organized to help the serving teachers' acquaint themselves with new curriculum.

It is rather unfortunate that curriculum development staff tends to concentrate on the in-service training of serving teachers and forget the teachers in training. This is unwise since all it does is to postpone the task of training these teachers who will eventually have to be trained to cope with the new curriculum. To keep the teacher ignorant of what is taking place in schools is to miss an excellent opportunity of effectively reaching a lot of teachers without too much effort. Consequently, teacher training is regarded as essential for effective implementation in schools of any innovative teacher provided curriculum (Cameron, 1991). Kafwa (2005) argues that HIV/AIDS education has not been taken seriously because there are no trained teachers and also there are no instructional materials.

Material resources play a significant role in curriculum implementation. The main aim of preparing and producing curriculum materials is to assist teachers implement the curriculum and students interpret the content correctly (Oluoch, 1992). The teaching of HIV/AIDS in schools requires that there is preparation and distribution of scientifically accurate, good quality teaching and learning materials on HIV/AIDS. Inadequacy or lack of instructional materials is therefore an impediment in any curriculum implementation and by extension HIV/AIDS curriculum integration into the syllabus.

Since HIV/AIDS education was integrated into the mainstream subjects, very few relevant instructional resources have been availed to facilitate its teaching. Despite implementation of the HIV/AIDS education policy in schools, a study by Coombe and Kelly (2002) concluded that there is ubiquitous evidence that less teaching and teaching materials are getting into classrooms and the teachers have virtually no guidelines for coping with the pandemic.

In a related study, Malambo (2000) sought to find out how teachers teaching HIV/AIDS education were equipped in terms of instructional materials. He established that teachers lacked adequate resources for the teaching of HIV/AIDS Education.

A study conducted by Hyde, Kiage, Barasa and Ekatan (1993) to identify the role of education in preventing HIV/AIDS infection found that teachers experience considerable embarrassment when discussing sexual and reproductive health topics in the classroom. Bishop (1986) says innovations are not adopted by people on the basis of intrinsic value of innovation but rather on the basis of intrinsic value of adopters' perception of changes they will personally be required to make. Study findings reveal that teachers often perceive sex education as a source of anxiety (Massey, 1992) and that such anxiety could compromise the needs of pupils. It is likely that sex education and HIV/AIDS education as part of that will suffer having to compete for inclusion in limited space in the time-table.

Since most students want to succeed at school, what the assessment of their learning consists of, will virtually determine what learning activities they will undertake especially as the assessment period draws near. Those learning activities which are closely connected with what is included in the assessment are undertaken enthusiastically; and those which are only remotely linked with what goes into assessment package are hardly undertaken. Thus, student assessment is a powerful learning tool which can be used with great advantage in the teaching-learning process. The contrary is also true that it can hamper the teaching learning process. Thus, the learning activities and the assessment activities form the means of acquiring the desired knowledge, skills and attitudes. Of course, the assessment activities also help in the determination of the degree to which the learning objectives are being or have been met. It is in this process that assessment procedures promote or thwart the achievement of learning objectives.

The study was informed by the behavioural and humanistic approaches. B.F. Skinner's S-R theory stipulates that learning is a function of change in overt behaviour. Changes in behaviour are the result of an individual's response to events (stimuli) that occur in the environment. This theory provides a framework to ideas on how and why people change behaviour that puts them at risk, for example HIV/AIDS infection. Such theories can strengthen the intervention by empowering people to personally develop their own solution to change their environment. Behaviourism is a function of knowledge or attitude.

Humanistic theories emphasize that a person must first have the knowledge that there is a problem to be able to make informed choices. He/she must then understand the magnitude of that problem and the repercussions and develop an attitude. HIV/AIDS is basically a behavioural problem as it is mainly transmitted through behavioural practices such as unprotected sex, sex with multiple partners, sharing of sharp objects such as needles, razors, knives etcetera. As such to combat the pandemic it is widely accepted that people have to change their behaviour. To do so, people need accurate and timely information about HIV/AIDS. Such information is partly provided to pupils through HIV/AIDS education. It is assumed that people especially pupil's contact HIV/AIDS due to lack of adequate and accurate HIV/AIDS information. Hence by providing HIV/AIDS education to pupils in primary school the MoE hopes to change behaviour (HIV/AIDS high infection rate) by manipulating the antecedent factors (providing accurate HIV/AIDS information and dealing with reinforcing factors) to pupils.

## **RESEARCH METHODOLOGY**

### **The Research Design**

The *ex-post facto* research design was used in this study. This design allows the investigation of cause and effect relationships between variables by observing the existing condition and searching back in time for plausible causal factors (Kerlinger, 1973; Mugenda & Mugenda, 1999). The design was found suitable for this study because the researchers intended to identify factors, which influence the implementation of HIV/AIDS education in primary school, as these factors were already in existence and the variables could not be manipulated.

### **Participants**

The study was conducted in Kisumu East District in Kisumu County. The former Nyanza Province was purposively selected because it is a cosmopolitan region and it has one of the highest HIV/AIDS prevalence rate of 15.3% in Kenya (KAIS, 2007). Kisumu East District was purposively selected because it has the biggest cosmopolitan population in Kisumu County. It is among the districts with the highest HIV/AIDS prevalence rate of 24.6% in Kenya (KAIS, 2007). The population under study comprised of 514 public Primary School classroom teachers in the 50 primary schools distributed in two Divisions and three zones. The teachers teach various subjects in different classes in the Primary school curriculum. Simple Random sampling was used to select 15 out of 50 schools and 103 teachers from a population of 341.

### **Instrumentation and data analysis**

A questionnaire was used to obtain data from the teachers. The questionnaire was used to find out whether HIV/AIDS resource availability, training on HIV/AIDS education, lack of examinations in HIV/AIDS and teachers' feelings influences their teaching of HIV/AIDS education in their respective schools. The content validity of the questionnaire was checked in order to ensure that the items reflected the factors that influence the teaching of HIV/AIDS education. The research questionnaire had a reliability co-efficient of 0.7 established through the Cronbach's alpha method following a pilot study conducted on a sample of 15. The collected data was processed, coded and analysed using descriptive statistics to answer the research questions.

## **RESULTS AND DISCUSSION**

The gathered data revealed that the majority of teachers in the sample were female respondents 58 (55.9%). Male respondents were 45 (44.1%). The majority of teachers who participated in the study



were between 31 and 40 years (52.7%). About 26.9% were in the 20-30 years age bracket, 16.1% between 41-50 years. The rest of the teachers (4.3%) were over 51 years. The study revealed that the respondents held various teacher training qualifications with 49.5% holding P1 Certificate, 32.3% Diploma, and 16.1% Bachelor's Degree and 2.2% Masters in Education.

According to 58.1% of the teachers interviewed, training of teachers in HIV/AIDS Education would improve their teaching of HIV/AIDS Education in schools and 78.1% felt that all teachers required training. In addition, 58.1% of the teachers suggested that in-service courses on HIV/AIDS Education should be set aside for teachers and 39.8% thought the subject should be examined during teacher training. Majority of the teachers (80.6%) did not agree with the statement that HIV/AIDS should be left to specialists.

As regards workshop attendance, 38.7% of the teachers indicated that they had attended workshops on HIV/AIDS whereas 61.3% had not attended any such workshops. This was a very big percentage considering that 70.3% taught HIV/AIDS Education. From the response on suggestions that can improve the teaching of HIV/AIDS Education, 78% of respondents cited training. This implies that there is need to encourage the Ministry of Education to organize for teachers to attend HIV/AIDS Education workshops because they are important in providing them with needed knowledge, attitudes and skills for effective curriculum implementation.

These findings agree with those of Shiundu and Omulando (1992) who established that in-service education helps the practicing teacher with the latest innovations in the curriculum of his subject area. Kamau, (2000) reported that training assists teachers in overcoming problems like the HIV/AIDS stigma. He went further to note that teachers felt demoralized by the notion that some people believed that those involved in HIV/AIDS Education were AIDS victims. Kariuki, (2001) too noted that teachers in Kenya had not been trained on the teaching skills nor were they versed with the content of HIV/AIDS curriculum.

Majority of teachers (87.1%) felt that adequate teaching of HIV/AIDS Education in schools require that teachers are well equipped with the necessary resources. Most of the teachers (80.6%) agreed that there weren't enough resources for teaching HIV/AIDS Education and 48.4% said that they improvise resources when teaching. According to 72.0% of the teachers, more HIV/AIDS teaching materials were needed and 50.5% thought HIV/AIDS Education would only succeed if the Ministry of Education provided relevant teaching materials. These findings support those of Mithamo (2005) who established that majority of schools had inadequate resources which could not fully help in HIV/AIDS Education teaching.

About a half of the respondents (49.5%) believed that HIV/AIDS Education in schools can help curb HIV/AIDS transmission among pupils and 50.5% of the teachers felt that HIV/AIDS Education should be made compulsory. Whereas 38.7% were comfortable teaching the subject, 53.8% did find it hard to discuss sex issues in class. A small proportion of teachers 49.5% reported having enough facts on HIV/AIDS.

Most of the teachers (54.8%) did not think that the emphasis on coverage of syllabus in schools deter teaching of HIV/AIDS Education. However, 28.9% thought the fact that HIV/AIDS Education does not contribute to the final KCPE grade affects its teaching. Lack of examination on the subject was found not to reduce motivation in teaching the subject among 52.7% of the teachers and 54.8% of

the teachers mentioned that they spend most of their time teaching the content of examinable subjects rather than HIV/AIDS Education and 84.9% suggested that specific lessons should be developed for HIV/AIDS Education.

In this study, it was concluded that:

- i. The rate of HIV/AIDS infection may not reduce significantly because the subject is not being taught as intended.
- ii. For effective teaching of HIV/AIDS Education, the relevant content should be incorporated in teacher training curriculum.
- iii. Since teachers are positive towards HIV/AIDS Education; in-service training should be administered to enhance their skills.
- iv. HIV/AIDS Education teaching should be made compulsory not necessarily through examination.

For effective teaching of HIV/AIDS education; training of teachers, provision of adequate resource materials, and enforcement by the Ministry of Education were recommended.

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