Perceptions of Primary School Teachers and Pupils on Adequacy of HIV/AIDS Life Skills Education in Nairobi and Thika Districts, Kenya

Felicity W. Githinji
Department of Educational Foundations
Moi University
P.O. BOX 3900-30100 Eldoret
Kenya

Dr. John Koskey Chang'ach, (Ph.D.)
Department of Educational Foundations
Moi University
P.P. BOX 1294-30100 Eldoret
Kenya

Abstract

Health care is a multi-Sectoral approach. It requires joint efforts of the health sector and other health related sectors. Primary health care should integrate other sectors such as education. This is because Education for All (EFA) goals and the Millennium Development Goal (MDG) for education "cannot be achieved without urgent attention to HIV/AIDS." This has led to the integration of HIV/AIDS education into the existing school curriculum due to its effect on the community as a whole. Thus, Life Skills Education was introduced to strengthen the existing HIV/AIDS education. This study was based on the assumption that increasing levels of knowledge and awareness could lead to desired behaviour change. However, having knowledge about the virus did not seem to be sufficient without the necessary life skills. This study, therefore, intended to do an assessment of the adequacy of HIV/AIDS life skills curriculum in primary schools in Nairobi and Thika districts. Content analysis of HIV/AIDS life skills (HIV/AIDS/LS) curriculum and oral interviews with 40 teachers of the subject was purposively sampled. The content is relatively adequate but there are challenges associated with the gap between theory and practice. The study established that introduction of teaching of HIV/AIDS education appreciated but it is faced with some challenges. The effectiveness of the education could be enhanced by giving it an inter-disciplinary approach in view of the multi-sectoral concern for HIV/AIDS. Since LS curricula are designed to develop in the young people abilities such as: negotiation skills, assertiveness, ability to cope with peer pressure, attitudes such as compassion, self-esteem and tolerance, knowledge about self-awareness and HIV transmissions this would complement Public Health Care (PHC) and they should be provided to the community.

Key words: Primary health care, HIV/AIDS, Life skills education, community

1.1 Introduction

As people all over the world become more and more frustrated at the inability of today's health systems and services to meet their needs, demand for a renewal of primary health care - and health for all - is increasing. Primary Health Care (PHC) concerns itself with prevention of diseases and promotion of health. It is an approach aimed at achieving health for all. It emphasizes mostly on having clean environment. PHC is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination (who, 1978). It was a new approach to health care that came into existence following the international conference in Alma Ata in 1978 organized by the World Health Organization (WHO) and the United Nations International Children's Educational Fund (UNICEF). PHC was accepted by the member countries of WHO as the key to achieving the goal of Health for all. This service was offered by people who had no education or had few years of elementary education. They were given simple drugs for use in their treatment. With time, they became very popular and more health workers called Auxiliary health workers with secondary education were trained to assist doctors in hospitals, clinics and dispensaries. These assistants carried out preventive functions in addition to curative. The initial assumption was that, where there is no doctor the diseases could be treated by an Auxiliary who acted as a substitute for a doctor.

This concept has changed so much that an Auxiliary is seen as an indispensable agent of health promotion. Health is defined in the WHO constitution of 1948 as: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health. The role of education in the lives of young people is more crucial today in the face of Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic. Due to social economic impact of HIV/AIDS, countries have introduced teaching of Life Skills Education (LSE) in their school curriculum. By introducing such a curriculum, the hope of countries and policy-makers was that teachers, pupils and involving the community would develop appropriate responses to confront HIV/AIDS crises. Linderman defined community as a process of social interaction which gives rise to more intensive and extensive attitudes, practices of interaction which gives rise to more intensive and extensive attitudes, practices of interdependence, co-operation, collaboration and unification. Community involvement is referred to as active or direct participation in any activity, programme or project. It thus implies physical participation in the initiation implementation or evaluation stages.

1.2 Impact of HIV/AIDS in the School System

HIV/AIDS places every system and institution under profound threat (WHO, 2002). The pandemic has negative impact on the quality of education provided. The quality of education is rapidly eroded by frequent teacher absenteeism, intermittent learner attendance and considerable trauma on educators and learners. This leads to inability to concentrate on learning activities because of concern for those who are sick, repeated occasions for grief and mourning in the community, a widespread sense of insecurity and anxiety among educators and learners (Schaeffer, 1993). This contributes to high dropout rate of pupils, thus leading to a greater difficulty in increasing school enrolment, completion rates and overall learning outcomes (Odiwuor, W. H. 2000). These create adverse effects to learning. In Africa, Kelly (2000) observes that HIV/AIDS has an impact on teacher supply and morale, on school participation, and on curriculum content. The study proposes that behavioural change is the only way to deal with the AIDS pandemic, and that the people most likely to be HIV- free are in primary and secondary school age groups. The issue of teacher deaths due to AIDS continues to pre-occupy educational planners, managers and researchers.

In a draft synthesis report by Kelly (2000b: 24) it is reported that, an estimated 860,000 children in Sub-Saharan Africa, lost teachers. Kelly concludes that HIV/AIDS appears to be in the ascendancy and has virtually overcome education, swamping it with a wide range of problems. These problems threaten to overwhelm the very fabric and structure of organization, management and provision, as we have traditionally known it…. The school in an AIDS-infected world cannot be the same as the school in the AIDS-free world. (ibid, 24). Similarly, Coombe (2001: 3) states that education systems in Africa will collapse unless we change our understanding of the pandemic and respond to it. Newspapers and other media also regularly report on the seriousness of the pandemic and school in general. For example, a major article in the New York Times concluded that the African continent remains ill-prepared to deal with the effects of AIDS in education. If unchecked, the trend is expected to proof catastrophic in the near future (Onishi, 2000). However, this study did not look at ways of inculcating LS for behavioural change, through co-curricular and class activities, which the current study addresses.

A study conducted in Kenya by UNICEF (2002) indicates that HIV/AIDS has affected teachers' participation in many ways. Teachers have been infected as well as affected by HIV/AIDS. For example, Schaeffer (1993) states that teachers, like many others, have not been spared by HIV/AIDS such that even if educational facilities are available, there may be lack of teachers to provide teaching services. While some have been infected and are sometimes absent from school, others have died following HIV infection. The 1999 World Bank report on HIV/AIDS and the education sector policy in Kenya 2004, holds that as HIV infected teachers are more and more affected by the opportunistic infections, they will increasingly have to be absent from the classroom. The school is viewed by the community as a trusted and important place for young people to learn about HIV. But even when young people have the information they need, it is often not enough to make them act. They also need to learn "life skills," the attitudes and negotiating capacity to put what they know in practice and to make informed choices about sex, drugs and other issues (UNICEF, 2002). HIV/ AIDS is having a widespread impact on many parts of African society. The effect of the AIDS epidemic on community can be very severe. Many families are losing their income earners. In other cases, people have to provide home based care for sick relatives, reducing their capacity to earn money for their family.

Many of those dying from AIDS have surviving partners who are themselves infected and in need of care. They leave behind orphans, grieving and struggling to survive without a parent's care. In all affected countries, the epidemic is putting strain on the health sector. As the epidemic develops, the demand for care for those living with HIV rises, as does the number of health care workers affected. Schools are heavily affected by AIDS. This a major concern, because schools can play a vital role in reducing the impact of the epidemic, through HIV education and support. In Africa the Dakar Framework for Action for Education for All (EFA), adopted by the international education community during the World Education Forum (Dakar, Senegal- April 2000), draws attention to the urgent need for Africa to combat HIV and AIDS if EFA goals are to be achieved. Gains made by governments in terms of access, quality and retention are seriously threatened by HIV/AIDS pandemic and its impact on the demand for, and inculcation of education. EFA goals and the Millennium Development Goal (MDG) for education "cannot be achieved without urgent attention to HIV/AIDS" (UNAIDS, 2002: 8).

This is because children infected with HIV at birth do not live to enroll in school while many children drop out of school when they become orphans or attend to the sick family members. Teachers are also dying of AIDS pandemic (UNAIDS, 2002). Kenya has been recognized as one of the countries trying to reverse the trend of HIV prevalence among her people (UNAIDS, 2005). The HIV prevalence rates in Kenya have reduced due to usage of preventive mechanisms such as condoms, delay in early marriages as well as individuals having fewer partners. The recognition of the impact of HIV/AIDS on educational development has led to various policy responses from the government. Among such policies has been the broad acceptance and institutionalization of issues related to HIV/AIDS in the school curriculum.

Specifically, literature has shown that HIV/AIDS has an impact in the school system. This impact is felt as it is affecting the formal education, quality of education due to chronic and prolonged absenteeism for both teachers and pupils, and quantity due to dropping out of pupils, leading to a greater difficulty in increasing school enrolment, completion rates and overall learning outcomes. Literature has shown that although HIV/AIDS education has been introduced and integrated in most countries its delivery has not yet been successful. Although schools have been recognized as important avenues through which the teaching of HIV/AIDS education can be done, the school faces a lot of challenges for example; class time is limited, lack of training of teachers in HIV/AIDS education, lack of specified time and lack of the relevant materials. The role of LSE in preparing young people to respond to HIV pandemic is crucial at two levels. First, the young people need to keep themselves healthy as individual. Second, since the young people are part and parcel of society, they should be taught LSE to give them the necessary skills and abilities to cope with HIV/AIDS pandemic to avoid social stigma and stress.

The recognition of the impact of HIV/AIDS on educational development has led to various policy responses from the government. In Kenya, the Education Sector Policy on HIV and AIDS (2004) states that, as a matter of policy, LS and HIV education should be mainstreamed into the existing curriculum and co-curricular activities at all levels of the school system. Consequently, teaching of HIV/AIDS education was introduced in the school curriculum in the year 2000. To strengthen HIV/AIDS education, UNICEF (2002) supported Kenya Institute of Education (KIE) in preparing LSE programme materials for lower primary, upper primary and for the young people out of school. The present study was inspired by the above trend with a conviction that if the teaching of HIV/AIDS/LS education can be enhanced and be incorporated fully into formal school teaching, the spread of HIV/AIDS and stigmatization of those infected and affected by HIV/AIDS would reduce tremendously in schools and within the community. This would lead to Kenya achieving her goals of having a HIV/AIDS-free society.

1.3 Objectives

1. To assess teachers importance of teaching HIV/AIDS/LS education.
2. To find out teachers assessment on adequacy of HIV/AIDS/LS education content.
3. To explore how, lessons in HIV/AIDS/LS education were conducted in classrooms and schools.
4. To establish problems faced by teachers in the sampled primary schools in teaching and learning HIV/AIDS/LS education.
5. To establish teachers suggestions on how teaching of HIV/AIDS/LS education could be improved.

1.4 Methodology

Content analysis of HIV/AIDS life skills (HIV/AIDS/LS) curriculum and oral interviews with 40 teachers of the Subject was purposively sampled. The four headteachers, in the selected primary schools automatically became part of the sample.

Teachers teaching HIV/AIDS education infused in their teaching subjects in classes six, seven and eight were purposively sampled for the study. Purposive sampling was important since HIV/AIDS/LS education is infused across all the subjects in the formal curriculum. A total of forty teachers comprised the study's teacher sample.

1.5 Results and Discussion: Teachers' Background Information

The views of the teachers on this issue were obtained through and interviews. Teachers' views were important as they are critical in the implementation of the syllabus. Their professional background and readiness to teach are important in the manner they conduct lessons and address pupils' concerns related to HIV/AIDS. Teachers' views are also important and beyond classroom teaching on matters of professional ethics. They are part of the community and are also affected by the HIV/AIDS pandemic, either as patients, or relatives of patients. Table 1.1 summarizes some background information of teachers who responded to the interview.

Table 1.1: The Professional Background, Experience and Gender of the Teachers

Background and Schools		Westlands Pry Sch **N=10**	Huruma Pry.Sch. **N=10**	**Nairobi Total N=20**	Kuraiha Pry Sch **N=10**	St Georges (Ruiru) Pry Sch. **N=10**	**Thika Total N=20**	**Grand Total N=40**
Teachers Gender	Male	3 (30 %)	2 (20%)	**5 (25%)**	2 (20%)	1 (10%)	**3 (15%)**	**8 (20%)**
	Female	7 (70%)	8 (80%)	**15 (75%)**	8 (80%)	9 (90%)	**17 (85%)**	**32 (80%)**
Teaching Experience (Years)	1-10	6 (60%)	3 (30%)	**9 (45%)**	2 (20%)	2 (20%)	**4 (20%)**	**13 (32.5%)**
	11-20	4 (40%)	5 (50%)	**9 (45%)**	6 (60%)	6 (60%)	**12 (60%)**	**21 (52.5%)**
	Above 20	0	2 (20%)	**2 (10%)**	2 (20%)	2 (20%)	**4 (20%)**	**6 (15%)**
Professional Qualifications	P1	6 (60%)	3 (30%)	**9 (45%)**	5 (50%)	6 (60%)	**11 (55%)**	**20 (50%)**
	ATS	3 (30%)	4 (40%)	**7 (35%)**	5 (50%)	2 (20%)	**7 (35%)**	**14 (35%)**
	Diploma	0	2 (20%)	**2 (10%)**	0	0	**0**	**2 (5%)**
	BED	1(10%)	1 (10%)	**2 (10%)**	0	2 (20%)	**2 (10%)**	**4 (10%)**

N=40

Table 1.1 indicates that 5 teachers (25%) out of 20 and 15 teachers (75%) out of 20 of the respondents were male and female respectively in Nairobi. In Thika, 3 teachers (15%) and 17 teachers (85%) were male and female respectively. The teaching experience of the teachers indicates that most teachers have taught for quite some time. For example, in Nairobi, 9 teachers (45%) of the sampled teachers have taught for a period of 1-10 years and the same percentage for 11-20 years. Only 2 teachers (10%) in Nairobi had taught for over 20 years. In Thika, 4 teachers (20%) had taught for a period of 1-10 years and 12 teachers (60%) for 11-20 years. Only 4 teachers (20%) had taught for over 20 years. Professional qualifications show that in Nairobi, 9 teachers (45%) had a primary teacher's certificate (PI), 7 teachers (35%) had Approved Teachers Status (ATS), 2 teachers (10%) had Diploma in teacher education and only 2 teachers (10%) had degrees in education.

In the sampled schools in Thika, 11 teachers (55%) were P1 holders, 7 (35%) were ATS and 2 (10%) had a bachelor's degree in education (B.ed). This is a good indication that at least all teachers, irrespective of the locality, had been trained as teachers. Generally, the professional background, gender of teachers, years of service and professional qualifications made teachers suited to make judgments on issues that the study explored.

Table 1.2: An Assessment on the Importance of Teaching HIV/AIDS/LS Education

Teachers from	**Important (Yes)**	**Not important (No)**	**Total**
Westlands Pry Sch.	9 (90%)	1(10%)	10 (100%)
Huruma Pry Sch.	9 (90%)	0 (0)	9 (90%) *
Nairobi Total	**18 (90%)**	**1 (5%)**	**19 (95%) ***
Kuraiha Pry Sch.	10 (100%)	0 (0)	10 (100)
St Georges (Ruiru) Pry Sch.	9 (100%)	0 (0)	9 (90%)*
Thika Total	**19 (95%)**	**0 (0)**	**19 (95%) ***
Grand Total	**37 (92.5%)**	**1 (2.5%)**	**38 (95%)**

***Percentage totals for some schools do not add up to 100% since some teachers did not commit themselves**

Table 1.2 indicates that 9 teachers (90%) out of 10 teachers in each of the sampled schools, that is, Westlands, Huruma and St. Georges primary schools and 10 (100%) of the teachers in Kuraiha Primary School perceived the teaching of HIV/AIDS/LS education as important. 1 teacher (10%) out of 10 teachers in Westlands Primary School reported that it was not important and perceived the teaching of HIV/AIDS/LS education as not being practical in his school due to lack of relevant textbooks, training and support from the administration. The teacher said that the administration did not value the teaching of HIV/AIDS/LS education, as the examinable subjects are emphasized. Two teachers, each from Huruma and St. Georges primary schools did not commit themselves and left that part of the questionnaire blank. This is an indication that some teachers, due to other considerations, may not be integrating teaching of HIV/AIDS in their lessons as required by the government policy.

The teachers who assessed the teaching of HIV/AIDS/LS education as important gave various opinions. Teachers in both Kuraiha and St George's primary schools reasoned that HIV/AIDS/LS education had created awareness on issues related to HIV/AIDS to teachers and pupils. Teachers and pupils have learnt how to prevent and control HIV/AIDS, minimize deaths of both teachers and pupils, and make teachers and pupils aware that anybody can contract AIDS. Teachers in Westlands and Huruma primary schools reasoned that HIV/AIDS education enables teachers and pupils to relate well, and it makes them aware of how one can get AIDS. It also spells out the effects of HIV/AIDS and has increased their knowledge on HIV/AIDS issues, especially how the pandemic can be reduced.

According to these responses, teachers assessed HIV/AIDS education as important irrespective of gender and professional qualifications. Nevertheless, the teachers did not relate the importance of HIV/AIDS education with the skills they had taught pupils on prevention of HIV infection and how to avoid stigma. For example, teachers did not indicate how they and the pupils use and sustain LS like self-awareness, self-esteem, assertiveness, negotiation skills and decision-making skills, among others. The four headteachers from the sampled primary schools had similar views on the importance of HIV/AIDS/LS education. They reported that pupils needed to be taught LSE at that early age to sensitize them on how to protect themselves from "this deadly disease". However, they expressed their concerns on the following: workload in the primary school curriculum, lack of HIV/AIDS/LS education textbooks, lack of specially trained teachers in HIV/AIDS/LS education, resistance from parents, lack of adequate time being allocated to HIV/AIDS/LS education and also the notion that priority of teaching is given to the examinable subjects.

1.6 An Assessment on Adequacy of Content according to the Teachers

Views regarding adequacy of HIV/AIDS/LS education content taught in schools were sought from teachers. Their responses indicate that 31 (77.5%) out of the 40 sampled teachers in Thika and Nairobi primary schools respectively perceived the content of LSE as adequate. The remaining 9 (22.5%) of the sampled teachers indicated the content of LSE as inadequate. The teachers suggested that there should be some trained people to talk to the pupils. They also felt that textbooks on HIV/AIDS/LS education should be supplied by the Ministry of Education and that HIV/AIDS education be incorporated in the syllabus, be examinable and equal time be allocated to the subject.

Table 1.3 showed that 6 teachers (60%) out of 10 in Westlands and Kuraiha primary schools respectively assessed the time set for teaching HIV/AIDS/LS education as adequate. Four teachers (40%) in the same schools assessed the time to be inadequate. Two (20%) and 4 teachers (40%) from Huruma and St Georges primary schools respectively assessed the time used as adequate. In the same two schools, 8 (80%) and 6 teachers (60%) assessed the time as well as teaching of HIV/AIDS/LS education as inadequate. Teachers assessed the time set/allocated to HIV/AIDS/LS education to be inadequate due to integration and infusion or teaching it once per week. Headteachers concluded that the Ministry of Education Science and Technology (MOEST) had contributed to the inadequacy as it has not specified how many lessons HIV/AIDS/LS education should be taught per week.

Table 1.3: Status of HIV/AIDS/LS Education as Assessed by Teachers

Teachers from	Adequacy of time		How lessons in HIV/AIDS/LS education were taught		Number of lessons in HIV/AIDS/LS education taught per week		
	Yes	No	As separate subject	Integrating HIV/AIDS/ LS education	Once	Twice	Integrating HIV/AIDS/ LS education
Westlands Pry. Sch. **N=10**	6 (60%)	4 (40%)	2 (20%)	8 (80%)	4 (40%)	4 (40%)	2 (10%)
Huruma Pry. Sch. **N=10**	2 (20%)	8 (80%)	4 (40%)	6 (60%)	7 (70%)	0 (0%)	3 (30%)
Nairobi Total N=20	**8 (40%)**	**12(60%)**	**6 (30%)**	**14 (70%)**	**11 (55%)**	**4 (20%)**	**5 (25%)**
Kuraiha Pry. Sch. **N=10**	6 (60%)	4 (40%)	6 (60%)	4 (40%)	7 (70%)	0 (0%)	3 (30%)
St Georges (Ruiru) Pry. Sch. **N=10**	4 (40%)	6 (60%)	5 (50%)	5 (50%)	8 (80%)	0 (0%)	2 (20%)
Thika Total N=20	**10 (50%)**	**10(50%)**	**11 (55%)**	**9 (45%)**	**15 (75%)**	**0 (0%)**	**5 (25%)**
Total N=40	**18 (45%)**	**22(55%)**	**17 (42.5%)**	**23 (57.5%)**	**26 (65%)**	**4 (10%)**	**10 (25%)**

N=40

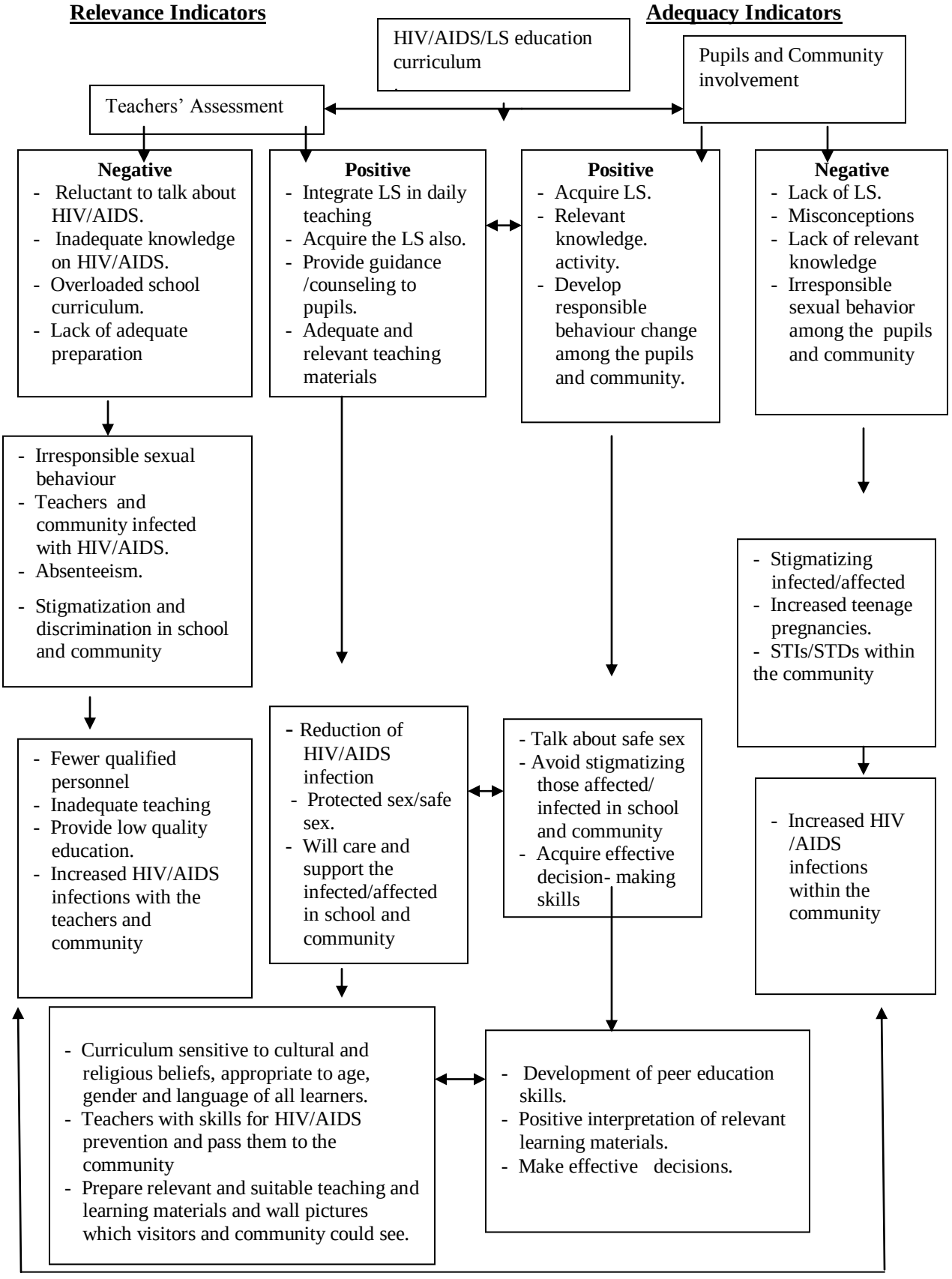
This coincided with Trisano (2000:49) who averred that if the subject is given more time, it will promote pupils' awareness on the dangers of HIV/AIDS. The study found that there was inadequate teaching, insufficient knowledge and lack of LS to both teachers and pupils. Further, data from table 1.3 indicates that most teachers from the study schools reported there was no extra emphasis on teaching LS. On integration and infusion of HIV/AIDS/LS education with other subjects, 8 teachers (80%) and 6 teachers (60%) each out of 10 teachers in Westlands and Huruma primary schools respectively supported the idea. Four teachers (40%) and 5 teachers (50%) in Kuraiha and St. Georges primary schools respectively supported integration and infusion of HIV/AIDS/LS education.

Table 1.3 also indicates that 4 teachers (40%) in Westlands Primary School use one lesson to teach HIV/AIDS/LS education, while 7 teachers (70%) in Huruma and Kuraiha primary schools reported the same. Eight teachers (80%) in St. Georges Primary School taught once a week. Out of the ten teachers in Westlands only 4 (40%) reported teaching HIV/AIDS education twice a week. Integration of HIV/AIDS education with other subjects was reported by 2 teachers (20%) in Westlands and St. Georges primary schools while 3 teachers (30%) in Huruma and Kuraiha primary schools reported that their teaching was integrated.

Headteachers from the four sampled schools revealed that the content of HIV/AIDS education was adequate. However, they felt that integrating the subject might be affecting the adequacy of the content as teachers were not able to use the little time allocated for other subjects to teach HIV/AIDS education. The headteacher of Westlands Primary School disclosed that since the subject was not examinable**,** it was a waste of time for it to be taught as teachers would not take it seriously. He also expressed that some words used in teaching HIV/AIDS/LS education are shameful to mention and this affected the teaching of the content as it led teachers to select what to teach to avoid those words. The same headteacher felt that mentioning words like vagina, vaginal fluids, penis, sexual intercourse and sex would put the teachers at loggerheads with parents. He felt the language should be modified to suit primary school pupils.

1.7 Conceptual Framework

Conceptual representation of possible factors influencing Teaching of HIV/AIDS/LS Education in Primary Schools and then to the community Involvement



2.0 Research Findings, Conclusions and Recommendations

2.1 Importance of Teaching HIV/AIDS/LS Education

- Teachers' assessed the teaching of HIV/AIDS/LS education as important. Despite this, teachers emphasized more on teaching about knowledge of HIV/AIDS, rather than on LS.
- The results also showed that irrespective of the location of schools, and the socio-economic status, there was a high level of awareness (99% of the population) that HIV/AIDS should be taught in schools.
- It was also observed from the teacher's handbook that lack of clear explanation of concepts in the content might be part of the reasons affecting the adequacy of HIV/AIDS/LS education.

2.2 Adequacy of HIV/AIDS/LS Education Content

- Teachers assessed the content as adequate but admitted that they had not managed to teach all the topics in the syllabus on HIV/AIDS.
- Head teachers also assessed the content as adequate but felt that integrating HIV/AIDS education instead of teaching it as a subject would affect its adequacy of the content.
- Lack of specified time for teaching HIV/AIDS also affected its adequacy.

2.3 Approaches to Teaching of HIV/AIDS/LS Education in Sampled Schools

- While integration of HIV/AIDS was found to be done in some schools, in others there was no mention of the word HIV/AIDS in the lessons.
- Schools were found to lack teaching aids and HIV/AIDS/LS education textbooks.
- Most teachers did not actively involve pupils in out-of classrooms activities like drama, debates, poems, role play and songs that promote HIV/AIDS prevention and control**.**
- It was found that teachers were not comfortable with the teaching of HIV/AIDS education. This might explain the reasons why most classroom activities were unpopular.

2.4 Problems Encountered by Teachers in Teaching and Learning HIV/AIDS/LS Education

The following aspects were highlighted as the problems encountered by teachers in teaching HIV/AIDS/LS education:

- teachers shying off when teaching,
- lack of time as teachers concentrated more on examinable subjects,
- Teachers found it difficult to explain and teach some of the ways in which AIDS is spread. They felt that some pupils would want to find out about sex practically after being taught.
- Lack of HIV/AIDS/LS education training and adequate time, cultural differences, resistance from parents and lack of support from the administration were other problems that teachers contend with.

2.5 Teachers Suggestions on how to Improve the Teaching of HIV/AIDS/LS Education

Teachers and headteachers suggested that:

- there should be a variety of textbooks on HIV/AIDS/LS education;
- all teachers to be trained adequately on HIV/AIDS/LS education and MoEST to facilitate many HIV/AIDS workshops for teachers, pupils and parents and invite AIDS victims as guest speakers;
- the subject be given a specific teaching period on its own;
- Teachers to make/improvise relevant teaching materials for HIV/AIDS/LS education;
- The subject be examinable and teachers to change their classroom activities to be more participatory.

2.6 Conclusion

Though there is high level of appreciation effective teaching of HIV/AIDS is hampered by several factors: inadequate content, lack of a programme to train teachers, uniform curriculum, inadequate and relevant resources, lack of specified uniform teaching time in schools and lack of support to teachers by the administration and community who felt their children's learning of HIV/AIDs would make them practice sex. Make the subject an inter-disciplinary.

2.7 Recommendations to Improve Teaching of HIV/AIDS/LS Education

To ensure adequate teaching and learning of HIV/AIDS/LS education, the following recommendations can be made:

- Every school should have a LSE motto, whose reinforcement should start immediately the pupils join the school. Such a motto would ensure that every school is sufficiently equipped to adapt the whole school's approach to LSE.
- There is a need for teachers to receive training in HIV/AIDS education in the teachers training colleges.

Teachers in the field should also attend in-service training on HIV/AIDS, seminars and workshops where they can get acquainted with the relevant knowledge and skills which is necessary for their teaching and guidance roles to their pupils.

- The MOEST should ensure there is monitoring and evaluating of HIV/AIDS education. Making HIV/AIDS education examinable will ensure that the subject is being taught in all primary schools.
- Since LS curricula are designed to develop in the young people abilities such as: negotiation skills, assertiveness, ability to cope with peer pressure, attitudes such as compassion, self-esteem and tolerance, knowledge about self-awareness and HIV transmissions this would complement PHC and they should be provided to the community.

2.7 Suggestions for Further Research

- The present study has not addressed a wide scope. It is recommended that a more extensive study that would cover larger samples be conducted. This will verify the findings of this study about the assessment of teachers on the teaching of HIV/AIDS/LS education.
- A similar study should be conducted in other areas because statistics on HIV/AIDS cases are not the same.
- It is also important to conduct a study to find out the parents assessment on the teaching of HIV/AIDS/LS education in primary schools and at home. This may enable an opportunity to map out the parents'/communities assessment on the subject and also it could give a chance to the teachers to know the expectations of the parents/community.

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