FACTORS INFLUENCING EFFECTIVE INTEGRATION OF HIV/AIDS CURRICULUM IN PUBLIC SECONDARY SCHOOLS AS PERCEIVED BY TEACHERS IN DAGORETTI DIVISION, NAIROBI PROVINCE

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

By

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DEDICATION

I dedicate this work to my dear husband James Mithamo, our children, Rachael Njeri, Chrispus Kamau and Victor Muhoro. Their profound love, support, patience, encouragement and great understanding gave me the will and determination to complete my postgraduate studies. To my beloved parents Mr. and Mrs Joseph and Juliana Mwai and my brothers and sisters for the moral support throughout the postgraduate study.
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My heart felt appreciation also goes to my husband James Mithamo for his encouragement and assistance during my study. I also wish to thank my parents Mr. and Mrs. Joseph and Juliana Mwai for the profound moral support they gave me during the period of my post-graduate studies. Special thanks also go to those teachers in public secondary schools in Dagoretti Division for taking their time to provide the required information. I also wish to acknowledge Mr. John Masolo for typing and formatting my work.
Kenya HIV/AIDS education syllabus for schools and colleges was introduced in 2001. The main purpose of the study was to find out the factors influencing effective integration of HIV/AIDS curriculum in Dagoretti Division, Nairobi. The study sought to determine the skills the teachers had to enable them implement the HIV/AIDS curriculum. It was to establish what resources the teachers had for implementing HIV/AIDS curriculum. The study was to find out teachers’ perceptions towards the implementation of the HIV/AIDS curriculum. The study also sought to establish the learning activities developed for implementing the HIV/AIDS curriculum and the problems teachers experienced in the course of implementing the integrated HIV/AIDS curriculum. The study also solicited for suggestions to remedy the situation.

The literature review was organised under various sub-headings. These were: HIV/AIDS impact on education, HIV/AIDS and the youth, HIV/AIDS and the curriculum, integration of HIV/AIDS education and factors influencing the implementation of HIV/AIDS curriculum.

In this study, a questionnaire was used as a research instrument. The questionnaire targeted public secondary school teachers as respondents. A total of 172 teachers in the schools participated in the study. These were drawn from the 9 public secondary schools in the division. A pilot study was conducted before the main study in 2 schools purposively selected from Starehe Division. The pilot study led to the modification of the research instruments. The reliability of the perception items was 0.92.
From the findings, it was established that most of the teachers were qualified to teach in secondary school level as evidenced by the following:

1. Teachers supported teaching of HIV/AIDS curriculum in schools as majority agreed that it was one way of curbing the spread of the scourge.

2. Teachers felt they did not have the relevant skills to teach HIV/AIDS education as it is a relatively new phenomenon in the syllabus.

3. It was established further that schools lacked enough resources to teach HIV/AIDS curriculum.

4. Learning activities like drama, guest counselling, music among others were considered important for imparting HIV/AIDS education.

5. Most teachers felt that integrating HIV/AIDS curriculum in the syllabus was a good idea in addition to using co-curricular activities where HIV/AIDS messages are integrated.

The study recommended that:

1. Teachers should be trained and oriented in HIV/AIDS curriculum through in-service courses, workshops and seminars.

2. The Ministry of Education, Science and Technology (MOEST) should play a prominent role in training, co-ordinating and evaluating the effectiveness of the courses provided.

3. Enough resource materials should be provided in schools to help in implementation of HIV/AIDS education.

4. It is important to establish HIV/AIDS clubs in all schools to ensure learners are continually sensitised and informed on HIV/AIDS scourge.
5. Learning activities such as drama, music, guest counselling should be encouraged in schools.

The following suggestions were made for further research:

1. Research be carried out on the factors influencing effective integration of HIV/AIDS curriculum as perceived by teachers using a wider sample and a larger area in order to get findings that could be generalised.

2. Further research be conducted on students' perception on HIV/AIDS curriculum integration in the syllabus.

3. A comparative research be conducted out in primary schools.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title Page</td>
<td>i</td>
</tr>
<tr>
<td>Dedication</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td>v</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>viii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>x</td>
</tr>
<tr>
<td>List of Figures</td>
<td>xi</td>
</tr>
<tr>
<td>List of Abbreviations</td>
<td>xii</td>
</tr>
<tr>
<td>CHAPTER ONE INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>1.0. Background of the study</td>
<td>1</td>
</tr>
<tr>
<td>1.1.2. Historical Development</td>
<td>1</td>
</tr>
<tr>
<td>1.1.3. HIV/AIDS in Africa</td>
<td>2</td>
</tr>
<tr>
<td>1.1.4. HIV/AIDS in Kenya</td>
<td>3</td>
</tr>
<tr>
<td>1.1.5. Education Sector</td>
<td>4</td>
</tr>
<tr>
<td>1.2. Statement of the Problem</td>
<td>7</td>
</tr>
<tr>
<td>1.3. Purpose of the Study</td>
<td>9</td>
</tr>
<tr>
<td>1.4. Objectives of the Study</td>
<td>10</td>
</tr>
<tr>
<td>1.5. Research Questions</td>
<td>10</td>
</tr>
<tr>
<td>1.6 Significance of the study</td>
<td>11</td>
</tr>
<tr>
<td>1.7. Limitations of the Study</td>
<td>11</td>
</tr>
<tr>
<td>1.8. Delimitations of the Study</td>
<td>12</td>
</tr>
<tr>
<td>1.9. Basic Assumptions</td>
<td>12</td>
</tr>
<tr>
<td>1.10. Definition of Terms</td>
<td>12</td>
</tr>
<tr>
<td>1.11. Organisation of the Study</td>
<td>13</td>
</tr>
<tr>
<td>CHAPTER TWO LITERATURE REVIEW</td>
<td></td>
</tr>
<tr>
<td>2.0. Introduction</td>
<td>15</td>
</tr>
<tr>
<td>2.1. HIV/AIDS Impact on Education</td>
<td>15</td>
</tr>
<tr>
<td>2.2. HIV/AIDS and the Youth</td>
<td>19</td>
</tr>
<tr>
<td>2.3. HIV/AIDS and the Curriculum</td>
<td>22</td>
</tr>
<tr>
<td>2.4. Integration of HIV/AIDS Education</td>
<td>26</td>
</tr>
<tr>
<td>2.5. Factors influencing the implementation of HIV/AIDS Curriculum</td>
<td>29</td>
</tr>
<tr>
<td>2.6. Theoretical Background</td>
<td>31</td>
</tr>
<tr>
<td>2.6.1. Theories of Administration</td>
<td>31</td>
</tr>
<tr>
<td>2.6.2. Behaviourism</td>
<td>31</td>
</tr>
<tr>
<td>2.7 Conceptual framework</td>
<td>33</td>
</tr>
<tr>
<td>CHAPTER THREE RESEARCH METHODOLOGY</td>
<td></td>
</tr>
<tr>
<td>3.0. Introduction</td>
<td>35</td>
</tr>
<tr>
<td>3.1. Research Design</td>
<td>35</td>
</tr>
</tbody>
</table>
# Table of Contents

## CHAPTER TWO

- 2.1 Target Population
- 2.2 Sample and Sampling Procedure
- 2.3 Research Instruments
- 2.4 Sample Validity
- 2.5 Sample Reliability
- 2.6 Data Collection Procedure
- 2.7 Data Analysis Procedure

## CHAPTER FOUR

- 4.0 Introduction
- 4.1 Questionnaire Return Rate
- 4.2 The Demographic Data of Respondents
- 4.3 Gender Distribution of Respondents
- 4.4 Age Distribution
- 4.5 Marital Status of Teacher-Respondents in Dagoretti Division
- 4.6 Religious Background of Teachers
- 4.7 Teachers’ Responsibilities
- 4.8 Teaching Subjects
- 4.9 Teachers Workload (Lessons per Week)
- 4.10 Teachers Training Qualification
- 4.11 Teaching Experience
- 4.12 Type of School
- 4.13 Size of the Schools in Dagoretti Division
- 4.14 Gender of Students
- 4.15 Teachers’ Perception on HIV/AIDS Education
- 4.16 Skills
- 4.17 Training in HIV/AIDS Education
- 4.18 Learning Activities
- 4.19 Problems Experienced

## CHAPTER FIVE

- 5.0 Introduction
- 5.1 Summary of the Study
- 5.2 Conclusion
- 5.3 Recommendations
- 5.4 Suggestion for Further Research

## BIBLIOGRAPHY

## APPENDICES

- Appendix A: Letter of Introduction
- Appendix B: Questionnaire for Teachers
- Appendix C: Public Secondary Schools in Dagoretti Division
- Appendix D: Research Authorisation Letter
- Appendix E: Research Permit
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1:</td>
<td>Public Secondary Schools in Dagoretti Division enrolment of Students</td>
<td>36</td>
</tr>
<tr>
<td>Table 2:</td>
<td>Staffing in public Secondary Schools in Dagoretti division</td>
<td>37</td>
</tr>
<tr>
<td>Table 3:</td>
<td>Age Distribution of Teacher-Respondents in Dagoretti Division</td>
<td>42</td>
</tr>
<tr>
<td>Table 4:</td>
<td>Marital Status of Teacher-Respondents in Dagoretti Division</td>
<td>43</td>
</tr>
<tr>
<td>Table 5:</td>
<td>Teachers’ Workload</td>
<td>44</td>
</tr>
<tr>
<td>Table 6:</td>
<td>Teaching Experience of Teachers in Dagoretti Division</td>
<td>45</td>
</tr>
<tr>
<td>Table 7:</td>
<td>Teachers’ Perception on HIV/AIDS Education</td>
<td>48</td>
</tr>
<tr>
<td>Table 8:</td>
<td>Skills required by teachers to instil HIV/AIDS Education</td>
<td>50</td>
</tr>
<tr>
<td>Table 9:</td>
<td>Teachers trained/in-serviced in HIV/AIDS education</td>
<td>51</td>
</tr>
<tr>
<td>Table 10:</td>
<td>Reasons why HIV/AIDS Curriculum need to be emphasised in Schools</td>
<td>56</td>
</tr>
</tbody>
</table>


## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1: Conceptual Framework of Factors influencing Teachers perception towards HIV/AIDS curriculum</td>
<td>34</td>
</tr>
</tbody>
</table>

...
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUs</td>
<td>Aids Control Units.</td>
</tr>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>CRE</td>
<td>Christian Religious Education</td>
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<td>FKE</td>
<td>Federation of Kenyan Employers</td>
</tr>
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<td>GOK</td>
<td>Government of Kenya</td>
</tr>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>MOEST</td>
<td>Ministry of Education Science and Technology</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
</tr>
<tr>
<td>NASCOP</td>
<td>National AIDS and Sexually Transmitted Diseases Control Programme</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-governmental Organisations</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Education Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>ZCSS</td>
<td>Zambia Community Schools Secretariat</td>
</tr>
</tbody>
</table>
CHAPTER ONE
INTRODUCTION

1.0. Background of the study
HIV/AIDS pandemic has had adverse effect on education worldwide. Africa has the
lowest education and literacy levels in the world (Muraah and Kiarie, 2001). HIV/AIDS therefore threatens to undermine achievements in literacy, increase number of poorly educated children and also to reduce children and also reduce the educated workforce (NACC, 2000). The most affected section of the population is the youthful and the productive age group of 15 – 24 years old (UNAIDS, 1999). Although the government of Kenya has set up strategies to alleviate the spread of HIV/AIDS, understanding its causes may give more impetus to the control and management of the scourge (Sewe, 2002).

1.1.2. Historical Development
The subject of the origin of HIV has been controversial with various conflicting theories propounded to explain the mysterious infection (Daily Nation 2000, Muraah and Kiarie 2001). In the United States of America (USA), HIV was first detected among gay/homosexuals in the early eighties. It was observed that the virus weakened the immune system of patients who eventually lost weight and died. On further research it was established that sexual partners of the infected men were also falling sick and had similar symptoms (Makumi, 2001). Around 1982, the researchers established that this virus caused AIDS and it was a sexually transmitted infection. The patients did not seem to have any symptoms, yet they could spread the disease (Tapley, 1985, Obel 1995, Tuju 1996, Daily Nation 2000, Muraah, et al, 2001).
The initial institutions generated controversies in research to determine or establish the initial causes of this disease. The National Institute of Health (NIH) in the USA led by Robert Gallo and Pasteur Institute in France, led by Luc Montagnier were involved in controversies over who identified the HIV virus. Both teams had identified a virus that was genetically similar and it caused the AIDS disease (Tapley, et al., 1985 and Muraah, et al., 2001). The two institutions compromised to have jointly identified the virus and renamed it as Human Immunodeficiency Virus (HIV). The two terms, HIV which refers to the virus being present in the body, and Aids, the disease caused by the virus were later used together as HIV/AIDS (Tapley, et al., 1985, Tuju 1996, FKE 2000 and Muraah, et al., 2001).

In 1990, Hall and Barrows studied the burgeoning growth of Aids. The report entitled “The Global Aids Disaster” projected 45 million infections by the year 2000, with the largest proportion being in Africa (Daily Nation, 2000). The global spread of HIV/AIDS has greatly exceeded the most pessimistic projections of a few years ago. The National Aids Control Council (NACC) estimated that by the year 2001, 2.5 million Kenyan were infected by the virus while 1.5 million had succumbed to the HIV/AIDS related diseases, (NACC, 2000). According to the Education Sector Policy on HIV/AIDS Draft 6 (2003). The levels of infections peak in the 15 – 24 age group and the impact on families, households and communities is often harder on young people.

1.1.3. HIV/AIDS in Africa

Hooper in his work “The River” in Muraah, et al., 2000 suggests that HIV may have been introduced accidentally in Africa through Oral Polio Vaccination (OPV)
programmes in the Democratic Republic of Congo in the 1950's, a suggestion that has been refuted (Obel 1995, Tuju 1996, Daily Nation 2000 and Muraah, et al., 2001). These vaccines contained the HIV through the use of monkey kidney tissue. It is suggested that these monkeys are infected with a virus that is close to the HIV. This is how the virus seems to have infected human beings (Muraah et al 2001).

Besides these, are claims that, the rural-urban migrations in Africa especially from Congo and the wars between Tanzania and Uganda guerrillas, seem to have accelerated the infection and spread of the disease in Uganda, especially Kampala city and later to Kenya and other parts of the sub-Saharan Africa region, through transport workers (Cohen, 1996 and Muraah and Kiarie, 2001). Several countries in Sub-Saharan Africa together with the developing countries of south and South East Asia account between them for 89% of HIV infection (UNESCO, 2000). Of the 16.3 million AIDS-related deaths which have already occurred, 13.7 million were in sub-Saharan Africa and 1.1 million in south and South East Asia. By the end of 1999, an estimated 23.3 million people in the countries of Sub-Saharan Africa; including over one million children were living with HIV/AIDS. AIDS has now become the leading cause of mortality in the region, accounting in 1988 for 1.8 million deaths, compared with one million deaths from Malaria (UNESCO, 2000).

1.1.4. HIV/AIDS in Kenya

The first case of death reported as a result of HIV/AIDS in Kenya was of a Ugandan national (NACC, 1998). Although HIV/AIDS epidemic was first reported in Kenya in 1984 at Kakamega Provincial General Hospital in Western Kenya, tests conducted on stored blood for transfusion revealed the presence of the HIV/AIDS from around 1981
NACC, 1998). The infection has been spreading rapidly in most areas of Kenya thus the problem transcends the boundary of being a problem of the health sector and now impacts negatively on the economy, social life and cultural aspects of the country. According to the Sessional Paper No. 4 of 1997, the increased spread of HIV has caused great concern to the government, NGO’s and other bodies, that it has become very necessary to emphasize behaviour change and safer sex practices.

Evidence drawn from various countries indicate that some intervention aimed at behavioural changes are known to have led to the decreased numbers of sexual partners for some individuals and in some cases promotion of safer sex (Curran, 1993). To a large extent, the fundamental responses to the pandemic entail a concerted effort by educationalists and health care givers to address relationships between the two sexes, (Republic of Kenya, 1997 and Forman, 1999).

1.1.5. Education Sector

The education sector contributes immensely to the economic growth of the country and the impact of HIV/AIDS has led AIDS to become national issue in Kenya (NACC. 2000). On 25th November 1999. Aids was declared a national disaster by the President of the Republic of Kenya by stating that:

“Aids is not just a serious threat to our social and economic development, it is a real threat to our very existence ... Aids has reduced many families to that of beggars; no family in Kenya remains untouched by the suffering and death caused by Aids. The real solution of the spread of Aids lies with each and every one of us” (NACC, 2000).

A large proportion of the youth (about 40%) are in secondary schools and post-secondary institutions. This is the time for experimentation; it is time when adolescents engage in unprotected sex, drugs and risky behaviour as a way of asserting
their independence (UNAIDS, 2000). In a study to investigate substance abuse among the youth, Kiragu and Zabin (1993) found out that young women who used drugs were more than four times likely to be sexually active compared to those who did not. In the same study, young men who used drugs were twice as likely to be sexually active as those who did not.

Sexual activity by adolescents is one of the most serious challenges today. It therefore needs a lot of attention. Johnston (2000) estimates that 40% of new male infections and 60% of new female infections will occur in those less than 20 years in the near future. There have been cases where young women have sexual contact with older men. This results in cohort of women who have been exposed to older male partners with HIV prevalence. This pattern creates a chain of infection that passes from generation to generation (Cohen and Trusell, 1996). This means that there will be very few people to educate in future (MOEST, 2001).

According to MOEST (2001), there is need incorporate HIV/AIDS education into the curriculum with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour. In 1997, the Kenya Government published the Sessional Paper No. 4 on AIDS in Kenya. This Sessional Paper provided a policy framework within which AIDS prevention and control efforts were to be undertaken in the following 15 years and beyond. It also challenged all educational institutions among others to contribute to the efforts against AIDS. It urged that efforts be made to promote social-cultural norms, values and beliefs that would help to reduce the risk of HIV/AIDS transmission. It gave the go ahead for the introduction of HIV/AIDS
education in schools. Among the key contributors to the formulation of the paper were Christian and Muslim leaders (Daily Nation June 21st 1999).

Several studies in Kenya have shown that although adolescents may know about causes and consequences of AIDS epidemic, most of them are largely ignorant about how to avoid or prevent infection or where to obtain means of protection (MOE and HRD, 2001). Even adolescents who have information on protection methods such as condoms maybe at risk because surveys have shown that a significant number are not using condoms consistently. They are put at risk because of the factors such as the cost, unavailability of condoms, and embarrassment at being seen buying and improper use (MOEST, 2001).

In strong support for the introduction of HIV/AIDS education, the Master Plan for Education and Training (1997 – 2010) points out that the attitude and values that underlie behaviour need to be developed from childhood, measures need to be taken within the formal education and training system to address HIV/AIDS and other problems afflicting the youth. Fundamental to this should be broad-based community sensitization and integration of the nature of desirable behaviour into the curriculum process. These processes include selection and development of instructional materials, teacher education, interaction on the teaching learning process, institutional management and monitoring and guidance from without the institution (Republic of Kenya, 1997).

HIV/AIDS Education is now an integral part of the primary and secondary school curriculum. The syllabus has the following teaching general aims on HIV/AIDS, (Republic of Kenya 1997).
1. Acquire necessary knowledge and skills about HIV/AIDS and STDs.

2. Develop life skills that will lead to HIV/AIDS and STDs free life i.e. identifying appropriate sources of information on HIV/AIDS related issues.

3. Make decision about personal and social behaviour that reduces risks of HIV/AIDS and STD infections.

4. Show compassion towards and concern for those infected and affected by HIV/AIDS and STDs infection.

5. To be actively involved in school and out of school activities aimed at prevention and control of HIV/AIDS AND STDs infection.

6. Communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STDs.

The above aims if achieved, a large proportion of the youth in schools would develop behaviour change that is appropriate to the youth’s stage of development. Behaviour change will help in HIV/AIDS prevention and control (Republic of Kenya, 1999).

1.2. Statement of the Problem

All over the world HIV/AIDS is causing devastation – destroying communities and families and taking away hope for the future (UNESCO, 2000). Particularly severe is the epidemics impacts on schools and education. HIV/AIDS reduces the supply of education by reducing the number of teachers who are able to carry out their work and the resources available for education. The epidemic reduces the demand for education as children are withdrawn from schools and colleges in response to rising household expenditure. The epidemic further affects the quality of education because of the
strains on the material and human resources of the system and on health and presence of learners (UNESCO, 2000).

The Permanent Secretary in the Ministry of Education, Science and Technology launched the HIV/AIDS syllabus to be taught in schools and colleges in the year 2000. The new curriculum presents challenges to teachers in that the content is supposed to be infused and integrated into the school curriculum. However, the teacher’s preparedness to teach it is doubtful in view of not having undertaken in-service or pre-service courses in HIV/AIDS education (UNESCO, 2001). There are also losses in the teaching fraternity due to the scourge. In areas where HIV infection is common, HIV related illnesses is taking its toll on education in a number of ways and one among them is eroding the supply of teachers thus increasing class sizes, which is likely to dent the quality of education (UNESCO, 2001). Skilled teachers are a precious commodity in all countries, but in some parts of the world, Kenya included, they are becoming too sick to work or dying of HIV related illnesses long before retirement (UNESCO, 2001).

In Kenya the government has established policy guidelines meant to support effective programmes to control the spread of HIV/AIDS (MOH, 2001). The National Aids Control Council (NACC) was established to provide leadership in controlling Aids scourge. It’s a coordinating body in combating the scourge in collaboration with NGOS, religious groups or development partners (GOK, 2000) Aids Control Units (ACUs) have been set up in Ministries. Some of the HIV/AIDS education programmes that have been initiated for the control of Aids include:

1. Guidance and Counselling
2. Mass media education including books and journals
3. Effective and creative time use, e.g. club and societies activities

The introduction of the HIV/AIDS curriculum in Kenya in 2001 has faced several challenges, which include lack of enough resources for the integrated HIV/AIDS curriculum, inadequately prepared teachers, over crowded curriculum, and the subject is considered too controversial (Elimu yetu, 2003). The introduction of the HIV/AIDS syllabus by MOEST is intended to fight and curb HIV/AIDS scourge in the education sector. There is currently no data on factors influencing effective integration of HIV/AIDS curriculum in secondary schools as perceived by teachers, who are the key implementers of the curriculum. This study will try to establish to which extent secondary schools' teachers have not been able to integrate the HIV/AIDS curriculum in Dagoretti division.

1.3. Purpose of the Study
The purpose of this study was to find out the factors influencing effective implementation of HIV/AIDS curriculum in secondary schools as perceived by the teachers in Dagoretti division in Nairobi province.
1.4. Objectives of the Study

The study aimed to achieve the following objectives:

1. To find out the skills the teachers have to help them implement the HIV/AIDS curriculum.
2. To find out the learning activities the teachers have put in place to effectively implement HIV/AIDS Curriculum in Dagoretti division.
3. To establish the teaching/learning materials on HIV/AIDS available in public secondary schools in Dagoretti division.
4. To investigate whether the teachers have been trained/in-serviced in the implementation of the HIV/AIDS Curriculum in the division.
5. To determine the teachers perceptions in the implementation of the HIV/AIDS curriculum.
6. To determine the problems teachers experience in the implementation of HIV/AIDS curriculum.

1.5. Research Questions

The research questions that guided this study were:

1. What skills do public secondary school teachers have to enable them implement HIV/AIDS curriculum?
2. What training have the teachers undergone for the implementation of the integrated HIV/AIDS curriculum?
3. What resources are at the teacher’s disposal for implementing HIV/AIDS curriculum in public secondary schools in Dagoretti division?
4. What learning activities have the teachers developed in order to effectively implement HIV/AIDS curriculum in Dagoretti division?
5. What are the teachers' perceptions towards the implementation of the integrated HIV/AIDS curriculum?

6. What problems have the teachers experienced in implementing HIV/AIDS curriculum in Dagoretti division?

1.6 Significance of the study

The findings of the study will be of significant value in the following ways: The results of the study will indicate to policy makers and curriculum developers some of the shortcomings of the syllabus which are experienced by teachers in the implementation of the integrated HIV/AIDS curriculum. The study will also seek to establish if there is need for seminars or in-services courses in HIV/AIDS education for the teachers. The findings of this study will contribute to the already existing body of knowledge on HIV/AIDS but with a dimension towards Dagoretti. The finding will form a data bank for reference and for future educational research from a management/administrative perspective of HIV/AIDS education. The study will hopefully encourage other researchers to carry out research on HIV/AIDS education in other areas of the Republic of Kenya thus add to the already existing knowledge on the study. Therefore, the findings of this study will be an invaluable guide for the integration of the HIV/AIDS curriculum in the subjects that teachers have been trained in.

1.7 Limitations of the Study

HIV/AIDS subject is a sensitive one and the respondents (teachers) may have given acceptable but not honest answers. Thus, it was difficult for the researcher to control the respondent's attitude as they responded to the questions.
1.8. Delimitations of the Study
The study was carried out in only one division in Nairobi Province i.e. Dagoretti Division. The HIV/AIDS education is a wide topic but the study limited itself to the integration of the HIV/AIDS curriculum only. The study only targeted teachers in public secondary schools. Therefore, information was not got from primary schools' teachers, private schools, colleges and other institutions where the youth may be taught on HIV/AIDS education.

1.9. Basic Assumptions
The study was based on the following assumptions.

1. That the selected teachers co-operated in providing relevant, honest and accurate information, upon which the findings of the study were based.

2. It was also assumed that information on the implementation of HIV/AIDS curriculum in secondary school syllabus was effectively collected using the questionnaire prepared.

1.10. Definition of Terms
AIDS: refers to acquired immune deficiency syndrome, a disease that greatly weakens a person’s ability to resist infections.

Attitude: refers to negative or positive feelings as expressed by the respondents.

Curriculum: refers to what is planned and taught at any level in school in form of knowledge, attitude and skills.

Epidemic: refers to a disease that is infectious and spreads fast through a large swathe of the population.
HIV/AIDS Education: refers to a programme of activities that increase the level of awareness, understanding and application of prevention of HIV/AIDS in totality as prescribed in the syllabus.

HIV: refers to Human immunodeficiency virus that causes AIDS by gradually destroying the immune system.

Host Subjects: refers to subjects within the school curriculum which can readily incorporate topics that can easily be utilised to teach about HIV/AIDS.

Implementation: refers to the process of carrying out program activities with target population.

Instructional Resources: refers to human, materials and situations a teacher selects in order to promote understanding of concepts related to the subject.

Integration/Infusion Approach: refers to the interrelation of studying so that the materials of each lesson are made more interesting and intelligible through the connection with the points involved in others.

Prevalence: refers to the spread of HIV/AIDS.

Programme: refers to any pre-arranged plan or course of proceedings.

Public School: means a school maintained or assisted out of public funds.

Syllabus: refers to an outline, as a course of study.

Virus: to one of the smallest infections organisms which live or reproduce only in live cells other living things that they infect

1.11. Organisation of the Study

The study is organised around five chapters. Chapter One consists of the background of the study, statement of the problem, purpose and objectives of the study, research
questions, significance of the study, limitations and delimitations of the study, basic assumptions of the study and definition of significant terms used in the study. Chapter Two covers literature review, divided into the following parts, introduction, HIV/AIDS impact on education, HIV/AIDS and the youth, integration of HIV/AIDS education, HIV/AIDS and the curriculum, factors affecting the integration of HIV/AIDS curriculum. Chapter three consists of the research methodology which is divided into the following areas: research design, target population, sample and sampling procedures and data analysis techniques. Chapter four comprises data analysis and discussion of the findings. Chapter five consists of summary, findings, conclusions and recommendations.
CHAPTER TWO
LITERATURE REVIEW

2.0. Introduction
The chapter focuses on the review of the literature that is related to the researchers chosen area of study i.e. factors influencing teachers in the effective integration of HIV/AIDS curriculum in Dagoretti Division in Nairobi Province. The literature will be reviewed under the following sub-headings, HIV/AIDS impact on education, HIV/AIDS and the youth, HIV/AIDS and the curriculum, Integration of HIV/AIDS education and Factors affecting the integration of the HIV/AIDS curriculum.

2.1. HIV/AIDS Impact on Education
The role of the school appears to be changing because of HIV/AIDS. Traditionally, there were very high expectations that schools would educate the whole child across the broad spectrum of the intellectual, social, moral, aesthetic, cultural, physical and spiritual domains. In practice, most schools found this impossible and instead gave the greatest emphasis in their curriculum to intellectual development (Bear, Caldwell or Millikan, 1989).

However, the intrusion of HIV/AIDS necessitates psychological support for the children from affected families. Teachers find that they are being called upon to counsel their pupils and help them deal with stresses arising from HIV/AIDS in their families. Studies on orphans have identified the need to help children express their feelings in appropriate ways and the need for those working with children to be able to adopt suitable communication and counselling roles (Colling and Sims, 1996).
The Zambian education policy endorses the role of the school as a health-affirming and the health promoting institution for all pupils and, through them, for the community from which the pupils come and for the families which they will eventually establish. It also undertakes that it will introduce HIV/AIDS counselling for teachers and other education personnel (ZCSS, 1999).

The needs of orphans, of children from HIV/AIDS infected families, and of children with AIDS are also questioning the traditional frontal teaching technology, whereby one teacher faces a class of 35 or more pupils in a dedicated and appropriately furnished room. Obligations to provide home-care for sick relatives and/or siblings and to generate income prevent many of these children from participating in such a traditional arrangement (UNESCO, 2000). Psychological trauma prevents others from doing so. The illnesses from which AIDS-infected children suffer prevent still others. But all retain their basic human right to education, and somehow the education sector must re-organize itself so that it can provide for that right. By so doing, the sector might also succeed in making a better response to the needs of other children with special educational needs who have hither to been excluded from its scope (UNESCO, 2000).

Particularly severe is the epidemics impact in schools and education. HIV/AIDS reduces the supply of education by reducing the number of teachers who are able to carry out their work and the resources available for education. The epidemic reduces the demand for education, as children are withdrawn from school and college in response to rising household expenditure, and to provide care for family members (UNAIDS, 2001). The quality of education is affected because of the strains on the
material and human resources of the system and on health and presence of learners. The quality also suffers further in the form of teacher absenteeism and attrition, less time for teaching, disruption of classroom and college schedules (UNESCO, 2003).

Managing and planning for a developing education sector are demanding activities which require the education ministry to be firmly in charge of policy and strategy development and implementation. At all times this is a challenge but more so when there is risk that HIV/AIDS may decimate key human resources (UNESCO, 2000).

This calls for the ministry not only to show concern for students, teachers and those working in schools and colleges, but be equally diligent in extending similar concern to its own immediate staff-senior officials as well as other employees in finance, planning and personnel divisions, professionals and support staff in inspectorates, examinations, curriculum development, implementers etc. They all are at risk and in need of ministry guidelines and directives that will strengthen their determination to avoid HIV infection and to live positively should they be or become infected.

The ministry of education needs to formulate a strategic approach that will clearly express its policy on HIV/AIDS, its proposals for dealing with it in its institutions and throughout the system, its strategies for personnel and human resource support and replacement, guidelines for use in concrete situations in schools, colleges and at lower levels in the system, and the development of an information base to guide policy and planning. In June 2001, the United Nations Generals Assembly Special Session (UNGASS) on HIV/AIDS set in place a framework for national and international accountability in relation to the epidemic. Each government pledged to pursue a series of bench mark targets relating to prevention, care, support and treatment, impact

UNGASS Declaration of commitment on HIV/AIDS (2001) agreed upon targets include: Reducing HIV infection among 15 – 24 year-olds by 25% in the most affected countries globally by 2010.

1. Developing by 2003 and implementing by 2005 national strategies to provide supportive environment for orphans and children infected and affected by HIV/AIDS.

2. Ensuring that by 2005 at least 90% of young men and women aged 15-24 years have access to information, education including peer education and youth specific HIV education, and services necessary to develop the life skills required to reduce vulnerability to HIV infections and

3. Having in place strategies by 2003 to address vulnerability to HIV infection, including under development, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self protection and all types of sexual exploitation of women, girls and boys.

In review of the above concerns, the most crucial issue is to stem the tide of HIV/AIDS epidemic using education as the main vehicle or tool for fighting the epidemic (UNESCO, 2003). This research will seek to find out how HIV/AIDS has impacted on education in Dagoretti and measures put in place to deter it in view of the above raised concerns.
2.2. HIV/AIDS and the Youth

One of the greatest challenges in the fight against the spread of HIV/AIDS is preventing HIV infection in youth. Of all age groups, young people under 25 years are the most likely to contract HIV/AIDS. It is estimated that six young people are newly infected every minute (UNFPA, 2001).

The continent of Africa holds the largest proportion of world’s most vulnerable population, the young people. Young people between the ages of 10 – 24 are most at risk of sexually transmitted infections (STIs) and HIV transmission. Most AIDS deaths occur between the age of 25 – 35 years for men and 20 – 30 years for women (UNESCO, 2001).

Young people at age 17-25 are in their puberty. Puberty is a time of discovery, rousing feelings and investigation of new behaviours. Some young people may consequently be driven to engage in unprotected sex, sex with multiple partners and experimentation with substance use (alcohol, illicit drugs and other drugs).

Social-cultural factors confronting individuals and groups are among the major factors that predispose people to HIV/AIDS infections (Kofi and Anarfi, 1999). For instance, young people are at a greater risk when they lack power to refuse sex within and outside marriage. Also, working against safety caution is the fact that sexual expression is an important element of becoming an adult. This is a fact that young people hold dearly such that at times they do not perceive problems that may befall them in the future.

Peer group influence can completely destabilize young persons otherwise strong behaviour principle, observes Dworetzky (1985). Groups can affect a person's
behaviour by occasionally deindividuation or polarizing its members. Deindividualization can occur when we see many other people engage in behaviour, and then we feel more certain that the behaviour is appropriate. At times, we can be caught up in events and feeling of the group such that we lose our own individuality. Once our individuality has been reduced, we lose track of who we are and what our values are. This in turn causes us to become more impulsive, more sensitive to our present emotional state. Hence at times we may be unable to regulate our own behaviour.

On the other hand, polarization is strongly influenced by what happens as a result of social comparison or persuasive group arguments which make members to take an extreme position on issues that they would otherwise not do so. A group can polarize in the direction of taking a risk or in the direction of caution (Zimbardo, 1979 and Deiner, 1980). A study by Maswanya, and Takemoto (1999) among 16 – 24 year old students in Tanzania revealed that students were receiving misconceptions from their friends. Consequently, they tended to strongly dislike condom use as well as drinking alcohol and fearing to take the HIV test.

With the technological advancements, the media sources are continuously advancing the glorification of sexual intercourse. Tabifor (2000) notes that people’s minds can become factories of vile passions through exposure to media including the internet. One of the most important challenges facing reproductive health programmes in Kenya is how to address the needs of young people as they initiate early sexual activity and are exposed to the risk of unwanted pregnancy and infection with sexually transmitted diseases. In Kenya 37% of the 700 deaths daily are of young people aged
10-24 years (Mugo, 2003). A large number of adolescents need to be told the real danger they face against a background of promiscuity. Many adolescents may not believe they are in danger when they engage in reckless sexual behaviour (UNESCO, 2000).

It is worth recalling the many reasons for taking special steps to stand by young people.

1. They are very numerous – the school-age population of more than 230 million accounts for over 30 percent of the people in Sub-Saharan Africa.

2. They are very vulnerable to HIV/AIDS – UNAIDS estimates that in 1998 alone, one-third of the 33 million people in the world living with HIV were young people aged 15 – 24 (UNAID, 1999).

3. They are crying out for help as they suffer from the experience of HIV/AIDS, some in their own persons, many in their families and among their friends, many as orphans.

4. They are young, idealistic, optimistic, and hopeful. They want to make a world for themselves and they want that world to be a better place then which they have inherited from their parents.

5. They are at a period of sexual awakening, learning and experimentation, and need extensive help and support in making constructive use of their new-found powers.

6. They are the window of hope for the future. Even though some may already be HIV-infected, the majority are not. The general picture is that in heavily infected countries, the individuals most likely to be HIV-free are those in the 5 – 14 year
age group, that is, those normally in primary school. This is where hope for the future really lies. The challenge that formal and non-formal education provision faces is to work with these disease-free children to enable them remain so (UNESCO, 2000)

The greatest potential lies in AIDS education programmes that are coherently integrated into the curriculum of the formal school system. This sets the school system apart as a social structure with virtually limitless potential in the struggle against HIV/AIDS. The fact that the formal system can reach the young person highlights the need to make sure that content and methods of presentation, as well as audience involvement are first rate, so that whatever their age students feel personally engaged in the material, internalizing it in a way that will affect their subsequent behaviour in the right direction and also engage the students affectivity, thereby contributing to the development of a set of personally held principles and guidelines that will help the student make the right choices. The study sets out to find how the youth/students are being taught the HIV/AIDS content, the challenges and the outcome of intervention put in place.

2.3. HIV/AIDS and the Curriculum

In the absence of curative drugs and prophylactic vaccines, the only way currently available for dealing on a large scale with HIV/AIDS is through developing appropriate standards of behaviour, with information being translated into behaviours that promote a healthy state of mind, body and spirit (Siame, 1998). In this and in other AIDS-related areas, education can be a powerful ally. The schools and the entire education sector can work the wonder of slowing down the spread of HIV/AIDS,
transforming young people into individuals who are temperamentally immune against infection. Education can equip them intellectually, affectively, morally, so that they can make sound decisions, deal with pressures, keep themselves free of HIV infection and expend compassion, solidarity and care to all who are affected by the disease (UNESCO, 2000).

Education systems must adapt and change if they are to survive AIDS impacts and counter its spread. An integrated approach is necessary, applied through non-formal training, preventive education including health and well-being in education programmes. The school consciously seeks to influence students through curriculum and through the values that the curriculum embodies. We need to have a clearer perception of “education as being the process of identifying the valuable, opening it to others and inculcating it into them,” (Greenfield, 1991).

This view is reinforced by the modern approach to the school as an organization. Contemporary theory recognizes that organizations, from the simplest village school to the most complex multinational are built on marshalling people around value, those learned concepts of the desirable which have motivating force and which serve as criteria against which we appraise and evaluate actions (Beare, Caldwell and Millikan, 1989). Through its sexual health and HIV/AIDS programmes, the school should also seek to help each student to develop a personally held value system which empowers the young person to make correct and safe choices while at school and through life.

Fears are sometimes expressed that integrating reproductive health and HIV/AIDS education into the school curriculum will increase sexual activity among the youth, thereby potentially aggravating rather than alleviating the problem. On the basis of
findings from numerous investigations, these fears do not seem to be well-grounded. In a comprehensive literature review, UNAIDS found that of 53 studies that evaluated specific intervention, 27 reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and STDs. Twenty two reported that HIV and/or sexual health activity reduced unplanned pregnancy and STDs rates. Only three studies found increases in sexual behaviour associated with sexual health education (UNAIDS, 1997). The UNAIDS study concludes that there is little evidence to support the contention that sexual health and HIV education promote promiscuity.

Kelly (2002) also observes that fears are sometimes expressed that integrating health and HIV/AIDS education into the school curriculum will increase sexual activity among the youth, thereby potentially aggravating rather than alleviating the problem. On the basis of findings from numerous investigations, those fears do not seem to be well grounded. Reproductive health programmes in Africa are not leading young people to more frequent sex or to an earlier initiation of sexual activities. Instead, they have been found, as elsewhere in the world, to bring significant and positive adolescent reproductive health benefits and behaviours, including some delay in the initiation of sexual activity (Gachuhi, 1999).

South Africa has developed emergency guidelines for HIV educators. Similar guidelines have been drafted by Zambia’s Ministry of Education and are intended to provide basic guidance for educators. Such are known to be available in other countries, (Coombe, 2002). In Uganda, education has had remarkable success in fighting the epidemic (Hyde, K et al, 2001). Hydes reports that senior men, women
and teachers and invited guests provide students Aids education. This is one of the reasons why HIV prevalence has been falling in Uganda since 1992 and in now approximately 8%. Aids education is taught more frankly and more creatively, in a more interactive and experimental fashion (e.g. with simulation and games), accompanied by extra-curricular and community-based activities such as art and song contests, AIDS free clubs, popular theatre and school plays (Katahoire 1993). It must be communicated by appropriate teachers and by a greater variety of “teachers”- not only those in classroom but also by peers; by role models such as stars, singers and athletes; and by respected members of society, (UNICEF, 2002).

The Kenya government issued sessional paper number 4 of 1997 as the frame work for its response to the epidemic. Subsequently the government mobilized additional resources and established a National AIDS Control Council (NACC) to advocate and strengthen and coordinate the multisectoral response to contain the spread of the virus and mitigate the impact of AIDS. The need for educational programmes for the prevention of AIDS has been nationally recognized as the government is emphasizing the role of educational activities as part of the national campaign against HIV/AIDS (Republic of Kenya, 1997).

In 1999, the then president of Kenya, Daniel Arap Moi, while addressing members of parliament in Mombasa on 25 November, declared AIDS a national disaster. The ministry of education integrated HIV/AIDS education into the school curriculum. The AIDS education syllabus for school and colleges was produced in December of 1999, (NASCOP, 2001). The teaching of HIV/AIDS education has been started at all levels of education from primary to tertiary institutions (Republic of Kenya, 1999). The
AIDS messages are being carried through most of the subjects in the curriculum, (NASCOP, 2001). This study will try to find out how AIDS message is being taught in schools and the possible impact it has on students and the teachers.

2.4. Integration of HIV/AIDS Education

The greatest potential lies in AIDS education programmes that are coherently integrated into the curriculum of the formal school system. Young people (10 – 24 years) are estimated to account for up to 60% of all new HIV infections world wide (UNAIDS, 1997). Many young people can be reached relatively easily through schools; no other institutional system can compete in terms of number of young people served. Prevention and health promotion programs should extend to the whole school setting, including students, teachers and other personnel, parents, the community around the school, as well as school systems, (Kelly, 2002).

The school should seek to influence behaviour and inculcate values. This has long been seen as part of its traditional role. The school consciously seeks to influence students through its curriculum and through the values that the curriculum embodies (Greenfield, 1991). In this HIV/AIDS era right to education includes the right to the knowledge and skills needed for HIV prevention. Such a 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 prerequisite for individual and community survival.

Integration has been proposed as the way HIV/AIDS education is to be taught in all educational institutions 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. (Elsel, 1961). Integration as a technique of teaching HIV/AIDS in school is that of correlating different subjects in the course of study. Certain subjects within the secondary 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. These may include Biology, Home science, Social Education and Ethics and Religious Education (Master plan for Education and Training, 1997 – 2010).

Thus, in view of the importance of AIDS education in the school curriculum, the best strategy was to incorporate HIV/AIDS education content in the existing subjects. AIDS education message will be strengthened and enriched in the existing curriculum by adopting an all round approach, (Wango, 2000). The teacher is alert and uses any suitable opportunity that arises to pass HIV/AIDS related messages. For example in English and/or debate topics with AIDS inclination can be chosen. In history, a teacher can talk about major world epidemics and catastrophes that here killed many people, (Wango 2000).

The objectives of integrating HIV/AIDS in the school curriculum are:

1. To enable the learner/teacher acquire knowledge on the contents of the AIDS curriculum for the levels they are preparing to teach;
2. To infuse and integrate AIDS education content in the main carrier subjects and co-curricula activities;
3. To strengthen and reinforce AIDS education awareness in school;
4. It is hoped that the youth will use the knowledge acquired and the skills developed to protect themselves from infection and to educate others. This will reduce and
control the spread of HIV/AIDS among adolescents and young adults (Wango, 2000).

To integrate AIDS education, a copy of the current AIDS syllabus. This shows the scope and the sequence in which the topics are taught at various levels. This syllabus will help to determine the plug-in points. A plug-in point is a point in topic/subject where a specific message on HIV/AIDS can be passed with ease.

In the evaluation done by UNAIDS in 53 studies on the results of integrating reproductive health and HIV/AIDS education into the school curriculum, not only concluded that there is little evidence to support the contention that sexual health and HIV education promote promiscuity but also the review reported that:

1. Responsible and safe behaviour can be learned;
2. Sexual education is more effective when it occurs at puberty;
3. Effective programmes encourage openness in communicating about sex;
4. Programmes need to be sensitive to the different requirements of boys and girls, but in all cases they should take account of the social context in which sexual behaviour takes place and of the personnel and social consequences of such behaviour; and
5. Effective programmes equip young people with skills to interpret the conflicting messages that come from adult role models, television, other media and advertisements (UNAIDS, 1997).

The study will seek to investigate whether the HIV/AIDS curriculum is being effectively integrated because of its sexual content and how the challenges in the overall integration are being handled.
2.5. Factors influencing the implementation of HIV/AIDS Curriculum

The need for educational programmes for the prevention of AIDS has been nationally recognized as the government is emphasizing the role of educational activities as part of the national campaign against HIV/AIDS (Republic of Kenya, 1997). The National AIDS and Sexually Transmitted Diseases Control Programme (NASCOP) was formed in 1992. One of its objectives was to organize and co-ordinate the national response to the HIV/AIDS epidemic. It recommended the introduction of HIV/AIDS curriculum in Kenya schools (NASCOP, 1996). In 1997, the Kenya government published the Sessional Paper No. 4 on AIDS in Kenya. It gave the go ahead for the introduction of HIV/AIDS education in schools. The teaching of HIV/AIDS education has been started at all levels of education from primary to tertiary institutions (Republic of Kenya, 1999).

The Ministry of Education wants the syllabus to carry HIV/AIDS message through most of the subjects currently being taught in educational institutions. It has been taken for granted that secondary school teachers handling the host subjects would readily teach HIV/AIDS education. The method advocated for is that of integrating HIV/AIDS in all subjects. According to Oluoch (1992) and Omulando and Shiundu (1992) one of the factors in curriculum implementation is the pre-service and in-service of teachers. Considering their vital role in curriculum implementation and integration, teachers need to be able to handle a new programme.

The new curriculum presents challenges to teachers in that the content is supposed to be infused and integrated into the school curriculum. However the teacher's preparedness to teach is doubtful in view of not having undertaken in-service or pre-
service courses. Effective teacher preparation enable teachers involved in the programme to understand and accept the new ideas contained in the new curriculum. Hyde et al (2001) in their study on HIV/AIDS and the Education Sector in Uganda interviewed teachers both individually and in the focus group. The teachers strongly felt that they were not well prepared to teach sexual and reproductive health topics either professionally or culturally.

According to the Kenya Institute of Education (K.I.E), training for teachers on HIV/AIDS curriculum in the country has been on going in the country. Despite this, the majority of the teachers in the country still remain untrained. There are also losses in the teaching fraternity to the epidemic.

In areas where HIV infection is common, HIV related illnesses are taking a toll on education in a number of ways. One of them is eroding the supply of teachers and thus increasing class sizes, which is likely to dent the quality education. Skilled teachers are a precious commodity in all countries, but in some parts of world, Kenya included, they are becoming too sick to work or dying of HIV related illnesses long before retirement (UNESCO, 2001).

Material resources play a significant role in the implementation of a new curriculum. The major purpose of preparing and producing curriculum materials is to assist the personnel involved in the implementation as well as the students in correctly interpreting and implementing the ideas embodied in the curriculum plan (Oluced, 1992). The teaching of HIV/AIDS requires that there is preparation and distribution of scientifically-accurate good-quality teaching and learning materials on HIV/AIDS, communication life skills. Inadequacy of facilities or lack of instructional materials is
an impediment in any curriculum implementation and by extension HIV/AIDS integration the syllabus.

The study seeks to investigate whether the teachers in Dagoretti have undergone any training to enable them implement the HIV/AIDS curriculum in the syllabus. It will also set out to find out if the epidemic has claimed teachers and the impact this has on the curriculum. The study will also find out if there are adequate resources for the implementation of the HIV/AIDS curriculum.

2.6. Theoretical Background

2.6.1. Theories of Administration

The various theories of administration are useful in its administration of education programmes. Such theories include scientific management, humanistic and behavioural approach. These theories provide 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 solutions to change their environment (university of California, Sanfrasico). In this study, theory of behaviourism will be adopted.

2.6.2. Behaviourism

Behaviourism is a function of knowledge or attitude. The knowledge that one has of a subject influences the behaviour or response towards it. A person must first have the knowledge that there is a problem. He/she must then understand the magnitude of that problem and the repercussions and develop an attitude. The person must do a cost/benefit analysis and then finally there has to be a motivating factor to make the individual react in a particular way. The person then exhibits a particular practice.
The social learning theory posits that people learn not only by own direct experiences with repletion and reward but also by watching what happens to other people and by just being told about something (Braun and Linda, 1979). This stems from values and believes that people acquire overtime from families, school, church, mass media and their peers. These values contribute to people’s behaviour. Values consist of the importance that they place on the outcomes of situations (Robbins, 1979). Evidence has shown that values that people hold can influence the attitude they hold and in many cases the behaviour they engage in. An attitude is an enduring system of beliefs about a situation or an object that makes one respond in a certain manner. Attitudes vary from one individual to another. According to psychologists, attitudes are not observable and therefore they can only be inferred from opinion statements or tests (Braun and Linda, 1979, Robins 1979, Newman, 1998).

Attitudes develop early in life and tend to be influential through out life. They are passed over from one generation to another. They are usually learned from one family and the learning tends to persist into adulthood. Attitudes can also change due to beliefs, for example, the influence of advertisements, which has often been the focus of researchers. An individual set of attitudes on one issue does provide a clue to views that are held on other things, given our knowledge that attitudes tend to be consistent. Attitudes can predict certain behavioural changes (Robbins 1979, American Encyclopaedia 1995).

People engage in sexual contact for various reasons, such as economic factors, gifts, sexual experience, leisure (social satisfaction) love (socio-psycho instinct), socio-cultural motive and others just don’t know (Obudho, 1995). In order to change
2.7 Conceptual framework

Figure 1 shows the factors influencing teachers’ perception towards HIV/AIDS education. The teachers are the main players in this study. Teachers have without doubt their own values, attitudes and perceptions towards issues that are part of the societal set up. Thomas and Znaniecki (1974) uses the situational theory which holds that human behaviour occurs only under certain conditions. They further hold that there is nothing to define when people act as anticipated, but when new influences appear to disrupt existing habits, when new stimuli demand attention, when the habitual situation is altered or when a group is unprepared for an experience (e.g. death arising from a disease) then the phenomena assumes the aspect of “crisis” where a crisis is seen as a threat, a challenge, a strain on attention, a call to new action. In situational approach theory human behaviour is seen as adjustable and human being as always attempting to come to terms with or adjust to the situations in which they find themselves.

Teachers have definitely found themselves in the crisis of HIV/AIDS scourge and which demands action as they deal with schools which are also a segment of the society. The human situation and definition of the situation is seen to depend on Biological, psychological, social, economic and cultural factors which singly or collectively determine subsequent behaviour. Other factors like physical environment the relevant social norms and the behaviour of other are also included. Thomas, et al.
(1974) argues that the attitudes can and actually are affected by our definition of the situation.

**Figure 1: Conceptual Framework of Factors influencing Teachers perception towards HIV/AIDS curriculum.**

- Teachers personal factors (Biological, psychological), professional qualifications, teaching skills, resources/material availability, environmental factors
- Implementation of HIV/AIDS curriculum
- Behaviour change in learners
CHAPTER THREE
RESEARCH METHODOLOGY

3.0. Introduction

This chapter deals with the description of the research design that was used, target population, sampling procedure, research instruments, data collection procedure and data analysis techniques.

3.1. Research Design

This study will adopt the descriptive survey design. This is a research design through which data is collected from members of a population by use of a questionnaire in order to determine the current status of that population with respect to one or more variables. It is therefore a self-reporting study which brings out quantifiable information about the sample (Mugenda and Mugenda, 1999). The rationale behind the selection of survey design was that the researcher would use a questionnaire to collect data necessary for the study. This would enable the researcher to explore the current status of HIV/AIDS education in the division. The design would facilitate the collection of the data for the purposes of describing the HIV/AIDS phenomenon.

3.2. Target Population

The target population aimed at by this study consisted of teachers in all the nine public secondary schools in Dagoretti division. These are: Lenana school, Dagoretti high school, Nembu high school, Mutuini secondary, Ruthimitu mixed, Ruthimitu Girls, Moi Girls, Precious Blood – Riruta and Upper Hill. The schools consist of boys boarding, girls boarding, boys day, girls day and boys day/boarding. There was a
population of 4,570 students and a total of 301 teachers in the division as shown in tables 1 and 2 respectively.

Table 1: Public Secondary Schools in Dagoretti Division enrolment of Students

<table>
<thead>
<tr>
<th>School</th>
<th>Type</th>
<th>Enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenana School</td>
<td>Boys' Boarding</td>
<td>966</td>
</tr>
<tr>
<td>Dagoretti High</td>
<td>Boys' Boarding</td>
<td>693</td>
</tr>
<tr>
<td>Moi Girls</td>
<td>Girls' Boarding</td>
<td>872</td>
</tr>
<tr>
<td>Nembu Girls</td>
<td>Girls' Boarding</td>
<td>250</td>
</tr>
<tr>
<td>Precious Blood Riruta</td>
<td>Girls' Boarding</td>
<td>362</td>
</tr>
<tr>
<td>Upper Hill</td>
<td>Boys' Boarding</td>
<td>782</td>
</tr>
<tr>
<td>Mutuini Boys'</td>
<td>Boys' day/Boarding</td>
<td>308</td>
</tr>
<tr>
<td>Ruthimitu Girls</td>
<td>Girls' Day</td>
<td>121</td>
</tr>
<tr>
<td>Ruthimitu Mixed</td>
<td>Mixed Day</td>
<td>216</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>4570</strong></td>
</tr>
</tbody>
</table>

Source: Provincial Education Office returns 2005
Table 2: Staffing in public Secondary Schools in Dagoretti division

<table>
<thead>
<tr>
<th>School</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenana School</td>
<td>28</td>
<td>33</td>
<td>62</td>
</tr>
<tr>
<td>Dagoretti High</td>
<td>22</td>
<td>24</td>
<td>46</td>
</tr>
<tr>
<td>Moi Girls</td>
<td>8</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Nembu Girls</td>
<td>5</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Precious Blood-Riruta</td>
<td>5</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Upper Hill</td>
<td>13</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Mutuini Boys</td>
<td>11</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Ruthimitu Girls</td>
<td>4</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Ruthimitu Mixed</td>
<td>10</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>106</strong></td>
<td><strong>195</strong></td>
<td><strong>301</strong></td>
</tr>
</tbody>
</table>

Source: Provincial Education Office returns, May 2005

3.3. Sample and Sampling Procedure

The researcher included all the nine schools in the study. According to the statistics from the Provincial Education Office, there are 301 teachers in the division. According to Krejcie and Morgan in Mulusa (1988), the desired sample size for a population of 195 female teachers is 130 teachers. Additionally, for a population of 106 male teachers, the recommended sample size is 80 teachers. Therefore, the total sample size for the 301 teachers targeted for the study is 210 teachers. To determine the teachers to take part in the study from the division, the researcher used simple random sampling method. Names of female teachers and male teachers were written on pieces of paper that were folded, placed in two separate boxes and shaken. The
researcher then picked the names from each box, recorded it down then replaced and repeated the process until the required number of female and male teachers was obtained. The researcher distributed 210 questionnaires out of which 172 were successfully completed and used in the study.

3.4. Research Instruments

The researcher developed the questionnaire. However, particular reference was made to research instruments used by Kithiru (1999). They were modified to suit the study. The questionnaire revolved on the research objectives identified for investigation. These are the skills the teachers have, availability of resources, teachers perceptions, the activities teachers have developed, training of teachers and the problems teachers face in the implementation of HIV/AIDS curriculum. The research instrument had both open-ended and close-ended questions. The questionnaire consisted of three sections. Section A had 12 items which sought to collect demographic and school data of the teachers. Section B had 18 items meant to gauge the teacher's perceptions with regard to HIV/AIDS education. Section C had 17 items with both open-ended and close-ended items which sought to get information on skills teachers had, training of teachers, learning activities, resources at the teachers disposal, problems experienced and teachers suggestions on the HIV/AIDS curriculum improvement.

3.5 Instrument Validity

Instrument validity was determined by carrying out a pilot study. The pilot study involved teachers purposively selected from 2 schools in Starehe Division, Nairobi Province. This was done on the advice of the supervisor and was also necessitated by the fact that all the public secondary schools in Dagoretti were included in the main
study. Similarly, these schools bear the same characteristics with those in Dagoretti
Division in that Jamhuri is a boy’s day school and Ngara girls is a boarding school.
The teachers in these schools are also exposed to the same HIV/AIDS curriculum.
Starehe Division just like Dagoretti Division is division within the wider Nairobi
Province. This tentatively implies the exposure and experiences of the teachers and
students are similar. Out of the 114 teachers in these schools 12 teachers were selected
for the pilot study. The respondents were stratified according to their gender. Three
male teachers and three female teachers were randomly selected from each of the two
schools. In total, 12 teachers were included in the pilot study. In this way piloting
enhanced instrument validity by ensuring that the research instruments provided were
correct and adequate before being issued for the main study.

3.6 Instrument Reliability
To ascertain the reliability of the instrument, the split-half technique was used. Ten
percent of the sample population, that is, 12 teachers were randomly selected from the
two schools and included in the pilot study. The 18 items in section B of the
questionnaires were split into two halves; one half comprising of odd numbered items
and the other half comprising of even numbers items. To establish the degree to which
the two halves were correlated, the Pearson Product Moment Correlation Coefficient
was determined using the Statistical Package for Social Sciences (SPSS) programme.
The findings indicated that there was consistency \( r = 0.92 \) between the two halves
signifying that the instrument was reliable.
3.7. Data Collection Procedure

Once the approval of the research proposal by the supervisor was granted, the researcher obtained a research permit from the Ministry of Education Science & Technology, to carry out the research in Dagoretti division. The researcher then visited the principals of all the 9 schools identified for the study to explain the nature of the study and sought co-operation in order to administer the questionnaire to the teachers. Most of the questionnaires were collected immediately after the teachers had filled them but a few others were collected a day later. The researcher then ensured that they were fully filled and if not the teachers were requested to fill in the gaps.

3.8. Data Analysis Procedure

The responses from the questionnaire were coded, tabulated and processed by computer using the statistical package for social sciences (SPSS). The analysis made use of descriptive statistics such as frequency distributions, mean and percentages to analyse data collected. Section A of the questionnaire was analysed using frequencies and percentages with regard to demographic and school data. Section B of the questionnaire, the Likert summated rating scale was used. Each item of the perception scale was followed by five responses. These ranged from strongly agree to strongly disagree. The responses that supported positive statements were regarded as positive. For positive responses, the respondents were scored as follows: SA = 5, A = 4, NOP = 3, D = 2 and SD = 1. There were no negative items supporting positive attitudes, therefore, reverse scoring was not found necessary. Section C the open-ended and close-ended items the data was condensed into frequency tables and analysed.
CHAPTER FOUR
DATA ANALYSIS AND INTERPRETATION

4.0. Introduction
This chapter presents the findings of the study. The chapter starts by presenting the characteristics of the sample used in the study and the demographic data of the respondents. The results of the data are presented using frequency tables and percentages.

4.1. Questionnaire Return Rate
The researcher administered a total of 210 questionnaires to teachers in all the public secondary schools in Dagoretti Division. A total of 172 questionnaires were returned making 81.9% return rate which was considered appropriate for the study. Hertman and Heborn (1979) state that 50% is adequate, 60% good and 70% or more is very good.

4.2. The Demographic Data of Respondents
The following data reflects the demographic details of the teachers who participated in the study. The data is analysed using simple descriptive statistics; frequencies and percentages.

4.2.1. Gender Distribution of Respondents
The gathered data revealed that majority of teachers in the sample were female respondents 112 (65.1%). Male respondents were 60 (34.9%). The findings were affirmed by data from the Provincial Education Office returns that indicated that Dagoretti Division has more female teachers than male ones.
4.2.2. Age Distribution

The majority of the teachers who participated were between 31 – 45 years (80.2%). About 18 (10.5%) teachers were in 46 – 50 years age bracket, 5.2% were below 31 years. The rest of the teachers (4.1%) were over 51 years old.

Table 3: Age Distribution of Teacher-Respondents in Dagoretti Division

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 31</td>
<td>9</td>
<td>5.2</td>
</tr>
<tr>
<td>31 – 45</td>
<td>138</td>
<td>80.2</td>
</tr>
<tr>
<td>46 – 50</td>
<td>18</td>
<td>10.5</td>
</tr>
<tr>
<td>Over 51</td>
<td>7</td>
<td>4.1</td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.3. Marital Status of Teacher-Respondents in Dagoretti Division

The study revealed that 145 teachers were married and 17 were single. The study also established that 3 teachers were separated, 4 were widowed and 1 divorced. Although two did not respond, the majority of teachers were married.
Table 4: Marital Status of Teacher-Respondents in Dagoretti Division

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>145</td>
<td>85.0</td>
</tr>
<tr>
<td>Single</td>
<td>17</td>
<td>10.0</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
<td>1.76</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>170</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.4. Religious Background of Teachers

According to the research findings, all the 172 respondents were Christians. This implies that majority of teachers in Dagoretti Division are Christians.

4.2.5. Teachers' Responsibilities

The study revealed that 100 teachers did not hold any other responsibility apart from teaching their subjects. There were 43 heads of departments, 12 principals and 12 deputy principals. The study also established that 3 were games-masters, 3 housemasters whereas 1 teacher was a chaplain. This implies that the majority of teachers do not have other responsibilities apart from teaching due to their minimal teaching experience in terms of years in service.

4.2.6. Teaching Subjects

The study established that 73 (43.0%) were teaching science subjects such as biology, physics, chemistry and mathematics. The humanity subjects such as C.R.E., history were taught by 52 teachers. Languages such as English, Kiswahili and French were
augmented by 33 teachers and about 14 teachers taught applied subjects such as business education. This could be interpreted as important because teachers impart HIV/AIDS messages as they teach their subjects.

4.2.6. Teachers Workload (Lessons per Week)
The study revealed that 53.3% of the teachers were teaching 21 - 25 lessons per week, 27.9% taught 16 - 20 lessons per week, 7.0% taught 11 - 15 lessons, 9.3% taught 26 lessons and above and only 2.3% taught 10 lessons and below per week. The teachers therefore are not overloaded. The code of regulations for teachers stipulates that they should have a minimum of 28 lessons per week in secondary schools.

Table 5: Teachers' Workload

<table>
<thead>
<tr>
<th>Number of lessons per week</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>11 - 15</td>
<td>12</td>
<td>7.0</td>
</tr>
<tr>
<td>16 - 20</td>
<td>48</td>
<td>27.9</td>
</tr>
<tr>
<td>21 - 25</td>
<td>92</td>
<td>53.3</td>
</tr>
<tr>
<td>26 and above</td>
<td>16</td>
<td>9.3</td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.7. Teachers Training Qualifications

The research findings revealed that majority of the teachers are qualified 104 (60.5%) were bachelor of education graduates and 23 (13.4%) had Approved Teacher Status (ATS). The study revealed further that 17 (9.9%) were BA/BSc graduates with postgraduate diplomas in education, 13 (7.6%) had Masters degree in education, 1 (0.6%) teacher had an MA in Linguistics, 1 (0.6%) had an MA in Gender and
Development, 1 (0.6%) had MA in Kiswahili and 3 (1.7%) had MBA. This indicates that the teachers are well qualified to teach.

4.2.8. Teaching Experience
The data revealed that majority of the teachers (72) had taught for 10 – 15 years. Those who had taught for 6 – 10 years were 52, those who had taught for 20 years and over were 26. The study also established that 15 teachers had taught for 16 – 20 years and only 7 teachers had taught for 1 – 5 years. This shows that the majority of teachers have taught for over 10 years, hence they can be said to have a wealth of experience in teaching.

Table 6: Teaching Experience of Teachers in Dagoretti Division

<table>
<thead>
<tr>
<th>Teaching Experience (Years)</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5</td>
<td>7</td>
<td>4.1</td>
</tr>
<tr>
<td>6 - 10</td>
<td>52</td>
<td>30.2</td>
</tr>
<tr>
<td>10 - 15</td>
<td>72</td>
<td>41.9</td>
</tr>
<tr>
<td>16 - 20</td>
<td>15</td>
<td>8.7</td>
</tr>
<tr>
<td>20 and over</td>
<td>26</td>
<td>15.1</td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.9. Type of School
From the research findings 132 (76.7%) of the teachers indicated that they taught in boarding schools. This tallies with the Provincial Education Office’s returns which showed that majority of the schools in the division are boarding schools both for boys
and girls. The study found out that 38 teachers (22.1%) taught in day schools and only 2 teachers (1.2%) taught in day/boarding schools.

4.2.10. Size of the Schools in Dagoretti Division
The research findings indicated that 76 teachers (44.2%) taught in five streamed schools. The respondents from four streamed schools were 32 (18.6%), whereas, 25 teachers (14.5%) taught in three streamed schools and 27 (15.7%) teachers taught in double streamed schools. Only 12 teachers (7.0%) indicated that they taught in single streamed schools. This revealed that most of the schools were big schools and majority of the teachers taught in these schools.

4.2.12. Gender of Students
The collected data revealed that 90 teachers (52.3%) taught in boys schools, 65 teachers (37.8%) taught in girls schools and 17 (9.9%) taught in mixed schools. This therefore, reveals that majority of the students in the division are male. This is contributed by the fact that the boys schools are either five streamed or four streamed, unlike for girls schools which are smaller in size.

4.3. Teachers’ Perception on HIV/AIDS Education
In this section, the researcher analysed teachers’ perception on HIV/AIDS education as shown on Table 7. The figure for the mean shows the teachers’ level of agreement on HIV/AIDS education. Majority of the teachers agreed that HIV/AIDS education will influence learners to avoid HIV/AIDS infection hence the need to teach it in the syllabus. It was also noted that most of the teachers agreed that HIV/AIDS education should be a shared responsibility and should not be left to parents, guardians and to
guidance and counselling teachers only. Everyone is a player in this problem of trying to curb the spread of HIV/AIDS.

The table shows that a large number of teachers have not gone for training or done in-service courses on the implementation of HIV/AIDS education and they were of the opinion that they needed the training. It was also found necessary to supply enough resources to the schools to help teach HIV/AIDS education as most teachers indicated that the resources were not enough.

The study also revealed that majority of the teachers could comfortably teach boys and girls together and also separately. These findings reveal that teachers need training and resources to enable them implement the HIV/AIDS syllabus. It can also be deduced from the results that the schools have a major role to play in instilling positive attitudes towards HIV/AIDS issues in order to curb the spread of HIV/AIDS scourge. The findings of this study also tally with those of Muthini (2003) and Gikenye (2005).
Table 7: Teachers’ Perception on HIV/AIDS Education

<table>
<thead>
<tr>
<th>HIV/AIDS Education Opinion</th>
<th>SA</th>
<th>A</th>
<th>NOP</th>
<th>D</th>
<th>SD</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS education will influence learners to avoid HIV infection</td>
<td>N</td>
<td>78</td>
<td>85</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>45.3</td>
<td>49.4</td>
<td>1.2</td>
<td>1.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Teaching about HIV/AIDS should be the responsibility of parents and guardians</td>
<td>N</td>
<td>21</td>
<td>42</td>
<td>14</td>
<td>49</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>12.2</td>
<td>24.4</td>
<td>8.1</td>
<td>28.5</td>
<td>24.4</td>
</tr>
<tr>
<td>There are other ways of influencing behaviour change amongst learners, besides teaching HIV/AIDS education.</td>
<td>N</td>
<td>80</td>
<td>78</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>46.5</td>
<td>45.3</td>
<td>3.5</td>
<td>2.9</td>
<td>1.7</td>
</tr>
<tr>
<td>Teachers need to be trained in order to be able to implement HIV/AIDS education in the school curriculum.</td>
<td>N</td>
<td>86</td>
<td>66</td>
<td>2</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>50.0</td>
<td>38.4</td>
<td>1.2</td>
<td>8.7</td>
<td>1.2</td>
</tr>
<tr>
<td>It is easy to implement HIV/AIDS education in my teaching subject</td>
<td>N</td>
<td>40</td>
<td>80</td>
<td>10</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>23.3</td>
<td>46.5</td>
<td>5.8</td>
<td>21.5</td>
<td>2.9</td>
</tr>
<tr>
<td>There are enough resources in the school to help HIV/AIDS education.</td>
<td>N</td>
<td>11</td>
<td>41</td>
<td>24</td>
<td>65</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>64.</td>
<td>23.8</td>
<td>14.0</td>
<td>37.8</td>
<td>16.9</td>
</tr>
<tr>
<td>HIV/AIDS education should be a separate subject in the syllabus.</td>
<td>N</td>
<td>30</td>
<td>51</td>
<td>12</td>
<td>51</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>17.4</td>
<td>29.7</td>
<td>7.0</td>
<td>29.7</td>
<td>13.4</td>
</tr>
<tr>
<td>HIV/AIDS education should be an examinable subject</td>
<td>N</td>
<td>24</td>
<td>32</td>
<td>21</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>14.0</td>
<td>18.6</td>
<td>12.2</td>
<td>29.7</td>
<td>23.8</td>
</tr>
<tr>
<td>Teachers need in service training to prepare them implement HIV/AIDS education in schools.</td>
<td>N</td>
<td>83</td>
<td>73</td>
<td>2</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>48.3</td>
<td>42.4</td>
<td>1.2</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>HIV/AIDS education should be left to Guidance and counselling teachers to handle</td>
<td>N</td>
<td>2</td>
<td>4</td>
<td>16</td>
<td>74</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>1.2</td>
<td>2.3</td>
<td>9.3</td>
<td>43.0</td>
<td>41.9</td>
</tr>
<tr>
<td>HIV/AIDS education is one of the ways of curbing the spread of the AIDS scourge.</td>
<td>N</td>
<td>98</td>
<td>61</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>57.0</td>
<td>35.5</td>
<td>1.7</td>
<td>3.5</td>
<td>1.2</td>
</tr>
<tr>
<td>HIV/AIDS is a misplaced subject in schools.</td>
<td>N</td>
<td>5</td>
<td>14</td>
<td>11</td>
<td>49</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>2.9</td>
<td>8.1</td>
<td>6.4</td>
<td>28.5</td>
<td>50.6</td>
</tr>
<tr>
<td>It is easy for me to teach HIV/AIDS education to both boys and girls together.</td>
<td>N</td>
<td>35</td>
<td>62</td>
<td>41</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>20.3</td>
<td>36.0</td>
<td>23.8</td>
<td>15.7</td>
<td>2.3</td>
</tr>
<tr>
<td>I am comfortable teaching the HIV/AIDS content to boys and girls separately.</td>
<td>N</td>
<td>14</td>
<td>56</td>
<td>46</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>9.9</td>
<td>32.6</td>
<td>26.7</td>
<td>18.6</td>
<td>9.9</td>
</tr>
<tr>
<td>I have attended in service training as preparation for teaching the HIV/AIDS syllabus.</td>
<td>N</td>
<td>11</td>
<td>24</td>
<td>17</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>6.4</td>
<td>14.0</td>
<td>9.9</td>
<td>34.9</td>
<td>34.9</td>
</tr>
<tr>
<td>It is interesting to teach HIV/AIDS subject.</td>
<td>N</td>
<td>23</td>
<td>63</td>
<td>33</td>
<td>39</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>13.4</td>
<td>36.6</td>
<td>19.2</td>
<td>22.7</td>
<td>7.0</td>
</tr>
<tr>
<td>It is too embarrassing to teach HIV/AIDS subject.</td>
<td>N</td>
<td>3</td>
<td>10</td>
<td>10</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>1.7</td>
<td>5.8</td>
<td>5.8</td>
<td>42.4</td>
<td>42.4</td>
</tr>
<tr>
<td>Useful time is wasted in attempting to integrate HIV/AIDS subject along other subjects.</td>
<td>N</td>
<td>9</td>
<td>18</td>
<td>6</td>
<td>60</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>5.2</td>
<td>10.5</td>
<td>3.5</td>
<td>34.9</td>
<td>44.8</td>
</tr>
</tbody>
</table>

**TOTAL 609.4**
4.4 Skills

From the responses, 74 (43.0%) teachers had guidance and counselling skills although the majority 98 (57.0%) did not have the skills. Similarly, the majority 146 (84.9%) of the teachers did not have any home-based care skills for attending to HIV/AIDS patients. Only 26 (15.1%) had the skills.

Teachers need these skills in order to be effective in teaching the HIV/AIDS curriculum. Kelly (2000) noted that HIV/AIDS has increased the need for more skilled counselling. The schools have acted as disseminators of HIV/AIDS education. Teachers therefore, have to adopt the role of counsellors. It is paramount that they acquire guidance and counselling skills as these skills will help in their relationship with students and understanding them. Lytton (1974) points out that communication is the life-blood of any organisation/institution. Gitonga (1999) noted that, through guidance and counselling, students receive the desired recognition, understanding and channel of making their needs and grievances heard. This in turn prevents any likely signs of disruptive behaviour. Teachers too are able to understand their students.

The respondents in an open-ended question were asked to suggest skills they thought were necessary for teachers to implement HIV/AIDS curriculum in schools. From the findings 40 (23.3%) of teachers felt that acting skills in drama, singing, poetry recitation would help pass the AIDS message. The skills on guidance and counselling were also taken as important with 67 (39.0%) of the respondents assenting to this fact. Teachers (6.4%) also felt that listening and communication skills were vital. Home-based care and HIV/AIDS integration skills were also regarded as important. Other suggested skills which were considered necessary included group discussion,
skills/interactive skills, confronting skills, good eating habits skills among others. It can be therefore be concluded that teachers need these skills to enable them teach HIV/AIDS education.

Table 8: Skills required by teachers to instil HIV/AIDS Education

<table>
<thead>
<tr>
<th>Skill</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and counselling</td>
<td>67</td>
<td>39.0</td>
</tr>
<tr>
<td>Drama</td>
<td>40</td>
<td>23.3</td>
</tr>
<tr>
<td>Listening and communication</td>
<td>11</td>
<td>6.4</td>
</tr>
<tr>
<td>Home-based care</td>
<td>26</td>
<td>15.1</td>
</tr>
<tr>
<td>HIV/AIDS integration skills</td>
<td>14</td>
<td>8.1</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>8.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>172</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The study established that personal attributes of the teachers are very necessary in the HIV/AIDS education. Apart from 22.8% who felt that teachers' attributes were not necessary. The rest (77.2%) agreed that they were necessary. They argued that teachers are role models and they teach by example. They should also have kindness and patience among other attributes to enable them implement the new HIV/AIDS syllabus.

4.5. Training in HIV/AIDS Education

From the results, it was established that majority of the teachers in Dagoretti division have not been trained or in-serviced in HIV/AIDS education. Only 68 teachers had undergone training. The rest (104) had not been trained or in-serviced.

From these findings, it can be concluded that teachers need to be trained or in-serviced on implementation of the HIV/AIDS curriculum in order to teach effectively the
integrated curriculum. The Ministry of Education, Science and Technology (MOEST) needs to implement fully the recommendations of “The Report of the National Committee on Education” (Republic of Kenya, 1976) which emphasised on the need to train teachers in skills that would enable them handle pupils developmental and academic concerns.

Table 9: Teachers trained/in-serviced in HIV/AIDS education

<table>
<thead>
<tr>
<th>Course</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling on HIV/AIDS</td>
<td>8</td>
<td>11.8</td>
</tr>
<tr>
<td>HIV/AIDS – Gender and issues management</td>
<td>6</td>
<td>8.8</td>
</tr>
<tr>
<td>HIV/AIDS and drugs</td>
<td>10</td>
<td>14.7</td>
</tr>
<tr>
<td>HIV/AIDS awareness in schools</td>
<td>5</td>
<td>7.35</td>
</tr>
<tr>
<td>Integration of HIV/AIDS in the curriculum</td>
<td>10</td>
<td>14.7</td>
</tr>
<tr>
<td>Life at crossroads triple therapy (ARV)</td>
<td>6</td>
<td>8.8</td>
</tr>
<tr>
<td>Management of the infected and affected - MOEST</td>
<td>2</td>
<td>2.94</td>
</tr>
<tr>
<td>P.D.E. – HIV/AIDS course, Nairobi Province</td>
<td>4</td>
<td>5.9</td>
</tr>
<tr>
<td>Primary school for better Health P.S.B.H.</td>
<td>4</td>
<td>5.9</td>
</tr>
<tr>
<td>Workshop on the teacher for the 21st century</td>
<td>2</td>
<td>2.94</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>14.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>68</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The 68 respondents who attended in-service courses were asked to indicate the courses they attended, the duration of the course and also to rate the courses. Most of the teachers (64) undertook courses which took less than a month and 4 teachers went for less than a year. Majority of the teachers rated the courses as good. This is a strong
point of encouraging the Ministry of Education, Science and Technology to organise for teachers to attend more of these courses because they are important in providing them with needed knowledge, attitudes and skills for effective curriculum implementation (Shiundu and Omulando, 1992).


From the respondents, it was established that the majority of school had inadequate resources which could not fully help in HIV/AIDS education. The study found out that only 4 teachers (2.3%) felt that the resources they had were very adequate and 23 teachers (13.4%) indicated that the resources were adequate. The majority of teachers 135 (78.0%) were of the feeling that the resources were inadequate.

The respondents were asked to indicate whether the schools had the resources listed on the item and 36 (20.9%) of them indicated that the school had recording materials such as files, 44 (25.6%) had video tapes, 75 (43.6%) indicated that there were students' books and 64 (37.2%) had teachers' guides. Although there are coursework books for the new syllabus, the teachers felt they needed more resource books with detailed information on HIV/AIDS. A total of 114 teachers (66.3%) indicated that there were posters in their schools. Only 19 (11.0%) had audio-tapes and 10 (5.8%) had condoms for demonstrations.
The teachers suggested that using people living with AIDS (PLWAs) would also be effective in imparting HIV/AIDS education. Use of magazines and television would also be an effective way of conveying the HIV/AIDS message. These results therefore imply that teachers need to be supplied with resources to enable them implement the HIV/AIDS curriculum effectively.

4.6. Learning Activities

From the findings of the study, 117 teachers (68.0%) indicated that guest counselling was mostly used to teach HIV/AIDS education and 81 teachers (47.1%) said that peer counselling was also frequently used. A total of 91 teachers (52.9%) indicated that drama was used. The students acted on HIV/AIDS themes and this also included role play and poetry where HIV/AIDS messages were emphasised. The study further established that 49 teachers (28.5%) felt that music was an important activity in disseminating HIV/AIDS education. This was normally used during music festivals where HIV/AIDS messages are incorporated in the songs. A few schools also used the HIV/AIDS clubs in their schools to disseminate information on HIV/AIDS as indicated by 23 (13.4%) teachers. Some of the respondents 2 (1.2%) felt that there should be lectures where resource persons would lecture on HIV/AIDS and 2 (1.2%) suggested that there should be sessions whereby straight talk was encouraged. Some of the teachers 86 (50.0%) confirmed that their schools attended HIV/AIDS activities organised by the Ministry of Education Science and Technology (MOEST), whereas 69 (40.1%) did not. From this observation, it is important that the Ministry of Education, Science and Technology took note of this so that the schools get actively
involved in all its activities prepared to engage schools and teachers. It is the only way its programmes can be wholly effective.

Teachers were also asked to indicate the approach(es) they used to implement HIV/AIDS curriculum. The findings indicated that 73 (42.4%) teach during lessons, 41 (23.8%) teach during extra-curricular activities, 67 (39.0%) indicated that they teach comfortably using both approaches. These findings bring one to the conclusion that majority of the teachers can use various learning activities to disseminate HIV/AIDS education to the learners.

The respondents' opinion on the most appropriate approach to teach HIV/AIDS education drew various responses. Most of the teachers 86 (50.0%) of teachers felt that integrating it in the curriculum was the best approach. Others 67 (39.0%) were of the opinion that teaching it as a separate subject would be most effective for it would be given more emphasis while 7 (4.2%) were of the opinion that peer and group counselling was more effective as there is interaction amongst the students regarding the HIV/AIDS issues. The other teachers 12 (6.8%) suggested the use of resource persons to teach (experts) and use of drama as they felt it would be more interesting to impart the knowledge that way.

4.7. Problems Experienced

From the findings of the study, it was established that teachers faced various problems in the course of implementing HIV/AIDS education. Some teachers 49 (28.5%) indicated that they lacked motivation, with the majority 127 (73.8%) confirming that they lacked training in HIV/AIDS curriculum implementation. Others 80 (46.5%) complained that HIV/AIDS education increased the workload as there was more
content to be taught. The study also found that 122 (70.9%) teachers insisted that
schools lacked appropriate resources to help in the dissemination of HIV/AIDS
education. Some few teachers 3 (1.8%) indicated that they lacked time for students
and 2 (1.2%) others observed that students were not interested in HIV/AIDS
education. Only 1 teacher (0.6%) noted that there was a negative attitude on
HIV/AIDS education from the school management.

The teachers were further asked to give their response towards implementation of
HIV/AIDS curriculum and 99 (57.6%) said they were supportive, with 37 (21.5%)
saying there were not supportive while 29 (16.9%) said they were very supportive.
This shows that the trend is inclined towards the fact that the implementation of the
curriculum was supported to a great extent hence it will be successful.

The teachers were further asked to give reasons why they thought that HIV/AIDS
curriculum needed to be emphasised in schools. Their suggestions are reflected in
Table 10.
Table 10: Reasons why HIV/AIDS Curriculum need to be emphasised in Schools

<table>
<thead>
<tr>
<th>Reason</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a national disaster. It is a phenomenon present with us.</td>
<td>17</td>
<td>9.9</td>
</tr>
<tr>
<td>Makes many students to be orphans.</td>
<td>10</td>
<td>5.8</td>
</tr>
<tr>
<td>Little can be achieved outside the school.</td>
<td>7</td>
<td>4.1</td>
</tr>
<tr>
<td>It is a major threat to the young and they need to be informed.</td>
<td>32</td>
<td>18.6</td>
</tr>
<tr>
<td>Students are the future of this nation.</td>
<td>16</td>
<td>9.3</td>
</tr>
<tr>
<td>Youths are affected as well as their relatives.</td>
<td>6</td>
<td>3.5</td>
</tr>
<tr>
<td>So that AIDS infection rate declines.</td>
<td>22</td>
<td>12.8</td>
</tr>
<tr>
<td>Students to know the forms of transmission.</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>It is the right age for exposure.</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>It is affecting both students and teachers.</td>
<td>7</td>
<td>4.1</td>
</tr>
<tr>
<td>Since many students are sexually active.</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>It will reduce infection now and in future.</td>
<td>6</td>
<td>3.5</td>
</tr>
<tr>
<td>It is relevant and all are affected if not infected.</td>
<td>14</td>
<td>8.1</td>
</tr>
<tr>
<td>It is very rampant among the youth hence need to enlighten the on the dangers of HIV/AIDS.</td>
<td>5</td>
<td>2.9</td>
</tr>
<tr>
<td>The youth are most of the time in school and then with parents.</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>Most parents are ignorant and they cannot educate their children on the issue.</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>School is the only avenue to get most population at an early age.</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>To curb the AIDS pandemic at grassroot level.</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>To save those who have not contacted the virus from contacting it.</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>To stop stigmatisation.</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>By students getting informed they will in turn educate parents and friends on HIV/AIDS.</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>Guide youth and educate on importance of abstinence.</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>It opens up room for open discussion and interaction.</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Can influence behaviour change in students.</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>172</td>
<td>100.0</td>
</tr>
</tbody>
</table>
From the reasons given, it can be concluded that most teachers understand that HIV/AIDS education needs to be emphasised in the curriculum. This is one of the ways of imparting knowledge about the scourge and help in curbing its spread. From the results, majority 102 (59.3%) felt that HIV/AIDS implementation was not successful, whereas, 23 (13.4%) agreed that it was successful. The rest 47 (27.3%) did not have any idea whether it was successful or not. This means that a lot of training and in-servicing need to be done to inform teachers on HIV/AIDS education. This will ensure that they will be able to implement the integrated curriculum effectively.
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter summarises the findings of the study and presents conclusions and recommendations for factors influencing effective integration of HIV/AIDS curriculum in public secondary schools as perceived by teachers in Dagoretti division, Nairobi province.

5.1. Summary of the Study

The purpose of this study was to investigate the factors that influence effective integration of HIV/AIDS curriculum as perceived by teachers in public secondary schools in Dagoretti division, Nairobi province. Six research questions were formulated. These were:

1. What skills do public secondary teachers have to enable them implement HIV/AIDS curriculum?
2. What training have the teachers undergone for the implementation of the integrated HIV/AIDS curriculum?
3. What resources are at the teachers’ disposal for implementing HIV/AIDS curriculum in public secondary schools in Dagoretti division?
4. What learning activities have the teachers developed in order to effectively implement HIV/AIDS curriculum in Dagoretti division?
5. What are the teachers’ perceptions towards the implementation of the integrated curriculum?
6 What problems have the teachers experienced in implementing HIV/AIDS curriculum in Dagoretti Division?

The study was conducted in Dagoretti Division, Nairobi Province. The study involved a total of 172 public secondary school teachers from all the 9 schools who were sampled using simple random sampling. Data were collected through a questionnaire which had both open and close-ended questions. The research instrument was piloted in two schools purposively selected from Starehe Division. It was found to be reliable. The data gathered were analysed and interpreted using descriptive statistics, frequencies, percentages and appropriate content texts and tabulations.

The findings of the study were presented in accordance with the research objectives as follows:

1. It was revealed that all the teachers were academically qualified to teach in secondary schools.

2. Majority of the teachers (over 90%) agreed that HIV/AIDS education was an important way of helping curb the spread of the scourge among the youth.

3. Teachers also need to undergo in-service courses to enable them implement the HIV/AIDS programme effectively, for it was established that 122 (70.9%) teachers had not gone for training.

4. It was also found that the resources at their disposal were inadequate as the majority of the respondents 135 (78.0%) confirmed this. Therefore, more resources need to be provided.

5. Some of the teachers 50 (29.1%) who had been in-serviced agreed that the courses were good. Therefore, the Ministry of Education, Science and Technology needs
to put more effort in training most teachers on HIV/AIDS education, because it would help them in addressing pertinent issues of teaching HIV/AIDS education.

6. Majority of the teachers 98 (57.0%) did not have guidance and counselling skills, whereas 146 (84.9%) lacked home-based care skills. This limited their effectiveness in imparting HIV/AIDS education and suggested that they needed these skills among others to help them teach HIV/AIDS education.

7. The teachers felt that there were a number of problems that hindered them from effectively implementing the curriculum on HIV/AIDS. These were lack of training, lack of enough resources, others felt the time was not adequate to exhaust HIV/AIDS education. There are others who pointed that integration of HIV/AIDS education increased their workload.

8. It was found that teachers used learning activities like drama, peer counselling music, guest counselling among others to teach HIV/AIDS education. It was also established that most teachers preferred to use both the integrated and co-curricular approaches to teach HIV/AIDS education.

5.2. Conclusion

From the findings, it was concluded that most of the teachers agreed that integrating HIV/AIDS curriculum in the syllabus is one of the ways of helping curb the spread of HIV/AIDS. Nevertheless, it was established from the study that teachers needed to be in-serviced for they felt that they were inadequately prepared to implement the HIV/AIDS curriculum, apart from those who have attended HIV/AIDS courses. They also needed skills like guidance and counselling, home-based care skills and others which may be found relevant for teaching HIV/AIDS curriculum. Learning activities
like drama, guest counselling, peer counselling and music were important channels of communicating HIV/AIDS education and should therefore be encouraged.

5.3. Recommendations

From the findings and conclusions of the study, the following recommendations were made:

1. Teachers should be trained and oriented in HIV/AIDS curriculum through in-service courses workshops and seminars.

2. The Ministry of Education, Science and Technology (MOEST) should play a prominent role in training, co-ordination and evaluating the effectiveness of the courses provided. This is because majority of the teachers did not attend courses prepared by MOEST.

3. Resources/materials such as video tapes, posters magazines should be provided in order to make it effective for teachers to implement/teach the HIV/AIDS syllabus.

4. Most schools do not have HIV/AIDS clubs. HIV/AIDS being a national disaster, it is important that such a club be established in schools in order to keep learners informed and sensitised on HIV/AIDS and any other emerging issues on the scourge.

5. Learning activities like drama, music, peer counselling, guest counselling should be encouraged.

6. The study also recommended that enough resources for teaching and implementation of HIV/AIDS curriculum need to be provided.
5.4. Suggestion for Further Research

Considering the limitations and delimitations of this study, the following suggestions were made for further research.

1. Research be carried out on the factors influencing effective integration of HIV/AIDS curriculum as perceived by teachers using a wider sample and a larger area in order to get findings that could be generalised. This may help in efforts to implement the HIV/AIDS curriculum in schools.

2. Further research be conducted on students' perception on HIV/AIDS curriculum integration in the syllabus.

3. A comparative research be conducted in primary schools amongst the teachers and also the students.
BIBLIOGRAPHY


Colling, J. A. and Sims R. (1996). Study Tour to East, Central and South Africa (Zambia section). Report on Projects seeking to Address, the needs of Children


UNAIDS - Joint United Nations Programme on HIV/AIDS.


Dear Sir/Madam,

RE: RESEARCH ON FACTORS INFLUENCING EFFECTIVE INTEGRATION OF HIV/AIDS CURRICULUM IN PUBLIC SECONDARY SCHOOLS AS PERCEIVED BY TEACHERS IN DAGORETTI DIVISION, NAIROBI PROVINCE

I am a postgraduate student at the University of Nairobi pursuing a Master of Education degree in Educational Administration and Planning.

This questionnaire is designed to gather information on the above topic. Kindly provide information to all the questionnaire items. All information will be treated with utmost confidentiality. For this reason DO NOT write your name on this questionnaire.

Thank you in advance.

Yours faithfully,

TERESIA W. MITHAMO
APPENDIX B

QUESTIONNAIRE FOR TEACHERS

This questionnaire is divided into two sections. Please complete each section as instructed. Do not write your name or any other form of identification on the questionnaire. All the information in this questionnaire will be treated in confidence.

Section A

1. What is your gender?
   (a) Male .................................................................
   (b) Female .............................................................

2. What is your age in years?
   (a) Below 31 years ..............................................
   (b) 31 – 45 years ..............................................
   (c) 46 – 50 years ..............................................
   (d) Over 51 years ..............................................

3. Please indicate your marital status
   (a) Married ............................................................
   (b) Single ............................................................
   (c) Separated ........................................................
   (d) Divorced ........................................................
   (e) Widowed ........................................................

4. What is your religion?
   (a) Christian ........................................................
   (b) Muslim ..........................................................
   (c) Traditionalist ...............................................
5. Please indicate the responsibility held in your current school

(a) Teacher........................................... □
(b) HOD............................................. □
(c) Games Master............................... □
(d) Principal....................................... □
(e) Deputy Principal............................ □
(f) Other, (please specify)........................... □

6. Indicate the gender of the students in your school?

(a) Female........................................... □
(b) Male.............................................. □
(c) Male and female............................ □

7. In the space provided, please indicate the subjects you are teaching currently

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Please indicate the number of lessons you teach per week

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Please put a tick to indicate the type of school you teach.

(a) Boarding........................................... □
(b) Day.................................................. □
(c) Day/Boarding.................................... □
10 What is your training qualification?

- (a) Diploma
- (b) Approved Teacher Status
- (c) University graduate (B. Ed)
- (d) BA/BSC with P.G.D.E
- (e) Masters degree (M. Ed)
- (f) Other (Please specify)

11 State your teaching experience

- (a) 1 – 5 years
- (b) 6 – 10 years
- (c) 11 – 15 years
- (d) 16 – 19 years
- (e) 20 years and over

12 Please indicate the size of your school

- (a) Single streamed
- (b) Double streamed
- (c) Triple streamed
- (d) Four streamed
- (e) Five streamed
- (f) Above five streams
**SECTION B**

Below are questions in which you will be required to indicate your level of agreement or disagreement with the view expressed? After reading each statement please tick □ whether you strongly Agree (SA), Agree (A), NO Opinion (NOP), Disagree (D), Strongly Disagree (SD) with the statement.

<table>
<thead>
<tr>
<th>HIV/AIDS Education Opinion</th>
<th>SA</th>
<th>A</th>
<th>NOP</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV/AIDS education will influence learners to avoid HIV infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Teaching about HIV/AIDS should be the responsibility of parents and guardians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There are other ways of influencing behaviour change amongst learners, besides teaching HIV/AIDS education.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Teachers need to be trained in order to be able to implement HIV/AIDS education in the school curriculum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. It is easy to implement HIV/AIDS education in my teaching subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. There are enough resources in the school to help HIV/AIDS education.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. HIV/AIDS education should be a separate subject in the syllabus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HIV/AIDS education should be an examinable subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Teachers need in service training to prepare them implement HIV/AIDS education in schools.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. HIV/AIDS education should be left to Guidance and counselling teachers to handle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. HIV/AIDS education is one of the ways of curbing the spread of the AIDS scourge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. HIV/AIDS is a misplaced subject in schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. It is easy for me to teach HIV/AIDS education to both boys and girls together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I am comfortable teaching the HIV/AIDS content to boys and girls separately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I have attended in service training as preparation for teaching the HIV/AIDS syllabus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. It is interesting to teach HIV/AIDS subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. It is too embarrassing to teach HIV/AIDS subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Useful time is wasted in attempting to integrate HIV/AIDS subject along other subjects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION C
This section contains questions regarding, skill training, learning activities used in teaching HIV/AIDS education, resources in the schools, problems experience in the implementation and your suggestions in the implementation of the integrated HIV/AIDS curriculum.

SKILLS
1. Apart from teaching skills do you have:
   (a) Guidance and counselling skills to help you handle students affected or infected by HIV/AIDS?
      (a) Yes .............................................................. □
      (b) No ............................................................. □
   (b) Home based care skills for HIV/AIDS patients?
      (a) Yes ............................................................. □
      (b) No ............................................................. □
   (c) Suggest skills you think are necessary for teachers to implement HIV/AIDS curriculum in secondary schools.
      (i) ................................................................................................................
      (ii) ...............................................................................................................  
      (iii) .............................................................................................................

2. In your opinion, do you think personal attributes of the teachers are necessary for implementation of HIV/AIDS curriculum? ..........................................................
TRAINING

1. Have you undergone any training/in-service course in integrated curriculum HIV/AIDS education?
   (a) Yes ................................................................................... [ ]
   (b) No .................................................................................. [ ]

2. If your answer to question above is Yes, how long was the duration training/in-service course?
   (a) Less than a month ...................................................... [ ]
   (b) More than 3 months ................................................... [ ]
   (c) Less than a year.......................................................... [ ]
   (d) More than a year ......................................................... [ ]

3. Are all teachers in your school informed about the importance of HIV/AIDS curriculum?
   (a) Yes .................................................................................. [ ]
   (b) No .................................................................................. [ ]

4. How would you rate courses you have attended in HIV/AIDS and the curriculum?
   (a) Very good ....................................................................... [ ]
   (b) Good .............................................................................. [ ]
   (c) Poor ............................................................................... [ ]

5. If you have undergone in service training on HIV/AIDS education please indicate the courses you attended
   (a) ...............................................................................................
   (b) ...............................................................................................
   (c) ...............................................................................................
RESOURCES

1. Which of the following resources does your school have for HIV/AIDS curriculum?
   (a) Recording materials (e.g. files) .................................................. □
   (b) Video tapes .................................................................................. □
   (c) Student books .............................................................................. □
   (d) Teachers guides ........................................................................... □
   (e) Posters ......................................................................................... □
   (f) Audio tapes .................................................................................. □
   (g) Condoms ...................................................................................... □
   (h) Others (please specify) ................................................................... □

2. Please rate the resources for HIV/AIDS education in your school.
   (a) Very adequate ............................................................................... □
   (b) Adequate ..................................................................................... □
   (c) Inadequate ................................................................................... □

LEARNING ACTIVITIES

1. Which one of the following activities is used mainly in your school to promote HIV/AIDS information to the learners?
   (a) Peer counselling ........................................................................... □
   (b) Group counselling ....................................................................... □
   (c) Individual counselling .................................................................. □
   (d) Guest counselling ........................................................................ □
   (e) Drama .......................................................................................... □
1. What music or other extra-curricular activities do you include in your HIV/AIDS education?
   (a) Music .........................................................
   (b) HIV/AIDS clubs ...........................................
   (c) Others (please specify) .................................. 

2. Does your school participate in HIV/AIDS activities organised by the ministry of Education, Science and Technology?
   (a) Yes ..................................................................
   (b) No ..................................................................

3. What approach do you use to implement AIDS curriculum?
   (a) Teaching during lessons ..............................
   (b) Teach in extra curricular activities ............
   (c) Use both approaches ................................
   (d) Others (please specify) .............................

4. What according to your opinion is the most appropriate approach to teach HIV/AIDS education and why
   (a) ........................................................................
   (b) ........................................................................

PROBLEMS EXPERIENCED
1. Please indicate the problems you have encountered in implementing the integrated HIV/AIDS curriculum.
   (a) Lack of motivation ....................................... 
   (b) Lack of training in HIV/AIDS curriculum implementation ...........
   (c) Increased work load .....................................
   (d) Lack of appropriate resources ........................
   (e) Others (please specify) ................................

76
2. What is the teachers' response towards implementation of HIV/AIDS curriculum in the syllabus?

(a) Very Supportive .................................................. □
(b) Supportive .......................................................... □
(c) Not Supportive .................................................. □

3. Please, give reasons why you think the HIV/AIDS curriculum need to be emphasised in schools.

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

4. In your opinion, do you think the HIV/AIDS implementation programme successful in your school?

(a) Yes .......................................................... □
(b) No .......................................................... □
## APPENDIX C

### PUBLIC SECONDARY SCHOOLS IN DAGORETTI DIVISION

<table>
<thead>
<tr>
<th>School</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenana School</td>
<td>Boys' Boarding</td>
</tr>
<tr>
<td>Dagoretti High</td>
<td>Boys' Boarding</td>
</tr>
<tr>
<td>Moi Girls</td>
<td>Girls' Boarding</td>
</tr>
<tr>
<td>Nembu Girls</td>
<td>Girls' Boarding</td>
</tr>
<tr>
<td>Precious Blood Riruta</td>
<td>Girls' Boarding</td>
</tr>
<tr>
<td>Upper Hill</td>
<td>Boys' Boarding</td>
</tr>
<tr>
<td>Mutuini Boys'</td>
<td>Boys' day/Boarding</td>
</tr>
<tr>
<td>Ruthimitu Girls</td>
<td>Girls' Day</td>
</tr>
<tr>
<td>Ruthimitu Mixed</td>
<td>Mixed Day</td>
</tr>
</tbody>
</table>
APPENDIX D

RESEARCH AUTHORISATION LETTER
MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

Telegrams: EDUCATION", Nairobi

Fax No.
Telephone: 318581
When replying please quote

MOEST 13/001/35C 513/2

7th October, 2005

Teresia Wanjiru Mathamo
University of Nairobi
P.O. BOX 30197
NAIROBI

Dear Madam

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Factors of HIV/AIDS curriculum in Public Secondary Schools as perceived by teachers.

This is to inform you that you have been authorized to carry out research in Secondary Schools in Nairobi for a period ending 30th November, 2006.

You are advised to report to the Provincial Commissioner, Nairobi, the Provincial Director of Education Nairobi and the Principals of the Secondary Schools you will visit before embarking on your research project.

On completion of your research, you are expected to submit two copies of your research findings to this Office.

Yours faithfully

M. O. ONDIEKI
FOR: PERMANENT SECRETARY

Cc
The Provincial Commission
Nairobi

The Provincial Director of Education
Nairobi
APPENDIX E
RESEARCH PERMIT

CONDITIONS

1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.

2. Government Officers will not be interviewed without prior appointment.

3. No questionnaire will be used unless it has been approved.

4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.

5. You are required to submit at least two (2)/four (4) bound copies of your final report for Kenyans and non-Kenyans respectively.

6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.

GPK 6055-3m-10/2003

(REPUBLIC OF KENYA)
RESEARCH CLEARANCE PERMIT

(CONDITIONS—see back page)
THIS IS TO CERTIFY THAT:

Prof./Dr./Mr./Mrs./Miss TERESA WANJIRU

of (Address) UNIVERSITY OF NAIROBI

P.O. BOX 30197 NAIROBI

has been permitted to conduct research in

Location,

District,

Province,

on the topic FACTORS INFLUENCING EFFECTIVE INTEGRATION OF HIV/AIDS CURRICULUM IN PUBLIC SECONDARY SCHOOLS AS PERCEIVED BY TEACHERS

for a period ending 30TH NOVEMBER, 2006

Research Permit No. MOEST 13/001/35C Sc 515
Date of issue 7TH OCTOBER, 2005
Fee received SHS 500

For PERMANENT SECRETARY MINISTRY OF EDUCATION AND SCIENCE AND TECHNOLOGY

Applicant's Signature

Permanent Secretary Ministry of Education Science and Technology