

**FACULTY OF ARTS**

**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

***'The role of teachers' perceptions on Sexual and HIV/AIDS education in Kenyan  
primary schools: A case study of Dagoretti Division, Nairobi'***

**MA PROJECT**

**BY**

**KEITH KISWILI JULIUS**

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**A research report submitted to the Department of Sociology and Social Work  
in partial fulfillment of the requirements for the award of a Masters of Arts in  
Medical Sociology degree.**

## THE DECLARATION

I, **Keith Kiswili Julius**, hereby declare that this research report is my original work and has not been presented for a degree award to any college or university.

Name KEITH KISWILI JULIUS

Signature *K Kiswili*

Date 2/11/2009

This M.A project has been submitted for examination with my approval as the university supervisor.

Name DR Pius M. Mutie

Signature *P Mutie*

Date 2/11/2009

## **DEDICATION:**

**This study is dedicated to my son Abel Kyuvi, who in his infantile innocence, could not figure out why dad never used to wear uniform to school.**

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## ABSTRACT

This was a qualitative study which sought to find out how teachers' attitudes impact on sexual and HIV/AIDS education in Kenyan primary schools with special reference to Dagoretti Division of Nairobi. The key methods of data collection employed were desktop research, oral and in-depth interviews, Focus Group Discussions and observations. As it is the case with the qualitative research paradigm, this study did not have a predetermined sample size as the major consideration in such studies is the quality of the information collected and not the number of people interviewed. Purposive sampling was employed to choose the study site after which institutions for the study were picked through convenience sampling. Once the institutions had been selected, purposive sampling was again used to draw individual respondents for the study. Data was analyzed through the use of a wide range of qualitative data analysis techniques like thematic analysis, narrative analysis, discourse analysis, constant comparative analysis and lastly through the use of contemporary computer programs like SPSS.

One of the key findings of this study was that teachers' attitudes play a significant role in regard to sexual and HIV/AIDS education in schools. It was established that such attitudes determined how individual teachers viewed the subject. This in turn determined their willingness and commitment to teach the subject. The study found out that majority of teachers have a positive attitude towards sexuality and HIV/AIDS issues and this tremendously enhanced their capacity to teach the subject without any hold backs. Such teachers it was found out were more liberal, pragmatic, innovative, less judgmental and accommodative to learners concerns and views when teaching the subject. They also felt it was their personal responsibility and not a professional obligation to pass on this information to the pupils and the larger community.

The study also found out that there were also some few teachers who had a negative attitude on the subject. This tended to hamper their intentions and capacity to teach the subject. Such teachers it was found taught the subject to fulfill a professional duty. In the most severe cases, there were those who would never teach the subject at all instead asking their colleagues to stand in for them when such lessons cropped up. Teachers with a negative attitude towards the subject were very judgmental, less innovative and swallow in what they chose to teach.

Gender too was found to play a role in sexual and HIV/AIDS education. Some male and female teachers reported that they found extremely hard to teach pupils of the opposite sex this subject though the number of teachers saying so was not big.

The importance of sexual and HIV/AIDS education cannot be underestimated. This education aims at helping school-going children to build a foundation as they mature into sexually healthy adults, assist young people to develop a positive view of sexuality, equip them with information and skills on how to take care of the sexual health, helping them make sound decisions now and in the future on matters related to their sexual health. In spite of the critical role this education plays in the lives of young people, teaching it always presents some challenges due to lack of a curriculum, lack of teaching materials and aids, pupils' apathy towards the subject, lack of training on the part of teachers, negative exposure by the mass media and pupils' age. This calls for all stakeholders to adopt a unilateral stand in order to overcome these challenges. This will involve the training and re-training of teachers on the subject, availing of teaching materials, scaling up of civic education on the subject and lastly to depoliticize the issue of sexual and HIV/AIDS.

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## Acronyms

<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>CRE</b>	Christian Religious Education
<b>HIV</b>	Human Immunodeficiency Virus
<b>FGD</b>	Focus Group Discussion
<b>FLE</b>	Family Life Education
<b>ICPD</b>	International Conference on Population and Development
<b>KAIS</b>	Kenya Aids Indicator Survey
<b>KANU</b>	Kenya African National Union
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KFPA</b>	Kenya Family Planning Association
<b>KIE</b>	Kenya Institute of Education
<b>KNUT</b>	Kenya National Union of Teachers
<b>NACC</b>	National Aids Control Council
<b>NCCK</b>	National Council of Churches of Kenya
<b>SIECUS</b>	Sex Information and Education Council of the United States
<b>SPSS</b>	Statistical Program for Social Scientists
<b>SSA</b>	Sub Saharan Africa
<b>STIs</b>	Sexually Transmitted Illnesses
<b>UNAIDS</b>	Joint United Nations Programme on HIV/Aids
<b>WHO</b>	World Health Organization
<b>WPP</b>	World Population Prospects
<b>WYR</b>	World Youth Reference
<b>YMCA</b>	Young Men Christian Association

## **CHAPTER ONE:**

### **1.0 INTRODUCTION**

#### **1.1 Background**

Adolescence is a period of transition from childhood to adulthood. During these years, following puberty, young people gradually mature to become adults, but do not assume the privileges, roles and responsibilities associated with adulthood. Nonetheless, it is this age when most people begin to explore their sexuality and have sexual relationships. In spite of the far reaching social and developmental consequences of sexual and reproductive decisions, sexuality and sex education has for a long time, maybe since the adoption of formal education in Africa, been a taboo subject that no one wants to be associated with. Due to this, many sexually active adolescents lack the knowledge needed to avoid STIs including HIV and unintended pregnancies. Coupled with this is the fact that young people tend to consider themselves invulnerable to risk, even in countries where HIV is widespread, and the unplanned and sometimes secretive nature of their sexual encounters make protecting themselves difficult.

Yet, sexual activity during adolescence puts young people at risk of sexual and reproductive problems (WYR, 2005). These include early pregnancy, unsafe abortion, sexually transmitted infections (STIs) including HIV, and sexual coercion and violence. In developing countries as a whole (excluding China), one woman in five gives birth before the age of 18; this rate rises to one in two in some countries (WYR, 2006).

Pregnancy related problems constitute a leading cause of death for adolescents aged 15-19 year, with complications from unsafe abortion and childbirth representing the major contributing factors. In sub-Saharan Africa, for instance, young women under the age of 25

years account for nearly 60% of all unsafe abortions (WHO, 2000). Yet; an unintended pregnancy can irrevocably disrupt a young girl's life, precluding further schooling and training. Contracting HIV in an unprotected sexual encounter can bring a young person's prospects for a healthy and productive future to an end.

In 2005, there were 1.21 billion adolescents (people aged 10-19 years) in the world; the largest ever number in the history of mankind. Population in this age group is estimated to continue to increase until the year 2040, to finally reach 1.23 billion (WPP, 2004).

One third (more than 100 million) cases of curable STIs worldwide are contracted by men and women younger than 25 years, and 10 million of them are currently living with HIV/AIDS. Nearly half of the 4.9 million new HIV infections each year occur among those aged 15-24 years, with a larger incidence in young women than in young men. Of the 14,000 new HIV infections acquired per day in 2003, almost 6,000 occurred among young people aged 15 to 24, the majority of them women (UNAIDS, 2003).

Early sexual debut and premarital sex are increasingly common features of adolescence in Kenya (Nzioka, 2002). Primary school boys and girls are already engaged in sex and they are likely to continue to engage in premarital sex with or without sex education (Ndirangu, 2000). According to the latest DHS, eight out of every ten young people have had sex before the age of twenty (KDHS, 2003). In spite of all this, young people in Kenya rarely have access to detailed and accurate information about sexuality and reproduction. As a result, they often are ill-prepared for sexual relations or unable to protect themselves from unintended pregnancy and sexually transmitted infections (STIs). Young people in Kenya especially women still remain a vulnerable group. Information released by the National Aids Control Council indicates that girls

in the age bracket of 15-24 are at a high risk of HIV infection than the adult females. For every one young man in this age bracket infected with HIV, there are a corresponding four young women who are infected (NACC, 2008). The picture is getting grimmer with current figures released by the Kenya Aids Indicator Study showing that prevalence rates have actually shot up from 5.9% in 2006 to 7.8% in 2007 (KAIS, 2007).

The devastating effect that AIDS is having on schools should be one of the biggest concerns to those involved in fighting the epidemic, not least because schools provide one of the most cost-effective and efficient ways of reaching young people. While the education sector is seriously threatened by AIDS, it is also an invaluable tool in the fight to establish an environment where people living with HIV are well-supported and new infections are prevented. Schools can help in ensuring that future generations have a healthy, respectful, responsible and pleasurable approach to sexuality. Such an enormous task for the teacher would mean that he/she has adequate self-knowledge, is engaged in continuous human development and is comfortable with his/her sexuality.

Young people are more likely to be affected by HIV and AIDS than any other age group, but they are also more likely to change their behavior as a result of education than any other group. At a time when, globally, more children are in school than ever before, it is therefore vitally important that countries invest in schools as a means of informing young people about how they can avoid HIV and AIDS before it is too late. Studies have shown that the HIV prevalence of an area is likely to decrease as education increases, that primary education can half the risk of infection amongst young people (Boler T. and Jellema A.,2005) and that reduced vulnerability to HIV is observed in people with secondary or higher education (Kelly M.J., 2000). Schooling

increases earning power, self-confidence and social status, allowing young people to take greater control over their sexual choices.

It is for this reason that the international community has affirmed young peoples' right to the information they need to make healthy decisions about their lives. Since the International Conference on Population and Development in 1994 and again in 2004, the international community has consistently reaffirmed the right of young people to age-appropriate sexual and reproductive health information and services that safeguard their rights to privacy, confidentiality, respect and informed consent.

The 2001 United Nations General Assembly Special Session on AIDS sought to ensure that by 2005; at least 90 percent of the world's youth have access to information and education necessary to reduce their vulnerability to AIDS. Teachers are a crucial link in providing valuable information about reproductive health and HIV/AIDS to youth. But to do so effectively, they need to understand the subject, acquire good teaching techniques, and understand what is developmentally and culturally appropriate. Teacher attitudes and experiences affect their comfort with, and capacity to teach about, reproductive health and HIV/AIDS (Traore et al. 2004).

The Kenyan government also ratified the convention on the rights of children in 1990. The government by that act bound itself to an international obligation to uphold the provisions of the treaty even if they are not incorporated into domestic legislation. Yet, the reproductive rights of young people which are enshrined in this convention and ratified by Kenya largely remain largely unfulfilled, poorly respected and unprotected. It is against this background that in February 2007, the United Nations Committee on the Rights of the Child-the body that

monitors Kenya's compliance with the Children's Rights Convention issued a report which pointed out that young people in Kenya often have problem getting access to information about safe sex which leads to high rates of sexually transmissible infections including HIV, unplanned pregnancy, unsafe abortion and maternal deaths. The Children's Rights Committee expressed its concern over the country's high number of teenage pregnancy and lack of accessible sexual and reproductive education.

Good sexual and reproductive health is crucial to national development. Indeed, addressing the sexual and reproductive health needs and problems of adolescents is a crucial element of the WHO Global Reproductive Health Strategy (WHO, 2004). This is out of the realization that, the challenges of preparing the next generation for adult roles are remarkably similar across both developed and developing country settings. Countries that fail to provide boys and girls with the means to remain healthy and in school will not benefit as fully from other investments they make in young people. In addition to the impact on individual health and welfare, the decisions these young people make about the timing and number of their children will have long-lasting consequences for population growth.

Proponents of school based sexuality education maintain that sexuality programs teach: knowledge and skills of critical issues related to sexuality, e.g., intimacy, human relationships, sexual identity and gender roles, reproductive anatomy and body image, puberty and the reproductive anatomy, emotional aspects of maturation, the value of abstinence among teens who are not sexually active, alternative methods of contraception and HIV/STD prevention and the health consequences of avoiding contraceptives and prevention methods among sexually active youth. It is evident that these programs teach so much more than sex. And as human beings, our sexuality is part of our identity. However, the plan of sexuality education includes

many aspects of life and not only sexual intercourse. Sexual and reproductive health education for youth should not only address the medical aspects of reproductive health, but also values and relationships.

The goal of sexuality education is to help young people develop the knowledge, autonomy and skills—such as communication, decision-making and negotiation—to make the transition to adulthood in good sexual health. Sexuality education includes information about anatomy and physiology, puberty, pregnancy and STIs, including HIV/AIDS. But it also addresses the relationships and emotions involved in sexual experience. It approaches sexuality as a natural, integral and positive part of life, and covers all aspects of becoming and being a sexual, gendered person. It promotes gender equality, self-esteem and respect for the rights of others. Sexuality education should be part of a comprehensive national adolescent policy that also includes primary and secondary education, vocational training and income-generating opportunities for young people

The curricula of sexuality education encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. It is a curriculum that teaches knowledge, behaviors, attitudes and skills that promote committed family relationships, healthful relationships, good character, healthful sexuality and reproductive health. Sexuality education seeks to assist children in understanding a positive view of sexuality, provide them with the skills about taking care of their sexual health and help them to acquire skills to make decisions now and in the future.

Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive domain (information), affective domain (feelings,



values, and attitudes), and the behavioral domain (communication and decision-making skills). Such education enables the young person to know him/herself and hence relate comfortably with others. Sex education is geared towards helping young people exercise responsibility regarding sexual relationship, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception. The primary goal of sexuality education is to help school-going children build foundation as they mature into sexually healthy adults. Sexuality education would thus seek to assist young people in developing a positive view of sexuality, provide them with information and skills about taking care of their sexual health, helping them to make sound decisions now and in the future. Therefore, while information and education should be adjusted to the developmental level of the learner, sexuality education must reach children before sexual initiation.

The education sector is by its very nature a unique tool for spreading sexual and HIV/AIDS information and awareness. It often receives the lion's share of public revenues, and is usually a major employer of public staff in a country. It therefore has the potential of reaching a very large audience. The education sector represents an already existing infrastructure, and the use of it as a channel of for promoting sound sexual and HIV/AIDS education would therefore be very cost effective compared to other innovations.

Across the world, schools play a major role in shaping the attitudes, opinions and (perhaps most importantly) the behavior of young people. Today's generation of school children have been born into a world where AIDS is a harsh, unavoidable reality - a situation that their time at school can help them to prepare for. As well as providing an environment in which people can be educated about AIDS, schools often act as a centre-point for community discussion and activity; as such, they can be a vital tool in monitoring the epidemic and co-coordinating a

response to it. With a capacity to reach large numbers of young people with information that can save their lives, basic school education can have such a powerful preventive effect that it has been described as a 'social vaccine' (Boler and Jellena , 2005)

While it is widely acknowledged that there is no single model of school-based sex education that is appropriate to every country and that different situations call for different responses; (for example, a typical developed country program that emphasizes the importance of individual responsibility may be thoroughly inappropriate in a developing country where social interdependence is key to survival and personal choice is limited by poverty), what is universally clear, though, is that schools are in a position to change young people's attitudes and behavior, and that where this potential is harnessed successfully the impact of the Sexually Transmissible Infections including HIV/AIDS epidemic and other reproductive health problems would be lessened.

## **1.2 Problem statement**

While the need for sexual and reproductive health information in sub-Saharan Africa targeting young people remains great, there has been ambivalence at the national and community levels regarding the appropriateness of such information. Part of the reason for this ambivalence has been the suspicion that sex education promotes early sexual activity. Studies done over time have however, shown that this is not necessarily true. In fact, the opposite is true: sex education delays onset of sexual activity, and increases safer sexual practices by those already active (WHO, 1993). Other studies done in different parts of the world have vindicated this position. For instance A 1997 UNAIDS report which examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States and various Nordic countries also upheld this position. The review found 22 studies that

reported that HIV and/or sexual health education either, delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. The review also found that education about sexual health and/ or HIV does not encourage increased sexual activity (UNAIDS, 2007, Grunseit, et al., 1997)).

Despite the good intentions of the governments and ministries of education in SSA in integrating sexual and HIV/AIDS education in school curriculums, questions have been raised about the suitability of and preparedness of teachers to deliver information on the subject and to impart knowledge to learners. This is a genuine concern given the tardiness in capacitating teachers, that in some cases teachers are culprits in sexual molestation of learners and in some instances teachers' perceptions, beliefs and attitudes on sexual and HIV/AIDS are conservative, mythical and counter-productive. Teachers' perception on sexual and HIV/AIDS has consistently come up as a crucial variable dictating their willingness and capacity to approach the subject. for example a study done in Nepal to find out the practices and preferences of the young people on sex education particularly HIV/AIDS in schools and to identify parents' and teachers' perceptions and preferences on HIV/AIDS education including sex education revealed that the teaching practices on the issues connected to sexual health including HIV/AIDS were poor as there lacked two way communication between teachers and students about the sex and sexual issues. It was found that the teachers do not have adequate knowledge, skills and confidence for teaching sexual issues like sex, masturbation and reproductive organs. Teachers were found to be shy and sometimes embarrassed. The teachers also admitted that they did not know appropriate techniques to impart knowledge and skills in regards to sexual health.

### **1.3 Research questions**

This study was guided by the following set of research questions.

- a) What are the perceptions of Kenyan primary teachers on institutionalized sexual and HIV/AIDS education?
- b) What are the perceptions of Kenyan primary teachers on teenage sexuality?
- c) Do these perceptions play a role on the teaching of sexual and HIV/AIDS education?
- d) Does gender play an important role when it comes to teaching of sex education?

### **1.4 Objectives of the study**

The broad objective of this research project was to establish the attitude of Kenyan primary teachers towards the teaching of sexual and HIV/AIDS education.

#### **1.4.1 Specific objectives**

- a) To establish the perceptions of Kenyan primary school teachers towards institutionalized sexual and HIV/AIDS education
- b) To establish the perceptions of Kenyan primary school teachers towards teenage sexuality
- c) To establish how such perceptions influence the teaching of sexual and HIV/AIDS education in Kenyan primary schools
- d) To establish the impact of gender in the teaching of sex and HIV/AIDS education in Kenyan primary schools

be undertaken must be fronted by the researcher. To that end, this study was justified on the following grounds;

- a) There is a rapid shift of teenage socialization away from the familial institution due to the effects of urbanization. This means that today's children spend most of their time in school with teachers being the focal agents of socialization.
- b) One key feature of adolescence in Kenya is early sexual debut and an exceedingly uncontrollable premarital sex thereby exposing teenagers to high risk of contracting sexually transmitted illnesses and unwanted pregnancies.
- c) Schools in Kenya offer the best avenue for teaching sexual and HIV/AIDS education given the fact that the sector gets a significant portion of public funds as well as employing a great chunk of public servants.
- d). There are very few studies which have been done on the teaching of sexual and HIV/AIDS education targeting teachers. Most of the studies which have been done have mostly targeted students. This subject therefore offers opportunities for further research

### **1.6 Scope and limitation of the study**

The scope of this study was to establish the impact of primary teachers' attitudes on the teaching of sexual and HIV/AIDS in Kenyan primary schools with special reference to Dagoretti division. The study sought to document teachers' experiences, opinions and perceptions on sexuality issues and to find out if they influenced the way they taught sexual and HIV/AIDS in class. It limited itself to teachers in the upper primary but more precisely from classes 6 to 8, the basic assumption being that it is from these classes that sexuality and HIV/AIDS lessons

took a more definite perspective. The greatest limitation to the study though remained lack of adequate financial resources.

## **1.7 Definition of key concepts**

### **Sexual education**

According to the Wikipedia,(the free web encyclopedia), 'sex education' is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, contraception, and other aspects of human sexual behavior. Common avenues for sex education are parents or caregivers, school programs, and public health campaigns.

Sexuality education as defined by SIECUS (Sex Information and Education Council of the U.S) is, 'a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about identity, relationships, and intimacy' (SIEC, 1996)

### **Perception**

Perception is the process of attaining awareness or understanding of sensory information. It is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world. Sensation usually refers to the immediate, relatively unprocessed result of stimulation of sensory receptors in the eyes, ears, nose, tongue, or skin. Perception, on the other hand, better describes one's ultimate experience of the world and typically involves further processing of sensory input.

## Sexuality

Biologically it refers to the reproductive mechanism, as well as the basic biological drive that exists in all species and can encompass sexual intercourse and sexual contact in all its forms.

Socially, sexuality refers to one's identification or gender identity.

## **CHAPTER TWO:**

### **2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 An historical overview of sexual and HIV/AIDS education in Kenya**

Sexuality education has been one of the most controversial and politicized aspects of the school curriculum globally (Trudell, 1993). Early research in Kenya indicates that its provision has been ad hoc, patchy and piecemeal (Irungu, 1985), making the discourse on sex void of vocabulary, vague or silent. Softer terms such as family life education or moral education have been preferred. The most vocal opposition to sexuality education in Kenya over the years has emanated from religious groups especially the Catholic Church. A study by Kavivya (2003) on the policy of the Catholic Church on family planning (FP) and its influence on fertility behavior in Kangundo Division, Machakos District revealed that Christians in Kenya are seemingly divided on the issue of sex education. The study indicated that 80.90 % Protestants and 46.7% Catholics supported the introduction of sex education in schools.

Earlier attempts towards the institutionalization of sex education in Kenyan schools was spearheaded by organizations such as the NCKK, KFPA, YMCA and Maendeleo ya Wanawake. These organizations developed some units of Family Life Education (FLE) which were integrated into various school curricula. They also provided various training programs for sex education teachers. In the late 1980s, the government tried to use television for sex education developing a popular soap opera series in Swahili. After several episodes, President Moi ordered the program stopped, endorsing instead traditional sex education by tribal elders.

During the same period, the Boy Scout movement, with the help of pathfinder funds, published a book on family life education for their members. This book discussed topical issues on sex education, human anatomy, and abortion. Subsequently, the government used this book as the



basis for a sex education syllabus to be taught in the schools. Following much resistance and criticism from the religious groups and parents, the President ordered the book's withdrawal from all bookshops and stores in 1985.

In 1997, President Daniel arap Moi and the ruling party of Kenya, KANU (Kenyan African National Union), bowed to election year pressure from anti-abortion groups and Catholic bishops, including Bishop Alfred Rotich who led a anti-sex education demonstration in Nairobi, and shelved a sessional paper on family life education that was to be discussed by parliament in the month of October of the same year. Had the paper been adopted, sex education could have been introduced in the schools and integrated with primary health care. The document would have been the basis for making students aware of the dangers of adolescent pregnancy, abortion, drug abuse, HIV/AIDS, and sexually transmitted diseases (STDs). The Catholic Church led by Bishop John Njue, who was the chairman of the Kenya Episcopal Conference, stated it would fight the introduction of sex education in schools.

Sexual and reproductive health education especially in the area of sexual and HIV/AIDS in Kenya still faces numerous problems. A recent survey carried out by the Kenya National Union of Teachers (KNUT) showed that Kenyan teachers are not generally well prepared for lessons and that many are not well informed about the subject. Only 45% of the teachers surveyed understood that HIV had no cure, whereas 24.4% and 12.4% respectively thought that herbs and traditional medicines as well as witchdoctors could cure infection (Daily Nation, June 5<sup>th</sup>, 2006)

The problem is compounded by the fact that, sex education in Kenya is based around a 'life skills' approach' – that is, an approach that focuses on relationship issues and the social side of

sexual activity, as well as simply the scientific facts about infection. But since Kenyan teachers are more used to teaching subjects in a factual, academic fashion, many find it difficult to address the topic in a way that is relevant to the social realities of student's lives. With school education in Kenya very much focused on examinations, teachers are used to inundating students with facts and figures, whereas sexual and HIV/AIDS education requires that they engage pupils in active learning sessions (DN, 2005).

Lack of specific guidelines on how to handle sexuality education fuels the teacher's lack of confidence. In Kenya, most of the communication from the Ministry of Education is through ad hoc circulars to the schools' principals. These circulars are from 'above' and bear little or no input from the teachers themselves. In fact, sexuality education is not a subject in Kenya's national curriculum and there is no specific guidance on how primary school teachers or the school community should teach it. The syllabus published by the Kenya Institute of Education (KIE, 2002) has infused sexuality- related information especially in the Science subject where the meaning and causes of HIV/AIDS, modes of HIV transmission, reproductive organs, drug abuse and types of drugs, reproduction in humans (fertilization, development of fetus, process of birth and STIs are integrated.

## **2.2 The teacher as an avenue for sexual education**

Yet, one of the resources that is increasingly being mobilized in the fight against HIV/AIDS is teachers. The assumption is that teachers are an important part of social networks and are ideally situated to reach children as well as young people. Teachers can play an important role in providing key information, in teaching essential skills and in contributing to attitude change that will allow these children to protect themselves. It is particularly the children between 5 and 14 that are considered the "window of hope" (World Bank, 2002) in fighting the disease

because they have escaped infection at birth, are assumed not yet to be sexually active, and are still in the process of developing attitudes and behavioral patterns and are therefore more easily influenced than adults (UNAIDS, 1997). Further, teachers are found where other services (such as health facilities) are not available (Kelly, 2002).

However, in spite of the important role that has been accorded to teachers, the bulk of the research on HIV/AIDS and education has focused on students and young people rather than on teachers themselves. Only very few studies have examined the current and potential role of teachers in the context of sexuality and HIV/AIDS education (Lin & Wilson, 1998; Action Aid, 2003).

### **2.3 Studies on teachers' perceptions and attitudes and their impact on sexual and HIV/AIDS education**

Research on HIV/AIDS education in schools has focused predominantly on perceptions, knowledge, attitudes, and intended or actual behavior of children rather than that of teachers (Horizons, 2001; Venier, Ross & Akande, 1997; Nwokocha & Nwakoby, 2002; Brook, 1999; Sikand, Fisher & Friedman, 1996; Davis, Noel, Chan & Wing, 1998; Mkumba & Edwards, 1992). Only very few studies have examined key issues such as teachers' knowledge, attitudes, perceptions and behavior with regard to HIV/AIDS education (Action Aid, 2003). As a result most of what is known about what happens in school in terms of communication about sexuality and HIV/AIDS is based on anecdotal evidence (Kelly, 2000).

The limited studies that have been conducted, however, indicate that the record on teachers' input and commitment to HIV/AIDS prevention is mixed. In the studies reviewed, there are indications that teacher capacity and willingness to talk about sexuality and HIV/AIDS are

overloaded (Kelly 2002), that there is a general lack of adequate guidance and teacher support (Malambo, 2000; Kelly, 2003; Action Aid, 2003), that the culture of silence around the disease makes it difficult to address this topic (Macintyre, Brown & Sloser, 2001), that teachers in some cases have fears about reactions of communities if they talk about HIV/AIDS and in particular about sex (Visser, 2002), and that attitudes towards the disease and in particular towards talking about sensitive issues such as sexuality may impact on teachers intentions to discuss the topic and on the content that they address (Lin & Wilson, 1998; Chiwela & Mwape, 1999; Molambo, 2000).

However, teachers' perceptions and attitudes regarding sexuality have emerged quite consistently as a key variable in teaching sexual and HIV/AIDS education in schools. In a study conducted in Nepal to investigate the practices and preferences of young people on sex education particularly HIV/AIDS in schools and to identify parents and teachers perceptions and preferences on the subject, revealed that teaching practices on issues connected to sexual health including HIV/AIDS were poor. The study found out that there was no two way communication between teachers and students about sex and sexual issues. It also found out that teachers did not have adequate knowledge, skills and confidence for teaching sexual issues like sex, masturbation and reproductive organs. It therefore found out such teachers to be shy and sometimes embarrassed. The teachers also admitted that they did not know appropriate techniques to impart knowledge and skills in regards to sexual health. Boys take part more than girls during the teaching sessions. Parents were found to be unaware of the education provided on sexual health issues at schools. The students and teachers stressed the need for sex education in school, which would help prevent STIs/HIV/AIDS and unwanted pregnancies.

Majority of the students, teachers and parents expressed the view that school-based sexual and HIV/AIDS education s should be started at the age of 12-13 years (Karki, K.B, 2004)

In yet another study done in the USA, 47 Texan school teachers giving a 12-week sexuality education course for 6th grade students were interviewed before and after in service training and after the 1st year of course implementation. The study sought to ascertain teacher characteristics and knowledge of various aspects of human sexuality (including pregnancy, contraception, sexually related behaviors, interactional skills, physiology and anatomy, sexually transmitted diseases, methods to enhance self-esteem, and emotional and social aspects of various sexual activities). Also measured were teachers' perceptions of the importance of students learning about each content domain, teachers' responsibility toward helping students learn about each topic and their comfort teaching each topic. 5 additional scales were developed to identify teachers' perceptions and concerns about implementation of the course after they had taught it for a year. Teachers were separated into 2 groups based on their desire, or lack there of, to teach the course again. Although 89% of the teachers reported that teaching the course was a positive experience, 27.7% indicated they did not wish to continue teaching it. 2 of every 5 teachers experienced some change in their intent and preferences before and after implementation. Those not wishing to teach the course again expressed less responsibility for student outcomes, noted less comfort teaching the course content, and indicated less comfort presenting factual information and using affective teacher strategies. However, every teacher interviewed indicated that the students needed the course. Many objections to teaching the course centered around a preference for teaching physical education, resentment about losing 12 weeks of physical education, and support problems within (Levenson & Hamilton, 1980).

A study of science teacher's intentions to teach about HIV/AIDS in the United States (Lin & Wilson, 1998) found that teachers' attitudes toward teaching about HIV/AIDS was the most significant of various factors examined in predicting intentions to approach this subject with their students (other important predictors were teachers' knowledge of HIV/AIDS, more positive attitudes towards teaching about HIV/AIDS, less negative social influence from principals and other managers, and availability of resources).

Two separate qualitative studies by Chiwela and Mwape (1999) and Molambo (2000) of Zambian teachers and HIV/AIDS also clearly reveal that beliefs and attitudes play a key role. Their research showed that some teachers believe that young people who are exposed to sexual information will be more likely to engage in sexually permissive behavior later on in life and that these teachers thus argued against providing this information. A study in Massachusetts, United States, found a direct relationship between teachers' knowledge of HIV/AIDS and positive or supportive attitudes toward HIV, and also found that female teachers hold more positive attitudes toward teaching about HIV/AIDS than male teachers (Dawson et al., 2001).

In a study done in India seeking to find teachers' perceptions regarding sex education in the National territory of Delhi, a majority of them (73%) were in favor of imparting sex education to children. On the content of the subject, 90% agreed to the inclusion of reproductive anatomy, physiology including menstruation and birth control measures like condoms and oral pills. However, a majority did not want topics such as abortion, masturbation and pre-marital sex included (Sanjiv & Aggarwal, 1999).

A more recent study by Action Aid (2003) sheds further light on the difficulties of communicating about HIV/AIDS in schools in Kenya and India. This study established that many teachers engage in selective teaching of HIV/AIDS topics, leaving out sensitive and sexually explicit material and presenting the content in an overly-scientific manner. Selective teaching appeared to be a particular problem in rural areas with teachers were "teaching some lessons on HIV, but exercising their own judgment in which messages should be taught or not". The study concludes that this selective/abstract teaching is contributing to the perception that HIV/AIDS is linked to immorality and perpetuating the belief that HIV/AIDS is about "them, not us" (Action Aid, 2003).

The nature of the findings with regard to teachers that were reviewed in the Action Aid study suggested that attitude functions may constitute a relevant route to understanding teachers' attitude toward HIV/AIDS and toward communicating about this topic. In the study, teachers' arguments for how they dealt with the disease could be interpreted as reflecting a variety of attitude functions. In this study teachers in both India and Kenya used arguments of morality and religion which reflect value-expressive functions, i.e. functions that allow people to express their underlying beliefs and values (Katz, 1960). Teachers' arguments were also related to perceptions about that which is permissible within the context of the community and these could be argued to be indicative of a socio-adjustive attitude, where the individual defines his/her identity on the basis of identification or pressure from reference groups. Similarly arguments related to utilitarian functions could be found in these teachers' accounts, in particular in their references to condoms as a means of prevention.

## **2.4 Challenges faced in the teaching of sexual and HIV/AIDS education; a global overview**

Yet, educational reforms often call on teachers to teach more than they know or understand, demanding from them knowledge and experience that many teachers have never had (Flodden, 1997). Given time, they may master the new content but they face the acute predicament of trying to teach concepts that they do not understand. Thus, with sensitive issues like sexuality education, teachers are still confused on what the specific or official guidelines are, and on how to handle them. Questions arise on what they are (or are not) allowed to do (McLaughlin, 1991). This situation does not consider or appreciate what happens when teachers experience a tension between their educational values and hopes and the philosophy embedded in these guidelines 'from above'. Sometimes, a teacher's values are out of synch with the curriculum or new rules. The teachers may also not be in a position to articulate their discomfort (Atkins, 1997).

Thus, there is a potential discrepancy between what teachers say they want to do or who they are and what actually takes place in the workplace (Hansen, 1997). Even in sexuality education, some teachers use didactic teaching methods that focus on drills, memorization and rote learning rather than interactive teaching. Hence, their view of the world remains paramount (Alexander, 2006) and teaching is akin to 'filling empty vessels' and learning is by passive absorption (Boostroom, 1997). There is an emphasis on biological facts that ignores social relationships, emotions and gender issues (Blake, 2002; Campbell and MacPhail, 2002). Vygotsky (1978) argues that this attempt to separate the cognitive and socio-cultural aspects of learning makes a false divide because personal and social aspects of learning are inseparable from cognitive experience (McLaughlin and Byers, 2001).



In education about sexuality, teachers are continually faced with difficult choices in which competing values lie in tension with one another, and societal expectations press down on them, making their work more challenging (Noddings, 1997). Burbules and Hansen (1997) note that the interests of students, parents, other groups and constituencies can rarely be served at the same time. Atkins, (1997), notes that an individual teacher has submerged epistemological and ethical commitments that can be coexistent, compatible and/ or in conflict with the philosophy of various programmes at any point in time. With this lack of uniformity in values and beliefs, a good number of teachers fear adverse reactions from the community (Darroch, Landry and Singh, 2000; Traoure et al., 2004) and there appears to be a high level of anxiety among teaching staff concerning parental criticism (Thomson and Scott, 1992).

Although a good sexuality education programme in school should have the confidence and support of the parents, this is not always the case. Most parents have left the burden of sexuality education to the teachers (Blake, 2002; Wight, Raab, Henderson, Abraham, Buston, Hart and Scott, 2002), but some are quick at making complaints if they do not agree with some of the issues taught. This exemplifies the tensions between parents/community and teachers. Flodden (1997) asks why other adults expect teachers to talk about sex, and yet they themselves (the adults) cannot; why do they assume it is easier for teachers? It is even reported that teachers have little confidence in delivering sexuality education, (Blake, 2002; Traoure et al., 2004).

Thomson and Scott (1992) reported that teachers feel that sexuality education has a low status in comparison with the national curriculum subjects, a perception that continues to this day. Compounded by time and resource pressures, sexuality education may not be considered as

important as reading or mathematics especially as it is not examinable. It is the same in Kenya, where emphasis is placed on scientific subjects with the notion that through these, the students will qualify for opportunities to study for high-profile professions. Ego and personal ambition for one's class to do well in the examinations may take priority and teachers are at times more concerned with gaining professional credibility.

In general there appears to be an implicit assumption on the part of policy makers and practitioners in education and other key sectors that provided teachers are given basic conditions, they will - regardless of their individual characteristics and of contextual issues - ensure that students know what they need to know in order to effectively protect themselves (Coombe, 2002). As a result far too little emphasis has been placed on teacher support even though there is evidence that training and support can contribute to better understanding and more positive attitudes toward that disease by teachers (Chifunyse, Benoy and Mukiibi, 2002).

## **2.5 Theoretical framework**

### **2.5.1 Functional attitude theory**

Functional attitude theory addresses the motivations that underlie attitudes that people hold (Katz, 1960). The main assumption of functional theory is that people hold attitudes for a reason, i.e. that they serve a specific psychological function. Functional theory seeks to distinguish between the different motivations that underlie the attitudes that individuals hold. Katz believes there is an adjustive function of motivation. He says people adjust attitudes to minimize harm and maximize happiness. This serves an ego-defensive function because it helps protect one's self respect. It also serves a value-expressive function because one struggles with being true to one's beliefs.

In the realm of communication, various studies (Petty, Wheeler, & Bizer; 2000) have found support for the fact that if a message has a strong link with the function an attitude serves for a particular segment of the audience, then the message will be more persuasive and, therefore, more likely to influence behavior or behavioral intent (Snyder & DeBono, 1985). Not only does functional matching appear to increase the persuasiveness of a message, it also affects perceptions of its validity, as attitude functions may determine for individuals which types of evidence they consider relevant when they are exposed to persuasive information (Thompson, Kruglanski, & Spiegel, 2000). The theoretical underpinnings for this process of linking attitude functions and cognitive/message processing have been based on the Elaboration Likelihood Model (ELM). Indeed, functional matching of a message with relevant attitude functions can enhance message processing through both the peripheral or central route - in the former case by serving as a cue and in the latter case by serving as a motivation for biased processing (Petty, Wheeler and Bizer, 2000).

One of the main appeals of understanding different attitude functions is thus that if communication messages and interventions are tailored to the specific attitude functions that people hold, then it becomes much easier to address and influence those attitudes. By the same token, gaining insight into the attitude functions that teachers hold toward addressing sexual and HIV/AIDS education could offer an intuitive and practical appeal since it would provide key information for the design of training courses, for putting in place communication messages and for providing support – all of which could be tailored to specific attitude functions.

The three main advantages of the attitude function theory which make it ideal for this study are; it looks at personality and not merely the exposure to other media; it doesn't oversimplify and say attitudes are caused by one thing and lastly it recognizes motivation for behaviors

### **2.5.2 Social judgment theory:**

This theoretical perspective is mostly closely associated with Muzafer Sherif and Carl Havland. The central idea of this theory is that when a person receives messages (verbal or nonverbal) they immediately judge where the message should be placed on a scale in their mind through comparing the message with currently held views. Social Judgment theory proposes the idea that persuasion is a two-step process. The first step involves individuals hearing or reading a message and immediately evaluating where the message falls within their own position. The second step involves individuals adjusting their particular attitude either toward or away from the message they heard.

Individuals have three zones in which they accept or reject specific messages or attitudes. The latitude of acceptance zone is where individuals place attitudes they consider acceptable. The latitude of rejection zone is where individuals place attitudes they consider unacceptable or objectionable. The latitude of noncommitment is where people place attitudes they find neither acceptable nor rejectable.

Ontologically, this theory is deterministic in that an individual's behavior can be predicted. Axiologically, Social Judgment theory is value-neutral in that the theoretical propositions are objective and not biased. This theory explains how individuals judge the messages they receive. It predicts that individuals accept, or reject specific attitudes and messages. Social

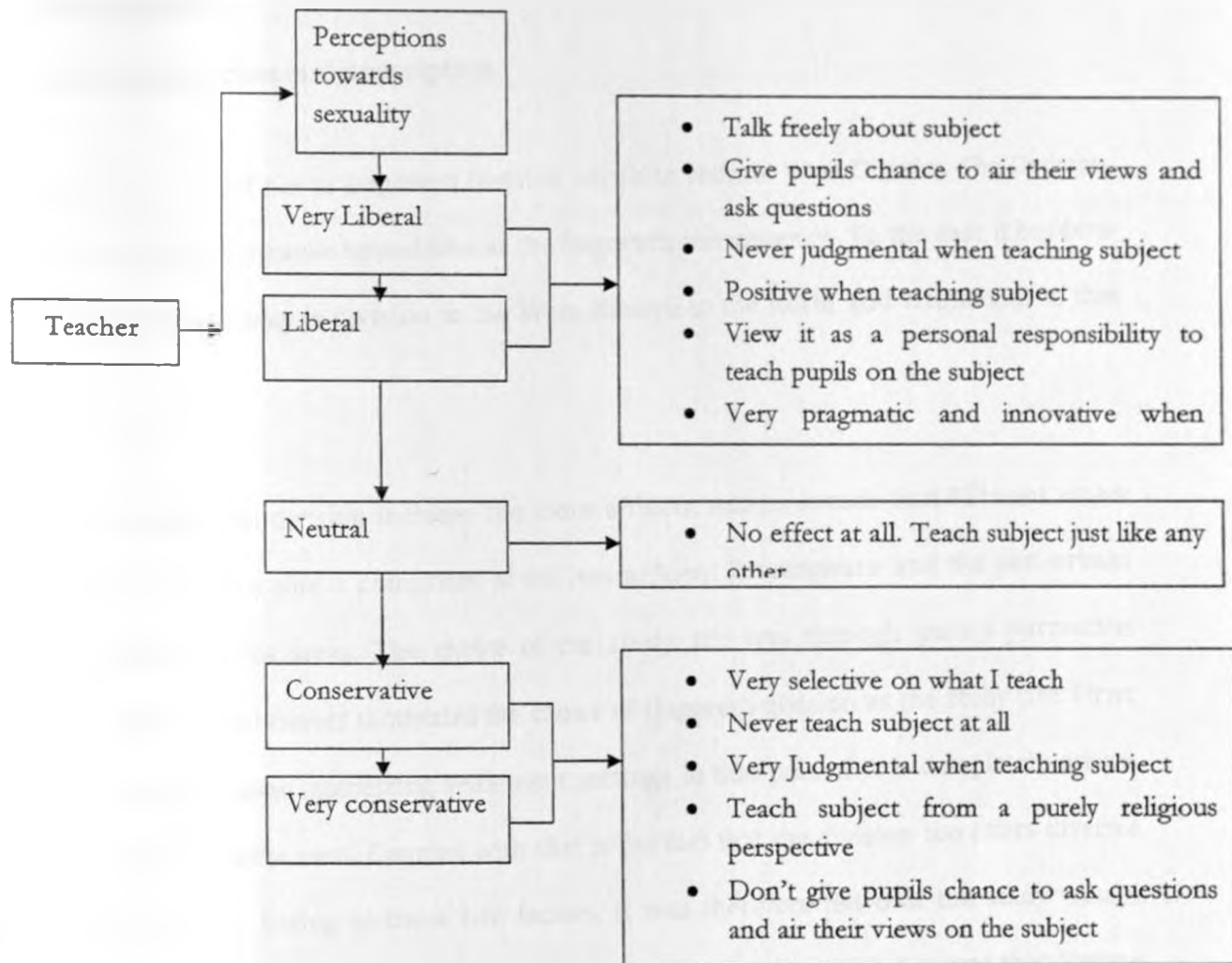
Judgment theory has relative simplicity in that it is a fairly simple study. It can be tested and proved false in that an individual can test the theory through reflecting on statements, which evoke various opinions. The theoretical propositions within the theory are consistent with one another.

## **2.6 Conceptual Framework:**

This part is a representation of the system of the concepts, assumptions, beliefs and theories that supports and informs the research. It is the visual or written product that “explains, either graphically or in narrative form, the main things to be studied; the key factors, concepts or variables and the presumed relationship among them. These includes the actual ideas and beliefs the researcher hold about the phenomena being studied. The most important thing to point out is that the conceptual framework is primarily a conception or a model of what is out there that the researcher plans to study.

In the preceding diagram, it is apparent that the teacher is the focal point on the teaching of sexual and HIV/AIDS education. He/she is the one who initiates the process and determines both the content and the means of dispensing it. Teachers' personal attitudes on the subject therefore go a long way in determining what they teach about the subject and how they do it.

**FIGURE 1: Conceptual framework**



The diagram above shows the different perceptions/views which teachers as human beings hold towards sexuality. It is quite unlikely that someone can hold two different attitudes on a particular subject at the same time.

## CHAPTER THREE:

### 3.0 METHODOLOGY

#### 3.1 Study site selection and description

This study was carried out in Dagoretti Division which in Nairobi West District. The Division takes the same administrative boundaries as the Dagoretti constituency. To the east, it borders Westlands Division; Langata division to the West, Kikuyu to the North and Kamukunji to the south.

On the lower side, the division includes the more affluent Adams Arcade and Kilimani areas while on the northern side it comprises of the less affluent Kawangware and the peri-urban Satellite and Waithaka areas. The choice of the study site was through purely purposive sampling. Two critical factors motivated the choice of Dagoretti division as the study site. First the division offers some interesting settlement settings in that part of it is completely urban while the second half is rural. Coupled with that is the fact that the division too offers diverse social class settings. Owing to these two factors, it was therefore felt that the study would benefit from a fairly balanced sample. The second motivation for its choice was that having lived in the area for close to 7 years; I had built some crucial social capital which would be critical in the data collection exercise. This was critical given that this was a self funded operating on very stringent financial resources and it was therefore prudent to keep logistics at the lowest possible minimum.

### **3.2 Study design**

This study was mainly qualitative. Qualitative research, broadly defined refers to "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss and Corbin 1990:17) Whereas quantitative research seeks to explore causal determination, prediction and a generalization of finding, qualitative researchers instead seek the illumination and understanding of those innate and unique individual or group experiences and the forces which shape them. This study therefore employed qualitative methods of data collection. This arose out of the fact that the variable being studied (attitudes) was largely unquantifiable.

#### **3.2.1 Sampling**

Qualitative studies by their very unique nature don't often operate on predetermined samples like quantitative studies. As such, use of sampling approaches like simple random or systematic common in most surveys is usually a waste of time. Rather, it pursues an opportunistic selection of "good" informants as good interviews are the most important thing. According to the Nairobi City Council department of Education statistics (2008), Dagoretti Division has 55 Primary schools. This comprises 22 public and 33 private schools. Out of the 55 schools, 10 were selected for the study, 5 public and 5 private schools respectively. Convenience sampling was employed for the choice of institutions to be included in the study. The use of convenience sampling for the choice of the institutions was justified on the grounds that it would allow for a proper mix of an urban-rural sample. It would also ensure a fair representation of both public and private schools.



Once the institutions had been sampled, purposive sampling was used to draw individual teachers to participate in the study. All together, a total of 100 teachers were drawn for the study. It should however, be noted here that this number excludes those teachers who took part in the several Focus Group Discussions. Since the study was limiting itself to teachers in upper primary, it is greatly felt that the use of purposive sampling would ensure a fair balance of the sample in terms of gender and teachers' discipline orientation (i.e., arts verses sciences). Lastly, owing to financial constraints, logistical costs needed to be maintained at the lowest level possible by sampling those institutions which were easily and cheaply accessible.

### **3.2.2 Methods and tools of data collection**

From the onset, the researcher pointed out that participation in this study would be voluntary and no incentive either monetary or otherwise would be given. He further informed the participants that the study endeavored to understand the impact on individual teacher's attitude towards sexual and HIV/AIDS education within the school setting and that their answers would be kept strictly confidential. Once that had been agreed upon actual data collection began. Overall the study employed the following data collection methods.

**Review of secondary data:** Usually referred to as desktop research, this entailed a review of documented information. Here the main sources of data were textbooks, journals, Newspapers, magazines, archival records, review papers and online publications. Essentially a great chunk of the information making up this study was through review of secondary data.

**Oral interviews:** The study had two forms of interviews; oral interviews with teachers and in-depth interviews with key personnel in the sector. All the 100 teachers sampled for the study were subjected to an open-ended attitude solicitation questionnaire. This method was made to elicit as much data as possible on teachers' individual attitudes on sexuality and HIV/AIDS education.

**In-depth interviews:** This entailed getting information from key staff in the sector. These were people whom by virtue of occupying certain office(s), it was deemed possessed some unique and in-depth knowledge on the subject being studied. Key informant interview guides were administered on key personnel (guidance and counseling teachers, heads of departments) in schools and curriculum development officers at the Kenya Institute of Education (K.I.E). All together, the study accomplished ten key informant interviews, six from schools and four from K.I.E. The key interview guide was semi-structured key with a set of questions. Even though the questions were standard to ensure that similar data was collected from all informants, the interviewee was free to explore and probe into the predetermined areas of inquiry.

**Focus Group Discussions (FGDs):** Perhaps the most exciting data collection method in qualitative research is the Focus Group Discussion (FGD). This stems from group dynamics and diversity. In an FGD, the researcher has the leeway to delve into those minute details of the social phenomena being studied which would ordinarily be impossible with a questionnaire. Six FGDs were conducted during the course of this study; four with teachers and two with pupils from some selected institutions. Whereas the teachers FGDs were much more intense and rigorous, the ones for the pupils were not as intense bearing in mind they were not the primary target of the study. However, it was felt that since they would be the ultimate

beneficiaries of whatever policy recommendations emanating out of the study, it was prudent to document their views on the subject. A discussion guide akin to the one used for the key informant interviews was employed for data collection.

**Observation:** Observation as a method of data collection has been used by social researchers over time. There are two forms of observation in data collection; participant observation whereby the researcher immerses him/herself within the study group. This kind of approach is mostly employed by ethnographers. The other approach is the non-participant observation where by the researcher does not directly involve him/herself with the study group. The former method has been criticized on the grounds that by virtue of members in the study group knowing that they are being observed, they are more likely to display those behaviors or attributes which the researcher is interested in. In spite of the said limitation and owing to time constraints, the researcher had no alternative than to use the former method. This entailed attending some lessons to observe how teachers approached the twin subject of sexual and HIV/AIDS in class. Very valuable pieces of data were collected through this method.

Table 1 gives a summary of the various sources of data, methods and tools of data collection employed during this study.

**Table 1: Summary of data sources, collection methods and tools**

<b>Data source</b>	<b>Method</b>	<b>Tools</b>
Secondary data sources-journals, text books, review papers, newspapers, online publications	Desktop research	Secondary data collection checklist
Teachers	Oral interviews	Semi-structured Questionnaire
Teachers	Focus group discussions	FGD guide
Key personnel in schools and the education ministry(heads of departments, guidance and counseling staff and curriculum developers)	In-depth Interviews	Key informant guide
Pupils(classes 6-8)	Focus group discussions	FGD guide
Teachers	Observation	Observation checklist

### **3.3 Data Handling and analysis**

Data analysis in qualitative studies is usually a painstaking process which involves organizing the data, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others (Bogdan and Biklen 1982:145). The major challenge lies in placing raw data in meaningful, logical categories, to examine it holistically and to come up with a workable formula of communicating the findings to others. This calls for a lot of creativity.

Qualitative studies are characterized by intensive note taking in the field during and after the interview sessions. The key informant interviews and FGDs undertaken for this study resulted in a large volume of notes.

The second stage was the analytic notes writing stage. This was done using the notes written in the field. This involved a systematic sketching of information on different areas arising from the interviews.

Once that was done, the next stage was coding. The aim of coding was to break data into small chunks so as to draw together all the extracts relating to one theme from each interview. In the initial stages of coding I was guided by two critical questions "what am I really interested in?" and "what is this interviewee talking about?"

Data was therefore coded into emerging themes. A coding system was developed which took into consideration various aspects of the data such as labeling, definitions and descriptions of key themes. It involved lumping together those words, phrases and statements which appeared to be similar. Once the data was coded and the emerging themes categorized, it was subjected to the following qualitative data analysis techniques.

**Thematic analysis:** This entailed isolating those key and emerging themes in the data. Themes are defined as units derived from patterns such as "conversation topics, vocabulary, recurring activities, meanings, feelings, or folk sayings and proverbs" (Taylor & Bogdan, 1989). Thematic analysis focuses on identifiable themes and patterns of living/ or behavior. Themes are identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger, 1985).

Themes that emerged from the informants' stories were pieced together to form a comprehensive picture of their collective experience. The coherence of ideas ultimately rested with the analyst who had rigorously studied how different ideas or components fitted together in a meaningful way when linked together.

The next step was to build a valid argument for choosing the themes. This was done by reading the related literature. Once the themes had been collected and the literature studied, the researcher was ready to formulate theme statements to develop a story line.

**Narrative analysis:** This involved a linguistic representation of teachers' experiences as recorded. This helped to bring into shape, order and meaning to those vague and subjective sensations that characterize cognitively unstructured life experiences. Putting experiences into words whether verbally, in writing or in thought transformed the actual experience into a communicable representation of it. Narrative analysis is a strategy that recognizes the extent to which the stories people tell provide insights about their lived experiences.

**Discourse analysis:** Data was also analyzed through the use of discourse analysis. As opposed to narrative analysis, discourse analysis takes cognizance of that fact that speech is not usually a representation of human experiences but as an explicit linguistic tool constructed and shaped by numerous social or ideological influences. Here, the main focus was to capitalize on critical inquiry into the language that was used by the teachers and the way it was used to uncover societal influences underlying their behaviors and thoughts.

**Constant comparative analysis:** This strategy entailed taking one piece of data (one interview, one statement, one theme) and comparing it with all others that may be similar or different in order to develop conceptualizations of the possible relations between various pieces of data.

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**Use of contemporary computer packages:** Data collected using the questionnaire was input using the SPSS statistical package. Attitude statements were ranked on a lickert scale and frequencies drawn. Descriptive statistics were then run and their outcomes used to complement emerging findings from FGDs, in-depth interviews and observation. All the frequency tables in chapter four (presentation of data findings and analysis) are derived from descriptive statistics done using SPSS.



## **CHAPTER FOUR:**

### **4.0 DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction:**

The stage of writing up in qualitative research is very much linked to that of analysis. The only difference is that the final product to be presented is much more refined than those prepared during the analysis. Qualitative researchers can never possibly write up everything they could analyze, therefore special care should be taken to intelligently select those findings which adequately address the concerns of your target audience.

This is the most crucial chapter of the entire study as it will present those findings which emanated from this study which sought out to find the Impact of teachers' perceptions on the teaching of Sexual and HIV/AIDS education in Dagoretti Division of Kenya. Were it possible, the findings would be presented sequentially, starting with those from the attitude solicitation questionnaire followed by those from key experts and finally those from the Focus Group Discussions. However each set of findings in qualitative research cannot be presented in isolation as they tend to complement each other.

#### **4.2 Demographic characteristics of respondents**

A total of 100 primary school teachers participated in the study. This number only refers to those teachers who responded to the attitude solicitation questionnaire but excludes participants for the FGDs and key informant interviews.

#### 4.2.1 Respondents' age

The age of respondents varied from a minimum of 20 years to a maximum of 50. Table 2 gives the frequency of respondents' ages as per different age brackets.

**Table 2: Summary of respondents' age**

Age group	Frequency	Percentage
20-24	35	35
25-29	26	26
30-34	12	12
35-39	13	13
40-44	8	8
45-50	6	6
<b>Total</b>	<b>100</b>	<b>100</b>

From the above table, it is apparent that majority of the teachers who responded to the questionnaire fell between 20 and 34 years. The rest, a smaller number for that matter were aged between 35 and 50 years.

#### 4.2.2 Respondents' Sex

Out of the 100 teachers who participated in the survey, 56 were males and 44 females representing 56% and 44% of the sample size respectively.

### 4.2.3 Respondents' Marital status

In regard to the marital status of the respondents, 52 were married, 38 single, 4 widowed, 1 divorced and 5 of the respondents refused to declare their marital status.

### 4.2.4 Respondents' Level of education

All the teachers who participated in the study had attained a minimum of a form level of education. A few of them had university education. This is best illustrated by the table below.

**Table 3: Respondents' education levels**

Level of education	Frequency	percentage
University	12	12
Form four-attended teacher training	63	63
Form four-never attended Teacher training	25	25
<b>Total</b>	<b>100</b>	<b>100</b>

As the table above demonstrates, out of those teachers who did not have university education, a majority had gone through a teacher training course. A comparatively smaller number had not gone through such training.

### 4.2.5 Respondents' Religious Affiliation

An overwhelmingly majority of the respondents were Christians accounting for 84% of the sample size. Of the remaining, 14 refused to declare their religious leanings with 2 reporting

that they belonged to the African religion and Islam respectively. Table 4 gives a summary of respondents' religious affiliation.

**Table 4: Respondents' Religious affiliation and denomination**

Religious affiliation	Frequency	Percentage	Denomination (Christianity only)	Frequency	percentage
Christianity	84	84	Anglican	72	72
Islam	1	1	Catholic	8	8
African religion	1	1	Orthodox	4	4
No response	14	14			
<b>Total</b>	<b>100</b>	<b>100</b>		<b>84</b>	<b>84</b>

The table above shows quite clearly that out of the teachers who professed Christianity, majority of them had protestant leanings with relatively smaller numbers having catholic and Orthodox leanings.

### 4.3 Results and Discussion of Key Findings

Among the key themes which emanated from the FGDs, Attitude solicitation questionnaires and key informant interviews were; teachers' perceptions on institutionalized sexual and HIV/AIDS education, teachers' perceptions on teenage sexuality and HIV/AIDS issues, the role of teachers' perceptions on sexual and HIV/AIDS education, the role of gender in the teaching of sexual and HIV/AIDS education, and lastly the challenges teachers face when teaching this subject.

### 4.3.1 Teachers' perceptions on institutionalized sexuality and HIV/AIDS education

The first objective of this study was to find out the perception of Kenyan primary school teachers on institutionalized sexual and HIV/AIDS education. An overwhelmingly large number of teachers who responded to the attitude solicitation questionnaire supported the teaching of sexual and HIV/AIDS education in schools. A very smaller number of teachers were against school-based sexual and HIV/AIDS education. The table below gives the frequencies of those teachers supporting and not supporting school based sexual and HIV/AIDS education.

**Table 5: Teachers' views on school Based sexual and HIV/AIDS education**

<b>Teachers attitude towards school-based sexual and HIV/AIDS education</b>	<b>Frequency</b>	<b>Percentage</b>
Those supporting	96	96
Those not supporting	4	4
<b>Total</b>	<b>100</b>	<b>100</b>

Looking at Table 6 above, it quite clear that almost all teachers who responded to the questionnaire held the view that sexual and HIV/AIDS should be taught in schools. A comparatively smaller number of teachers were against sexual and school-based sexual and HIV/AIDS education. This finding concurs with the results of a study done in India which sought to find teachers' perceptions regarding sex education in the capital territory of Delhi, India. In the study a majority of the teachers (73%) were in favor of imparting sex education to children.

Some attitude loaded statements were read to teachers to elicit responses which would further help determine teachers perception on institutionalized sexual and HIV/AIDS education. The

first statement was "Sexual and HIV/AIDS education should not be taught in primary schools because it promotes early sexual activity among the pupils" This was then ranked on a Lickert scale of one to five; one being equitable to "strongly agree", two "agree", three "neutral", four "disagree" and five "strongly disagree" with the statement. A large majority of the teachers either strongly disagreed or disagreed with this statement. Very few agreed with it.

The second statement read "sexual and HIV/AIDS should be taught in schools because it discourages early sexual activity." The same ranking was used and a vast majority of the teachers either strongly agreed or agreed to the statement. Very few remained neutral or disagreed with the statement. The results of these two statements are summarized in the table below.

A closer look at the table will reveal that these two statements are actually the same. In fact the second statement is just a reverse of the first one. However, the intention for having both was to check the consistency of teachers' perception on the matter. The figures in the table shows that a great majority of the teachers clearly supported school-based sexual and HIV/AIDS education and felt that it did not in any way contribute to early sexual activity among the pupils. This collaborates with the results of table 6 discussed earlier where a majority of the teachers supported institutionalized sexual and HIV/AIDS education.

**Table 6: Teachers' perceptions on the impact of sexual and HIV/AIDS education**

perception statement	Ranking					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Sexual and HIV/AIDS should be taught in schools since it discourages early sexual activity						
<b>Frequency</b>	73	16	8	2	1	<b>100</b>
<b>Percentage</b>	73	16	8	2	1	<b>100</b>
Sexual and HIV/AIDS should not be taught in schools because it encourages early sexual activity						
<b>Frequency</b>	1	2	4	28	65	<b>100</b>
<b>Percentage</b>	1	2	4	28	65	<b>100</b>

The findings from the table above are in tandem with two studies done in different parts of the world which sought to find out if indeed teaching sexual and HIV/AIDS education promoted early sexual among young people. In the first instance, a 1993 survey by WHO revealed no evidence that sex education in schools led to earlier or increased sexual activity in young people. In fact, the opposite was true: sex education delayed the onset of sexual activity, and increased safer sexual practices by those already active (WHO, 1993).

This position was upheld by a 1997 report by UNAIDS which examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States and various Nordic countries. The review found out that HIV and/or sexual health education, delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. It also found out that education about sexual health and/or HIV did not encourage increased sexual activity (UNAIDS, 2007, Grunseit, et al., 1997

During the numerous FGDs conducted with teachers, the same position was maintained with a majority of the participants being of the view that school-based sexual and HIV/AIDS education was crucial. This was succinctly captured by one male teacher during an FGD when he remarked "These young people already know about sex. It is therefore only fair that we give them the right facts about the subject so that they can protect themselves" (Male teacher, Lepic School: 28/07/09). What came out of the discussion was that these pupils were not really green on matters of sexuality; some already had sexual encounters. It would therefore be totally naïve for teachers to close their eyes to this fact. A teacher at Satellite primary then proceeded to narrate the story of a pupil in his class who would come to school every morning accompanied by a group of boys who would then pick her up later in the evening. Being accompanied or picked was not the issue here; it is what he revealed next, that once in class the pupil would immediately lapse into sleep.

#### **4.3.1.1 Pupils' views on sexual and HIV/AIDS education**

Discussions with pupils revealed that they were also for sexual and HIV/AIDS education saying that it would help them understand more about the disease and how to prevent themselves. Such an education, they said would help them understand their bodies better. Among the things they learnt in such lessons were; meaning of HIV/AIDS, how it is spread, how to prevent themselves; myths and misconceptions about the disease, names and functions of human reproductive organs, changes associated with reproduction and how to cope up with such changes. This was standard in almost all the FGDs I conducted with the pupils from different schools



During an FGD with pupils at Satellite primary, one pupil had this to say on the importance of being taught HIV/AIDS in schools "it helps to know how to protect ourselves from getting the disease". On probing further on how they could protect themselves she added "through abstinence, being faithful to one partner, avoid sharing sharp objects with other people" (Pupil, satellite primary: 29/07/09). The pupils seemed to have crammed all the basic facts about what they had been taught in class about the subject. This was confirmed by repeating the same set of questions in successive schools. For instance on "myths and misconceptions about HIV/AIDS" in almost all the discussions, similar responses like "AIDS is not transmitted through mosquito bites, shaking of hands, sharing meals, playing, etc with the infected" were floated by pupils. Whether they were cramming this for examination purposes or the facts were etched deep inside their minds is hard to tell but what was apparent was that they had a fairly good grasp of the issues surrounding HIV/AIDS.

#### **4.3.1.2 Stakeholders' views on sexual and HIV/AIDS education**

All the key informant interviews with personnel from the K.I.E also upheld the position that sexual and HIV/AIDS education should be taught in schools. The general feeling was that such education was necessary to equip the learners with the requisite skills and knowledge on the subject which would ensure that they made informed decisions on matters touching on sexuality. One key informant in charge of curriculum development had this to say "knowledge is power. It is better to teach these young people and ensure that they have facts on the subject than to let them learn on their own" (KIE: 5/08/09). This observation was in concurrence with the views expressed by both teachers and pupils.

#### 4.3.1.3 Reasons for supporting sexual and HIV/AIDS education

An array of reasons were fronted for such support, major being the fact that such education would create awareness among the learners about the dangers of HIV/AIDS and also equip them with the necessary life skills to prevent themselves from the scourge. This was the most dominant reason given by the teachers as to why they felt sexual and HIV/AIDS education should be taught in schools.

Another significant reason given by teachers on why they supported institutionalized sexual and HIV/AIDS education was that today's children by default spend most of their time with teachers and they are therefore in a position to effectively address the subject. This they said was aggravated by urbanization and the concomitant shift of teenage socialization from the familial to the school institution. An equally crucial and closely tied reason to that one as reported by the teachers was that parents had by either design or default reneged on the responsibility of teaching their children about sexual and HIV/AIDS leaving all the responsibility to teachers.

Few of the teachers felt that such education was good in that it would help the pupils understand the various biological changes they undergo over time and hence be in a position to deal with whatever challenges posed by such changes.

Lastly some few teachers felt that sex and HIV/AIDS education was important in that it would create an avenue for demystifying the subject by presenting facts on the subject. They argued that there was a lot of myths and misconceptions surrounding the subject which could only be demystified through giving the pupils the true facts on the subject.

#### **4.3.1.4 Reasons for not supporting sexual and HIV/AIDS education**

Few of the teachers, a relatively smaller number were against the idea of an institutionalized sexual and HIV/AIDS education. Their argument was that such education was detrimental in that it promoted early sexual activity among the pupils. One teacher who strongly held this view explained that teaching pupils this subject was tantamount to giving them the license to experiment with sex. In an emotional outburst he countered "when you tell these youngsters that then they can use condoms to avoid getting HIV, what you are actually telling them is that they can have sex as long as they use a condom" (Male teacher, BTG school: 24/07/09). This was strongly opposed by a large number of teachers who felt that it was better to equip the pupils with the right knowledge on the subject so that they would be able to adequately face any challenges that came their way.

Some teachers also felt that this type of education should rather be taught at home by parents or guardians. Those who pursued this line of argument felt that parents had abdicated their role of teaching their children on the subject leaving the entire burden to teachers. One female teacher had this to say during yet another FGD. "Parents don't want to talk about sex with their children yet they expect the teacher to do the same" (Female teacher, BTG School: 24/07/09). This generated a very heated debate with those teachers with families saying that they talked to their children about issues to do with sex even at home. While this may be the case and assuming that as teachers such participants could comfortably talk to their children at home about the subject, what needs to be investigated is whether a majority of parents would have the same level of comfort talking to their children about issues to do with sexuality.

An interesting reason which was fronted by one teacher for not supporting this type of education was that it was too difficult to teach. She felt that some of the issues which needed to be tackled during such lessons meant that one goes out of their usual self and this was not only mentally but emotionally stressful. This is how she summed it up "teaching this subject requires a lot of mental preparedness which consumes you mentally and emotionally" (Female teacher, Ndurarua primary: 7/08/09). This was a sentiment which was shared by a few other teachers across the gender divide.

#### **4.3.2 Teachers' perceptions on teenage sexuality**

The second objective of the study was to establish the perception of Kenyan primary teachers on teenage sexuality. This study sought to map out five categories of perceptions among teachers in regard to their individual view on issues surrounding the subject of teenage sexuality. In that regard, the study sought to find out if teachers viewed sexuality in either a positive or negative manner. To help map out individual teachers' views on the subject, five categories of perceptions were used. These were; very liberal, liberal, neutral, conservative and very conservative. Both Very liberal and liberal were taken to imply those teachers whose views on teenage sexuality were positive. Positivity implied the propensity to talk freely about sexual and HIV/AIDS matters. Very conservative and conservative on the other hand connoted having a negative view on the matter. This prospect denoted a low propensity to address issues related to sexuality. Neutrality did not in any way mean lack of a stand on the subject but rather the inability to identify with any of the other four perceptions.

Majority of the teachers who responded to the attitude solicitation questionnaire reported having a liberal view towards sexuality issues. A slightly smaller number posted very liberal view towards teenage sexuality issues. A correspondingly smaller number of teachers reported having either conservative or very conservative views towards sexuality. A correspondingly smaller number was undecided on the matter.

The extent to which these perceptions were shaped by factors like age, religion or level of education is hard to tell since the study did not interrogate such causal effects. What is of significance is that such perceptions tended to cut across the whole population. There were old teachers whose views on teenage sexuality were either very liberal or liberal while some younger teachers reported conservative or very conservative views and vice versa. On the same vein, there were Protestants with conservative or very conservative views on the matter while some Catholics posted very liberal and liberal attitudes and vice versa. The same was true for the level of education. It would therefore be very untenable to generalize on the factors shaping teachers' attitudes towards sexuality. Table number 9 below gives a summary of teachers' views on teenage sexuality.

**Table 7: Teachers' views on teenage sexuality**

<b>Attitude</b>	<b>Frequency</b>	<b>percentage</b>
Very liberal	16	16
Liberal	60	60
Neutral	14	14
Conservative	7	7
Very conservative	3	3
<b>Total</b>	<b>100</b>	<b>100</b>

From table above, it is quite obvious that if those teachers with liberal and very liberal views on teenage sexuality were lumped together, they would make about three thirds of the total sample size. This would be enough to say that most teachers do not view sexuality in a negative way.

Perhaps worth noting is the fact that this scenario repeated itself in all the FGDs conducted with both teachers and pupils. At this point, it would not be possible to know whether such a prospect is good or bad but it would have a strong bearing in the next phase of the discussion which would be to analyze how these different attitudes impacts on the teaching of sexual and HIV/AIDS education.

#### **4.3.2.1 What entails Liberalism and conservatism towards sexuality?**

On what liberalism towards sexuality and HIV/AIDS matters entailed, the teachers professing to have this kind of perception said that it was the capacity to look at issues on sexuality on a positive way and the ability to talk about or discuss matters related to the subject without any inhibitions. Participants were asked to elaborate in details what really liberalism towards

sexuality really construed and one had this to say "I think it means the audacity to speak anything about the subject without shying off". On further prodding about what "anything" entailed, he added "mentioning names of private parts like penis, vagina, talking about sexual intercourse, menstruation etc" (Male teacher, Ndurarua primary: 7/08/09)

Majority of the teachers who said they viewed sexuality from a liberal standpoint confirmed that they never had problems talking about body parts and reproductive processes in class maintaining it was actually normal to mention them during lessons on sexuality and HIV/AIDS lessons. One female teacher had this to say "there is nothing I shy off from saying on the subject" (Lepic School: 24/07/09)

Conservatism towards sexuality on the other hand was construed to mean a negative perception on the subject and the incapacity to openly and/or freely talk about issues related to the subject especially in public. Though a relatively small number of teachers posted this kind of attitude, it nevertheless was evident that this kind of attitude was not considered appropriate as remarked by one teacher during an FGD "some of the teachers are so rigid that they never talk about the subject at all" (Ruthimitu primary: 29/07/09). A female teacher captured what conservatism towards the subject entails is when she said "there are certain things you can't mention in front of the pupils" (satellite primary: 29/07/09). When further prodded to say what these "things" she would not talk about before the pupils were, she just shrugged and refused to say anything.

There were those teachers who felt that their views on sexuality were neither liberal nor conservative. It was absolutely hard to fathom this.. The only interpretation which I could think of was a lack of indecision on their part on which side between liberalism or conservatism they could take.

During discussions with pupils, many of them said their teachers did not have a problem teaching sexual and HIV/AIDS education. They reported that their teachers talked openly about the subject. They however pointed out that some teachers were shy when teaching the subjects and avoided those topics which they thought too sensitive to talk about.

#### **4.3.3 Teachers' perceptions and their impact on the teaching of sexual and HIV/AIDS education**

The third objective of this study was to find out how the perceptions identified in the previous discussion impacted on the teaching of sexual and HIV/AIDS education. The study found out that, indeed teachers' perceptions on the subject played a key role in the teaching of sexual and HIV/AIDS education. This collaborated with the findings of a study done in the U.S.A which sought to find out Science teacher's intentions to teach HIV/AIDS. This study found out that teacher's attitudes and perceptions were significant factors among various others in predicting their intentions to approach the subject with students (Lin and Wilson, 1998). Other studies by Chiwela and Mwape (1999) and Malambo (2000), on Zambian teachers also clearly revealed that beliefs and attitudes play a major role in determining teachers' willingness to teach the subject.



#### 4.3.3.1 Implications of liberalism on sexual and HIV/AIDS education

Evidence gathered during the study in regard to teachers' perceptions and their impact on sexual and HIV/AIDS education revealed that those with liberal views found it much easier to teach the subject in class. One teacher had this to say during an FGD "there is nothing I shy off discussing with my pupils" (Male teacher, Lepic School: 28/07/09). He went on to report that due his liberal views, he gave pupils greater leeway to discuss any issue on the subject as well as availing opportunities for airing questions. This was echoed by his colleagues who had similar perceptions on the matter. This situation replicated itself in all the discussions held with teachers in different schools

Liberally attuned teachers also reported approaching the subject without any biases or external influences. Such teachers said that they never got judgmental when teaching the subject. One teacher had this to say during yet another FGD "some of the teachers are very judgmental when teaching the subject. They tell the pupils that having sex is a sin." (Female teacher, BTG School: 24/07/09).

Teachers who said they had liberal views on sexuality were a lot more practical, accommodative and concerned of pupils' well being and character formation. They were much more likely to offer valuable advice to the pupils on prevention and how to live with the infected and affected. Some of these teachers had at one point encouraged the pupils to use condoms if they were to engage in sexual encounters. One male teacher summed it this way during an FGD "it is better to be open with the learners and to equip them with the necessary skills so that they can prevent themselves against this killer disease" (Male teacher, Lepic

school: 28/07/09). This was a position which was upheld by teachers who were liberal towards the subject in all schools visited.

Such teachers were also found to be more enthusiastic about the subject, much more innovative in their teaching approaches as summed up by one teacher "I always encourage pupils to write poems, stories or enact plays in class when teaching this subject" "this is the only way pupils can understand some of the complex issues about the subject" (Male teachers, Lepic: 28/07/09). The teacher explained that since sexual and HIV/AIDS was taught as emerging themes in other subjects, it was left to the ingenuity of individual teachers to come up innovative teaching approaches which would best help pupils understand the issues.

Of critical importance was an observation from one teacher that "sexual and HIV/AIDS is not a subject of its own so whether you teach it or not depends on your views towards the subject" (Female teacher, Satellite primary: 29/07/09). The teacher further reported that the decision of whether to teach or not teach the subject was solely discretionary and therefore how individual teachers viewed the subject would to a very large extent determine if they created time to teach it. She pointed out that one had to have a very liberal view on the subject to create time for it in class.

Perceptions were also found to heavily influence teachers' attitudes regarding their role on the teaching of Sexual and HIV/AIDS education. Many of those with liberal views on the subject took their role positively, pointing out that they felt it was their obligation and responsibility to teach such education to pupils and to the bigger community. They reported that since the

pupils looked upon them as sources of knowledge, they were bound both by their professional calling and members of society to impart such knowledge on the pupils.

#### **4.3.3.2 Implications of conservatism on sexual and HIV/AIDS education**

Teachers who viewed the subject conservatively on the other hand reported low levels of tolerance in regard to giving pupils opportunities to ask questions or to air their views on the subject. One pupil had this to say during one of the discussions "some teachers don't want us to ask them questions on the topic and if we do they don't answer them" Some teachers also complained about pupils asking "stupid" questions during such lessons

They also had a penchant for avoiding teaching the subject all together and only did it as a last resort. Even when they acquiesced to teaching it, they never got to the deeper issues instead opting for the "softer" and "swallow" topics which had little effect on pupils' understanding of the subject. This supports the findings of a study done by Action Aid (2003) in Kenya and India on the difficulties of communicating about HIV/AIDS in schools in the two countries. The study established that many teachers engaged in selective teaching of HIV/AIDS topics, leaving out what they considered to be sexually explicit material and presenting the content in an overly scientific manner (Action Aid, 2003)

Most of the teachers in this category said that teaching sexual and HIV/AIDS was usually hard. It also emerged from discussions with the teachers that some of them would completely not teach the subject, instead opting to have other teachers stand in for them during such times. This was not widespread though but all together worth reporting. This collaborates several studies done over time which found out that teachers in some cases have fears about reactions

of communities if they talk about HIV/AIDS and in particular about sex (Viser 2002) and that attitudes towards the subject and in particular towards talking about sensitive issues such as sexuality impacted on teachers intentions to discuss the topic and on the content that they addressed (Lin & Wilson, 1998; Chiwela & Mwape, 1999; Molambo, 2000)

Some of them said they approached the teaching of the subject from a purely religious and perspective and sometimes got judgmental. One female teacher had this to say "I always tell them (pupils) that premarital sex is a sin and that young people should not engage in sex" (Female teacher, Ruthimitu Primary: 3/08/09). Such views though expressed by a small number of the participants were not uncommon in all the FGDs I conducted.

Majority of teachers under this category felt that this kind of education was not their forte and should be handled by others. They tended to be negative in the perception of their role in the teaching of the subject. They were likely to have a formal approach, teaching the subject just to be seen as teaching it. They were a little less enthusiastic in teaching the subject as reported by one of the teachers in a discussion "some of the teachers teach the subject because they have to" (Teacher, Nduararua primary: 7/08/09).

#### **4.3.4 The impact of gender in the teaching of sexual and HIV/AIDS education**

The fourth objective of the study sought to find out if gender played a role in sexual and HIV/AIDS education. Majority of the teachers who responded to the questionnaire felt that gender was not a crucial factor in sexuality and HIV/AIDS education. A distinction needs to be done here between gender and sex. Whereas sex refers to the biological differences between a male and a female, gender refers to the social roles and expectations as well as the

male and a female, gender refers to the social roles and expectations as well as the characteristics of being feminine or masculine. The table below shows teachers' views on the role of gender on sexual and HIV/AIDS education

**Table 8: Teachers views on the role of gender in sexual and HIV/AIDS education**

<b>Role of gender on sexual and HIV/AIDS education</b>	<b>Frequency</b>	<b>Percentage</b>
Has no role	60	60
Has role	40	40
<b>Total</b>	<b>100</b>	<b>100</b>

What needs to be clarified here is that when either a male or female teacher was talking of gender as playing or not playing a role in sexual and HIV/AIDS education, he/she was not responding in regard to the opposite gender but in respect to him/herself. As such, the male teachers saying that gender did not have role were actually not referring to their females colleagues. What they were implying was that, gender was really not a big issue to them (as male teachers) when it came to teaching sexual and HIV/AIDS education. The same argument was valid for female teachers. Those saying that gender did not have role were not referring to their male counterparts but to themselves the implication being that, they as women did not have an issue with teaching the subject.

Perhaps worth noting is the fact that more female teachers than males pointed out that indeed gender was not a key factor in teaching the subject as illustrated by table 11 below.

**Table 9: Sex based views on the role of gender on sexual and HIV/AIDS education**

<b>Sex</b>	<b>Role of gender in sexual and HIV/AIDS education</b>	<b>Frequency</b>	<b>Percentage</b>
Male	Has no role	25	20
	Has a role	31	36
Female	Has no role	35	32
	Has a role	9	12
<b>Total</b>		<b>100</b>	<b>100</b>

From the table above, it is quite obvious that although female teachers were slightly fewer than their male counterparts, overall, many of them comparatively felt that gender was not a factor in sexual and HIV/AIDS education.

Yet again, some statements were read to teachers to gauge their perceptions on the role of gender in sexual and HIV/AIDS education. The first statement was "Male teachers should not teach female pupils sexual and HIV/AIDS education" While the second was "female teachers should not teach male pupils sexual and HIV/AIDS education." The frequencies for responses to these two statements are shown in table 12 below.

**Table 10: Teachers' views on the role of gender in sexual and HIV/AIDS education**

perception statement	Ranking					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Male teachers should not teach female pupils sexual and HIV/AIDS education						
<b>Frequency</b>	4	14	10	26	46	<b>100</b>
<b>Percentage</b>	4	14	10	26	46	<b>100</b>
Female teachers should not teach male pupils sexual and HIV/AIDS education						
<b>Frequency</b>	2	8	12	30	48	<b>100</b>
<b>Percentage</b>	2	8	12	30	48	<b>100</b>

According to Table 10 above, a big number of teachers were not in agreement with these two attitude statements. This is a clear indication that gender does not play a very central role in sexual and HIV/AIDS education. Were the opposite to occur, then, one would surely with a certain degree of confidence say that indeed gender had a big part to play in sexual and HIV/AIDS education.

The same kind of reaction repeated itself in the numerous discussions held with teachers. One female teacher captured the mood during of the FGDs when she quipped "HIV/AIDS affects all of us equally, whether male or female so there is nothing I hide from the pupils" (Female teacher, Satellite primary: 29/07/09). During these discussions female teachers tended to be more assertive on the issue.

However, the above observation does not in any way rule out the impact of gender in sexual and HIV/AIDS education. Some teachers admitted that gender was an important factor in

teaching the subject. Some pointed out that it was sometimes difficult to talk about some of the “things” in the presence of pupils of the opposite sex. One male teacher summed it all this way during an FGD “there are things you cannot mention in front of the girls” some female teachers too had similar reservations about mentioning some things in front of the boys. When probed further what these “things” which were hard to mention were, the teachers said that talking about the reproductive organs and the sexual experience was sometimes hard. To illustrate this, a female teacher in Satellite primary narrated a story in which a male pupil had one day asked her how it felt to have sex. The teacher went on to report that the question caught her off balance and even though she knew the answer, she couldn’t get the right words to describe the feeling so she had to find a way to go round the question without showing the pupils that she didn’t want to answer it.

The general feeling which came from discussions with key informants was that gender need not play a key role in sexual and HIV/AIDS education because it was just a subject like any other. One informant went on to say that teachers as professionals should be able to shoulder the burden of their work. He then quipped “have you ever seen a doctor refuse to treat someone because they were of the opposite sex?” when everyone answered in the negative he continued “then why should one fail to teach this subject because they are male or female?”(Curriculum developer, KIE: 5/08/09). However, the same key informant said that lack of training on the subject might present challenges thereby rendering some teachers incapable of teaching it.



#### 4.4 Challenges in teaching sexual and HIV/AIDS education

This study would not have been complete without documenting the challenges faced by teachers in the teaching of sexual and HIV/AIDS education.

Key informant interviews and FGDs with teachers revealed that one major challenge in the teaching of sexual and HIV/AIDS was the lack of a curriculum for the subject. On how the subject is taught in schools, a key informant responded "the topics are usually infused into other subjects like Science, C.R.E or Social studies" (key informant: KIE: 5/08/09). He therefore pointed that the subject was taught as emerging issues in other core subjects.

Consequently, teachers often had to make a choice between channeling a lot of time towards "these topics" which according to one teacher did not attract a lot of attention during national examinations, just commanding a question or two or teaching the main subject which would ultimately be examined during such examinations.

They complained that since there was no set curriculum for the subject, they were left to co-opt it into other subjects. This was not always easy as reported by one male teacher "we are supposed to integrate sexual and HIV/AIDS into all subjects but this is not easy." While it was easier to do that in some subjects like Science, C.R.E or Social studies, English or Kiswahili, it was difficult to do the same for subjects like History, geography or Mathematics" (Male teacher, Lepic school: 28/08/09) This echoes the findings of a study done in a Nakuru school which sought to find out the challenges teachers faced when teaching sexuality education (Kiragu, 2007). In this study "Exploring sexuality and the overburdened teacher; a participatory approach in a rural school in Kenya", Kiragu found out that lack of a standard curriculum for this subject was a major challenge to its teaching.

The problem with C.R.E as pointed out by one male teacher was that, it tended to take a very moralistic view which was in clash with the expectations of a sexual and HIV/AIDS education.

"When teaching the subject during C.R.E, the teachers are always telling the pupils that having premarital sex is a sin." "This beats the whole purpose of such an education which is to equip the pupils with the necessary life skills." (Female teacher, BTG School: 24/07/09). This also resonates with the same study done in Nakuru which found out that teachers often adopted a moral standpoint when teaching sexual education during C.R.E lessons (Kiragu, 2007)

Another challenge as pointed out by the teachers was lack of training on how to teach the subject. Most teachers said that they taught the subject through purely self developed skills. Many of them lacked the expertise and skills to deal with difficulty and complex situations. In expressing this helplessness one teacher had this to say "there are times when you are faced with a situation you cannot handle yet the pupils are looking upon you to so." (Male teacher, Satellite primary: 29/08/09) A male teacher said he had on one occasion been confronted with such a situation with a female pupil and he had to refer her to a lady teacher whom he thought could handle the situation better. When asked to clarify on what the situation he could not handle was, the teacher said one female pupil had experienced her first menses in class.

Yet another critical issue which came up was lack of teaching materials and aids. Teachers said that they lacked textbooks on the subject and therefore sometimes relied on undocumented sources of information. They lamented that what was contained in the books they were using was grossly insufficient to equip them with the required knowledge to confidently teach the subject. This they reported lowered their motivation to teach lest they pass on wrong

information to pupils. This was also echoed during interviews with key the subject informants from the sector.

Teachers pointed that pupils' apathy presented a major challenge in the teaching of the subject. They said that pupils sometimes never took the subject seriously. The teachers fronted few explanations for this; one perhaps the pupils already knew what they were being told or that they knew the subject did not attract any meaningful attention during exams.

Another issue which came up was the negative exposure by the mass media on the part of the pupils. Teachers reported that the advent of unrestricted access to the internet, television and radio had impacted adversely on pupils' moral growth. One teacher had this to comment "some of the pupils know more than us (teachers). When you are teaching, some pupils are just staring at you as if you are telling them nothing. You get the feeling that you are just wasting your time" (female teacher, Ndurarua primary: 7/08/09). This could be the case because during discussions with pupils, when asked some of the sources of information about sexuality and HIV/AIDS, among those which they listed were; teachers, parents, friends and the mass media.

Some of the teachers pointed out that pupils' age and gender presented challenges in the teaching of the subject. They pointed out that it was sometimes difficulty to address some of the issues in the presence of the opposite sex more so when they were of such tender age. This was captured by a statement made by one of the lady teachers during a discussion "there are some words you cannot mention in front of the young boys" Some male teachers made similar comments in regard to using some words before young girls.

## **CHAPTER FIVE:**

### **5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND KEY RECOMMENDATIONS**

This chapter aims at presenting a summary of the key findings out this study whose broad objective was to find out the impact of teachers' attitudes in the teaching of sexual and HIV/AIDS in Kenyan primary with special reference to Dagoretti Division. It will also endeavor to provide appropriate success in Kenyan primary schools. Finally areas for further research will be identified. Towards that end, the chapter will be divided into three sections; one, summary of findings, two, recommendations and three, areas for further research.

#### **5.1 Summary of findings**

One of the major highlights of this study is that the concept of attitude is very complex. It is one of those human traits which are often not easily discernible but which can have far reaching effects on an individual's social bearing.

Perhaps the most important finding which came out of this study is that most teachers have liberated views on sexuality and HIV/AIDS matters. Such a perception affords these teachers the latitude, the freedom and above all the motivation to approach this subject. It also makes the learning experience a worthwhile affair to the pupils because it promotes proper interaction between the two parties. On the other hand, few of them and quite expectedly, also have a negative attitude which clouds their objectivity when it comes to the teaching of the subject. The situation as it now is favorable. It would have been pretty disheartening were the

reverse to be the case. It would mean that our school going children are stuck with teachers who cannot rise up to the challenge of disseminating and inoculating among them the right information on the subject crucial for their well being.

Perhaps also worth mentioning is the fact that teachers' perceptions on sexual and HIV/AIDS have a direct bearing on how teachers approach the subject. As reported elsewhere in this report but as a way of summary, majority of the teachers approach the teaching of the subject in a positive way; taking it both as a professional duty and a personal responsibility to impart upon these young minds the necessary knowledge and information on Sexual and HIV/AIDS. This is because as role models, pupils tend to copy what their teachers do and say. They are also quite resourceful and innovative when it comes to teaching the subject. On the contrary there are those who hold that teaching the subject is not their responsibility. They are negative in their approach to the subject and less innovative but they are a minority.

Another key finding out of the study is that majority teachers fully support institutionalized sexual and HIV/AIDS education for various reasons. The major reasons are; awareness creations among the pupils on fundamental issues on the disease like spread, prevention and stigmatization, and understanding of various reproductive body parts, their functions and how to cope with biological changes. The few who oppose it cite the fact that such education promotes early sexual activity among the pupils.

Lastly, perceptions alone is not the only factor which determines how sexual and HIV/AIDS is taught in schools. There are also a whole array of challenges teachers are faced with which ultimately affects how they teach the subject. These range from lack of teaching materials, lack

of time; lack of a defined structure on how to teach the subject; opposition from vested interest groups; pupils' apathy towards the subject and pupils' gender. While perceptions remain solely an intrinsic strength or handicap to the teacher, these other factors are quite external and in most of the cases very much out of the teachers' control.

## **5.2 Conclusions**

This study takes cognizance of the fact that in Kenyan today, any school going child spends an average  $\frac{3}{4}$  of his/her day at school. It also appreciates the fact that, today's parent is continually absent from the home front due to the pressures of gainful employment and therefore grossly unable to fulfill his/ her role of educating their children on matters of sexuality. Couple this with the breakdown of the traditional family structures which ensured that children were taught such important matters by the larger family. This study therefore holds that, the key to sexuality education lies in learning institutions with teachers being the main stimuli for moving it forward.

The study has clearly outlined the goals of sexuality and HIV/AIDS education. In a way of recap, these are; helping school-going children to build a foundation as they mature into sexually healthy adults, assist young people to develop a positive view of sexuality, equip them with information and skills on how to take care of the sexual health, helping them make sound decisions now and in the future on matters related to their sexual health.

However, the effectiveness of rolling out a successful sexual and HIV/AIDS education program will ultimately rest on teachers' positivity towards the subject. This positivity on the other hand is shaped by the attitude a teacher holds towards the subject. Attitudes are never inborn;

they are shaped by the socio-cultural set up in which an individual finds themselves in. They are usually held for a particular reason and can be altered if such reasons are achieved. Negative attitudes are often used as a defense mechanism towards any uncomfortable situation. It is therefore imperative for teachers to cultivate a positive attitude towards sexual and HIV/AIDS education so that they can effectively address the subject in school.

### **5.3 Recommendations:**

Arising from the findings presented in the preceding chapter, the following recommendations hereby are hereby advanced;

- a) There is a need to scale up teachers' training on Sexual and HIV/AIDS. Such training would go a long way in equipping the teachers with necessary skills of teaching the subject. It would also be a confidence booster through the acquisition of new knowledge on the subject which a majority of them lack at the moment. Third, training would be the best way of changing those with a negative attitude on the subject because ideally just like most human traits attitudes are not permanent but depend on an individual's state of mind at any particular time. Lack of proper information on any subject breeds a defensive attitude.
  
- b) Closely tied to the issue of training and which can help change teachers' attitude is the scaling up of civic education on the subject. The government and other non state actors like Non Governmental Organizations, Civic and also religious organizations should all come out and fully support the teaching of the subject in schools. This should be complimented with rallies, seminars, workshops on the subject in schools for both pupils and teachers.

- c) The relevant arm of the government i.e. the K.I.E, with close collaboration with other stakeholders in the sector should come up with an elaborate curriculum for the subject. Such a curriculum should address teachers' expectations as in a far as teaching the subject is concerned, the methodology of teaching the subject and its overall placement in national examinations. This is to avoid cases where some teachers ignore the subject on the grounds that it does not attract major attention in national examinations. Such a curriculum should also be age and gender appropriate.
- d) There is need to stop the politicization of teaching of sexual and HIV/AIDS education in Kenyan schools. This has over time taken the form of a tug of war between the state and religious bodies. This has tended to confuse even the teaching fraternity on whose side to follow. The teachers have many roles; they are parents, they are members of society and hence subscribe to religious bodies and lastly they are state employees. Unless a common ground is struck on this issue, the teacher will always in constant conflict on the role to play.

#### **5.4 Areas of further Research:**

It would be overly overambitious to generalize the findings of this study to project the behavior of Kenyan primary teachers as far as the teaching of sexual and HIV/AIDS education is concerned. There is need to undertake a comparative study under completely different settings to see whether similar sentiments will come up. For instance we need to ask ourselves if similar findings would have come up had the study been done in a completely rural setting where the impact of tools of modernization and urbanization like the internet, radio, Television



are minimal. We also need to establish whether similar findings would have come out if the study has been conducted in a region with a dominant religious or cultural orientation like North Eastern Kenya or the Coast region where most of the teachers would be Moslems.

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## Appendix A: questionnaire (Teachers)

### The role of teachers' perceptions on sexual and HIV/AIDS education in Kenyan primary schools; a case study of Dagoretti Division, Nairobi

QUESTIONNAIRE FOR.....

My names are Keith Kiswili Julius. I am currently a Masters student at the department of Sociology, University of Nairobi. I am in the process of collecting data for my final project which seeks to find out how teachers' perceptions influence the teaching of sexual and HIV/AIDS education in Kenyan primary schools. Your institution has been sampled among several others in Dagoretti Division for this study. I will therefore kindly with your permission request you to fill in this questionnaire for me. All the information you provide will be treated with uttermost confidence and will not be used for any other purposes other than for disseminating findings for this study. Thank you very much for your co-operation.

Date of interview.....

Division.....

Location.....

#### Part A:

##### Respondents Bio-data

1. Name of respondent (optional).....
2. Name of institution.....

3. Age of respondent (in complete years) .....

4. Gender of respondent Male                  Female

5. Main subjects taught (list all for classes 6-8).....

6. Religious affiliation

Christianity (for Christianity please specify the denomination).....

Islam

Hinduism

Buddhism

Traditional African

Other (specify).....

**Part B: Views on Sexuality**

7. A) Do you support institutionalized sex and HIV/AIDS education?

Yes

No

B) If yes, what are your reasons for supporting institutionalized sex and HIV/AIDS education?

.....  
.....

C) If No, what are your reasons for not supporting institutionalized sex and HIV/AIDS education?

.....  
.....

8. What are your personal views towards sex and sexuality issues generally?

Very Liberal

.

Liberal



- Conservative
- Very Conservative
- Neutral

9. A) Do you think your views as indicated above impacts on the way you teach Sexual and HIV/AIDS education?

Yes  No

If yes, outline how

.....

B) Can you rank the impact you have outlined in Question 9 (B) above

1-very low      2-low      3-medium      4-high      5-very high

10. A) Do you think teachers' perceptions affect the teaching of sex and HIV/AIDS education in this institution?

Yes  No

B) If yes, please outline how

.....  
 .....

C) Can you rank the impact you have outlined in Question 10 (B) above

1-very low      2-low      3-medium      4-high      5-very high

11. Please state your level of agreement with the statements below in regard to sexual and HIV/education in primary schools.

Statement	Tick where applicable				
	Strongly Agree	Agree	Neutral	disagree	Strongly disagree
Sexual and HIV/AIDS education should not be taught in primary schools because it promotes early sexual activity among the pupils					
Sexual and HIV/AIDS education should be taught in Primary schools because it discourages early sexual activity among the pupils					
Sexual and HIV/AIDS education should only be taught by religious persons in primary schools					
Women teachers should not teach male pupils sexual and HIV/AIDS education					
Male teachers should not teach female pupils Sexual And HIV/AIDS education					
Teachers should determine the content of sexual and HIV/AIDS education for pupils					

12. What other factors influence the way you teach sexual and HIV/AIDS education?

.....

13. A) In your own opinion do you think that teacher's gender impacts on the teaching of sexual and HIV/AIDS education in primary schools?

Yes  No

Yes

No

B) If yes, please outline how

.....

C) Could you please rank the impact you have outlined in question B above?

1-very low

2-low

3-medium

4-high

5-very high

14. How do teachers perceive their role and contribution towards the teaching of sexual and HIV/AIDS education?  
.....

15. A) Is there a laid down curriculum for teaching sex education in schools.

Yes

No

B) If no what methods/approaches do teachers use in teaching sex and HIV/AIDS education?

16. A) Are there any gaps in the current sex and HIV/AIDS education curriculum in schools?

Yes

No

B) If yes 16 A above, please list the gaps  
.....

C) How can these gaps be addressed?  
.....

17. A) what challenges do you face in teaching sexual and HIV/AIDS education?

B) How can the challenges you have highlighted above be addressed?  
.....

18) Is there any other issue on the teaching of sexual and HIV/AIDS in Kenyan primary schools you would want to comment on?  
.....

**Thank you for your time and above all for the co-operation**

## **Appendix B: Focus Group Discussion Guide for teachers**

### **The role of teachers' perceptions on sexual and HIV/AIDS education in Kenyan primary schools; a case study of Dagoretti Division, Nairobi**

My names are Keith Kiswili Julius. I am currently a Masters student at the department of Sociology, University of Nairobi. I am in the process of collecting data for my final project which seeks to find out how teachers' perceptions influence the teaching of sexual and HIV/AIDS education in Kenyan primary schools. Your institution has been sampled among several others in Dagoretti Division for this study. I am therefore kindly asking for your permission to engage you in a discussion about this topic. This will be a very open discussion and from the onset I would like to assure all of you that the information you volunteer here will be treated with utter most confidence and will not be used for other purposes other than for this study. Thank you.

### **Teachers' perceptions on sexuality and their influence on sexual and HIV/AIDS education in Kenyan primary schools.**

1. What is your opinion with regard to institutionalized sex and HIV/AIDS education?
2. Why do you think institutionalized sex and HIV/AIDS education is supported in Kenya?
3. Why do you think institutionalized sex and HIV/AIDS education is opposed in Kenya?
4. What do you consider to be your personal views on teenage sexuality?

5. In what ways do your individual attitudes impact on the way you teach Sexual and HI/AIDS education?
6. In what ways do teachers' personal views on sexuality influence the teaching of Sexual and HIV/AIDS education in primary schools?
7. In what ways does a teacher's gender impact on the teaching of sexual and HIV/AIDS education in primary schools?
8. How do teachers perceive their role and contribution towards the teaching of sexual and HIV/AIDS education?
9. Comment about the curriculum for teaching sex education in schools.
10. What methods/approaches do teachers use in teaching sex and HIV/AIDS education?
11. What are the gaps in the current sex and HIV/AIDS education curriculum in schools?
12. How can such gaps be addressed?
13. What do teachers perceive as the major challenges in teaching sex and HIV/AIDS education in primary schools?
14. Please list any other comment(s) on the teaching of sexual and HIV/AIDS education which you feel is important.

**Thank you for your time and above all for the co-operation.**

**Appendix C: Key informant guide (for key staff in schools and ministry officials)**

**The role of teachers' perceptions on sexual and HIV/AIDS education in Kenyan primary schools; a case study of Dagoretti Division, Nairobi**

My names are Keith Kiswili Julius. I am currently a Masters student at the department of Sociology, University of Nairobi. I am in the process of collecting data for my final project which seeks to find out how teachers' perceptions influence the teaching of sexual and HIV/AIDS education in Kenyan primary schools. You have been selected for an interview on the subject on the strength of the office you occupy within the institution/ministry. I am therefore kindly asking for your permission to engage you in a discussion on the topic. This will be a very open discussion and from the onset I would like to assure you that the information you volunteer here will be treated with utter most confidence and will not be used for other purposes other than for this study. Thank you.

Date of interview.....

Name of informant.....

Occupation/Position.....

**Issues about sexuality, teachers attitudes about sex and sexuality and how this impacts on the teaching of sexual and HIV/AIDS in Kenyan primary schools.**

1. What is your opinion with regard to institutionalized sex and HIV/AIDS education?
2. Why do you think institutionalized sex and HIV/AIDS education is supported in Kenya?

3. Why do you think institutionalized sex and HIV/AIDS education is opposed in Kenya?
4. In what ways do teachers' personal perceptions influence the teaching of Sexual and HIV/AIDS education in primary schools?
5. In what ways does a teacher's gender impact on the teaching of sexual and HIV/AIDS education in primary schools?
6. How do teachers perceive their role and contribution towards the teaching of sexual and HIV/AIDS education?
7. Comment about the curriculum for teaching sex education in Kenyan primary schools.
8. What methods/approaches do teachers use in teaching sex and HIV/AIDS education?
9. What are the gaps in the current sexual and HIV/AIDS education curriculum in primary schools?
10. How can such gaps be addressed?
11. What do you perceive to be the as the major challenges that teachers face in teaching sex and HIV/AIDS education in primary Schools?
12. Please list any other comment(s) on the teaching of sexual and HIV/AIDS education which you feel is important.

**Thank you for your time and above all for the co-operation.**

## **Appendix D: Focus Group Discussion guide for pupils (classes 6-8)**

### **The role of teachers' perceptions on sexual and HIV/AIDS education in Kenyan primary schools; a case study of Dagoretti Division, Nairobi**

My names are Keith Kiswili Julius. I am currently a Masters student at the department of Sociology, University of Nairobi. I am in the process of collecting data for my final project which seeks to find out how teachers' perceptions influence the teaching of sexual and HIV/AIDS education in Kenyan primary schools. Your institution has been sampled among several others in Dagoretti Division for this study. I am therefore kindly asking for your permission to engage you in a discussion about this topic. This will be a very open discussion and from the onset I would like to assure all of you that the information you volunteer here will be treated with utter most confidence and will not be used for other purposes other than for this study. Thank you.

1. Why do you think sexual and HIV/AIDS education should be supported in Kenyan primary schools?
2. Why do you think sexual and HIV/AIDS education should not be supported in Kenyan primary schools?
3. How would you describe the attitudes of your teachers towards sexual and HIV/AIDS education?
4. How would the attitudes you have just described affect the way your teachers teach sexual and HIV/AIDS?



5. What do you consider to be the major challenges teachers have in regard to the teaching of sexual and HIV/AIDS education?
6. How can the challenges you have highlighted be addressed?
7. Please comment on any other issue on the teaching of sexual and HIV/AIDS in Kenyan primary schools.

**Thank you for your time and above all for the co-operation**