

**SECONDARY SCHOOL TEACHERS' PERCEPTIONS TOWARDS
IMPLEMENTATION OF HIV/AIDS SYLLABUS IN PUBLIC
SECONDARY SCHOOLS IN NAIROBI PROVINCE.**

BY

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**UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION**

**A Thesis Submitted in Part Fulfillment for the Requirements of the award
of the Degree of Master of Education in Educational Administration and
Planning, University of Nairobi**

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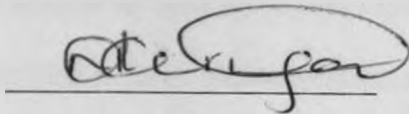


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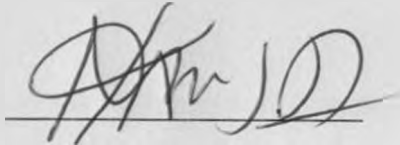
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.



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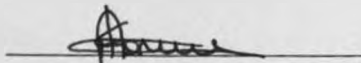
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Dedication

I dedicate this work to my husband Dr. Peter Paul Wambua and our children: Brenda Murugi and Flynn Muswii. Their care, support, patience, encouragement and understanding gave me the will and determination to complete my research.

Abstract

The main purpose of the study was to investigate secondary school teachers' perceptions toward implementation of HIV/AIDS syllabus in schools. The study sought to determine:- the importance of HIV/AIDS syllabus to the learners, whether HIV/AIDS syllabus was being taught separately or it was being integrated with other subjects and establish whether teachers were inserviced to implement the HIV/AIDS syllabus in schools. Lastly it sought to establish the problems that hinder implementation of HIV/AIDS syllabus in school and possible solutions.

The subjects for this study were 249 teachers drawn from public secondary schools in Nairobi province. Before the main study, a pilot study was conducted in five schools which were not included in the main study. The pilot study led to the modification of the research instruments. Some items were dropped while others were reworded. The reliability of the perception items was 0.8.

A questionnaire was used as a research instrument and targeted secondary school teachers as the respondents. The questionnaire was divided into three parts. The first part sought demographic information of the respondents. The second part contained perception items, and third part contained open ended questions.

It was hypothesized that teachers' personal qualities such as age, religion, marital status, academic qualification and teaching experience played a significant role in their perception of HIV/AIDS syllabus implementation. It was also hypothesized that female and male teachers had different perceptions towards implementation of HIV/AIDS

syllabus implementation. The other hypothesis was that training of teachers in HIV/AIDS syllabus implementation influenced teachers' perceptions.

A two-tailed t-test and one way analysis of variance (ANOVA) were used to test the set hypotheses. The t-test was used to test H_{06} and H_{07} . ANOVA was used to test H_{01} , H_{02} , H_{03} , H_{04} and H_{05} . The 0.05 significance level was used to both tests as a standard for rejection or acceptance of null hypothesis. The study established that teachers' personal qualities of age, academic qualification, religion, gender and teaching experience had no significant effect on their perception towards implementation of HIV/AIDS syllabus. However, significant difference between teachers' perception towards implementation of HIV/AIDS syllabus and their training and marital status was found.

It emerged that only 11.4% of the teachers had been inserviced for the implementation of HIV/AIDS syllabus in schools and 62.3% taught the syllabus in schools. The study showed that teachers were not adequately informed about the role they were supposed to play in implementing HIV/AIDS syllabus. The analysed data also revealed that the HIV/AIDS unit of the Ministry of Education was doing little in organizing seminars and workshops to acquaint teachers on matters pertaining to HIV/AIDS syllabus implementation, and in providing necessary resource materials for implementing the syllabus. It was established that the success of HIV/AIDS syllabus implementation was hindered by students' and teachers' negative attitude, lack of trained personnel, inadequate teaching facilities, stigmatization of the subject, cultural and social problems and lack of sufficient time.

The study recommended the following: First that seminars, workshops or in service courses should be organized for teachers. secondly Ministry of Education should play a more prominent role in training, advising, co-ordinating and evaluating HIV/AIDS syllabus. Thirdly, efforts should be made to persuade students and parents to take HIV/AIDS syllabus seriously. Specific time for the syllabus in the timetable and resource materials should be provided in schools for the HIV/AIDS syllabus implementation.

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ABBREVIATIONS USED IN THE STUDY

AIDS - Acquired Immuno- Deficiency Syndrome

B.ED – Bachelor of Education

B.Sc- Bachelor of Science

BA- Bachelor of Arts

CBS – Central Bureau of Statistics

D.E.O – District Education Officer

DHAS – District Health Authority

FLE – Family Life Education

GDP – Gross Domestic Products

HIV – Human Immunodeficiency Virus

KDHS – Kenya Demographic and Health Survey

M.ED – Masters of Education

M.O.H – Ministry of Health

NASCOP – National AIDS and STDs Control Programme

NCPD – National Council of Population and Development.

NCCK – National Council of Churches of Kenya

NGOs – Non-Governmental Organizations

P.D.E – Provincial Director of Education

PGDE – Postgraduate Diploma in Education

SI – Secondary teacher one

ABBREVIATIONS USED IN THE STUDY

STI – Sexually Transmitted Infections

UN – United Nations

UNAIDS – United Nations Programme on HIV/AIDS

**UNESCO – United Nations Educational Scientific and Cultural
Organizations**

WHO – World Health Organization

TSC – Teachers Service Commission

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Acquired Immuno Deficiency Syndrome (AIDS) is a scourge of the 21st century affecting all the inhabited world continents (Muraah and Kiarie, 2001). AIDS is caused by the Human Immuno Deficiency virus (HIV), first discovered in the United States of America (USA) in June, 1981 among the homosexuals (Republic of Kenya, 1994). However, evidence suggests that there were cases in the United States in 1969, in Europe in the 1950s and in what is now the Democratic Republic of Congo in 1959 (United Nations Educational Scientific and Cultural Organizations (UNESCO), 2000). Since then, it has been spreading at an alarming rate (Muraah and Kiarie, 2001). This has been facilitated by the fact that the disease has been associated with gay men in the United States, commercial sex workers (prostitutes) in Africa, and women in Eastern Europe and South Asia for a long time (UNESCO, 2000).

There are 36.1 million people today in the world who are living with HIV/AIDS (United Nations Programme on HIV/AIDS, UNAIDS, 2000). About 25.3 million of the infected people are living in sub-Saharan Africa, 5.8 million in South and South East Asia, 1.4 million in Latin America, and 920,000 in North America, 700,000 in Eastern Europe and

Central Asia, 640,000 in East Asia and Pacific and 540,000 in Western Europe. The rest 400,000 in North Africa and Middle East, 390,000 in Caribbean and 15,000 in Australia and New Zealand. The number of people living with HIV/AIDS has increased because in many countries the response to HIV/AIDS pandemic has been inadequate (UNESCO, 2000).

HIV virus is transmitted primarily through one of the commonest human activities, sexual intercourse (Pattulo et al. 1994). Worldwide about 90% of the cases of transmission occur through this way (UNESCO, 2000). HIV can also be transmitted from a mother with a virus to a newborn child in the womb, during birth or during breastfeeding (National AIDS and STDs Control Programme (NAS COP), 1999). In addition, it can be transmitted through blood products, transfusions if they are not screened (tested) and through injections of medicinal or recreational drugs if the injecting equipment is not sterilized (Mensa-Bonsu, 1995). It can also be transmitted in other situations where the blood of an individual with a virus enters another's bloodstream. This occasionally happens in hospital accidents when a syringe with infected blood accidentally pricks a nurse, doctor or other patients. It may also happen during shaving, male circumcision or female genital mutilation, if the cutting implement is not sterilized before use and as a consequence of a road accident where several people's blood is spilled (UNESCO, 2000). Different countries have different predominant modes of HIV transmission. In the United

States and Scandinavia is mainly transmitted through sex between men, Russia and India, through shared syringes or needles in recreational drug injection and in Africa is mainly through heterosexual contact (UNESCO, 2000)

HIV virus destroys white blood cells called CD₄ cells or T- cells (Muraah and Kiarie, 2001). These normally form part of the body immune system circulating blood and attacking disease organisms (UNESCO, 2000). HIV progressively destroys CD₄ cells reducing the body immune defence system, thus preventing it from protecting itself against infections (Mbua, 1995). This presents an array of opportunistic infections most of which are well known diseases but not specific to HIV/AIDS eventually leading to death (Nzioka, 1996). AIDS can lie hidden in an individual for years without any obvious signs of illness, unlike the other epidemics that have afflicted the world in the past (Mensa-Bonsu, 1995).

HIV/AIDS in Sub-Saharan Africa is a fatal sexually transmitted infection (STI) that has affected mainly the economically active age group, causing considerable morbidity, mortality and socio-economic damage (Obiero et al, 2000). Caldwell (1997) has observed that the intensity and impact of the epidemic in the region is found in a long belt stretching from the Central African Republic and Southern Sudan through Uganda, Rwanda, Burundi, and Kenya to Tanzania, Malawi, Zambia, Zimbabwe, Botswana, South Africa and Namibia. These countries record

higher prevalence compared to countries occupying the northern part of Africa.

The political response to HIV/AIDS is similar across Africa, although the strength of the various organizations may vary from country to country (UNESCO, 2000). The global response to the epidemic is co-ordinated by UNAIDS, which is sponsored by seven UN agencies. UNAIDS works with both government and non-governmental organizations (NGOs) at both international and national level. National responses are usually co-ordinated by National AIDS (Control) Programmes. Since HIV/AIDS is still highly dynamic and having no cure its major impacts are already being experienced in Sub-Saharan Africa. In Kenya 700 people die every day of AIDS (Daily Nation, 2001).

East Africa has also been affected in the same way: Uganda and Tanzania have a prevalence of 6% and 10.9% respectively whereas Kenya has a prevalence of 21% and higher (UNAIDS, 2000). It is widely acknowledged that the HIV virus was probably introduced in Kenya around the late 1970s or early 1980s (Ministry of Health, 1997). HIV/AIDS was first diagnosed in Kenya in 1984 and the immediate reaction of many Kenyans was that HIV/AIDS was a foreign disease (Republic of Kenya, 1999). It was until late 1990s, when the seventh National Development Plan (1994 -1997), recognized HIV/AIDS as a serious issue. The government acknowledged HIV/AIDS as the greatest

public health challenge and an issue of national priority (NCPD, 1994). Since then, the National Council for Population and Development (NCPD), and the National AIDS Control Programme (NAS COP) of the Ministry of Health have worked closely to monitor data on seroprevalence levels and AIDS infections in order to evaluate and design the country's response strategies (UNESCO, 2000).

The major modes of HIV transmission in Kenya are through heterosexual contact, mother to child transmission and blood transfusion (NAS COP, 1999). HIV/AIDS has affected sexually active groups such as adolescent and young adults (Ministry of Health, 1994). Young people are the most productive members of the society earning income for themselves, their families and their communities (UNESCO, 2000). According to UNAIDS (2000), there are 0.7 million AIDS orphans living in Kenya. Some of these orphans are placed in orphanages or are scavenging in the streets. If the present rates of infection and death continue, the number of AIDS orphans will increase to one million by the year 2005 (Republic of Kenya, 1999).

Kenya is ranked fifth in the world according to the number of people living with HIV/AIDS, ninth with HIV prevalence, third in number of cumulative AIDS deaths in the world and 2.1 million adult and children are living with HIV/AIDS (UNAIDS, 2000). NAS COP projections show that the number of people infected in millions will increase from 2.357 to

2.857 in 2005 and 3.107 in 2010 (NASCOP, 1999). With this kind of figures, concerted effort is needed to curb the pandemic.

HIV/AIDS is a national problem in Kenya affecting all the districts; Nyanza is leading in percentage of adult prevalence with 21.9%, Nairobi 15.9%, Eastern 13.0%, Central 12.7%, Western 12.1%, Rift valley 10.9%, Coast 10.5% and North Eastern 2.8% (NASCOP, 2000). HIV/AIDS has adversely affected various sectors such as health, education, commerce and industry (MOH, 1997). The education sector has been affected in many ways: illness and death of pupils; screening of donated blood has revealed shocking HIV prevalence of up to 20% among school children in Kenya, illness and death of teachers at all levels from primary school to universities. HIV/AIDS therefore not only reduces the number of teachers available, but also the capacity to train new ones; illness and death of parents, reduction of household incomes, reduction of gross domestic products (GDP) and also the redistribution of national resources away from education and other social and economic activities such as the prevention and management of HIV/AIDS (Muraah and Kiarie 2001).

Commercial sector has also been affected as a result of increased employee absenteeism and low morale leading to low productivity and loss of qualified staff as a result of death (Ministry of Health, 1997). AIDS is expected to increase the following business costs: recruitment, training:

medical; funeral; HIV prevention programmes and insurance costs (Murrah and Kiarie, 2001). The increased cost of HIV patients' care has increased health care expenditure affecting the Ministry of Health (Ministry of Finance and Planning, 2001). There is a need for a multi-sectoral approach to curb the pandemic. The Ministry of Education has responded by introducing AIDS education syllabus in schools and colleges (Republic of Kenya, 1999). The syllabus was designed by Kenya Institute of Education (K.I.E.) members of staff in collaboration with the Ministry of Education. The syllabus was important because a large percentage of Kenyan children attend and are accessible through schools (Daily Nation, September 7, 2001).

The major purpose of AIDS Education is behaviour change and development which is appropriate to the youth's stage of development and HIV/AIDS prevention and control (Ministry of Education Science and Technology, 1999: p. vii). It has the following specific objectives:

- Acquire necessary knowledge, skills about HIV/AIDS and STI's.
- Appreciate facts and issues related to HIV/AIDS and STI's.
- Develop life skills that will lead to AIDS and STI's free life.
- Identify appropriate sources of information on HIV/AIDS related issues.
- Make decisions about personal and social behaviour that reduce risk of HIV and STI's infection.

- Show comparison towards and concern for those infected and affected by HIV/AIDS.
- To be actively involved in school and out of school activities aimed at prevention and control of HIV and STI's infections.
- Communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STI's.

Schools play a big role towards the behaviour development of the child. HIV/AIDS syllabus is aimed at behaviour change and development amongst the students. In order to achieve these students are supposed to acquire necessary knowledge and skills about HIV/AIDS and STI's. This will help the student to make necessary decision which will help him or her to live a HIV/AIDS free life.

Kekovole et al, (1997) reports that sexual activity often unprotected is common among young Kenyans. Kenya Demographic Health Survey (KDHS) shows that 46% of unmarried women between 15 and 19 years are sexually active, and that sexual activity usually precedes marriage among both men and women. (KDHS, 1993) suggests that adolescent males are sexually more active than females of the same age. An analysis by the Centre for the Study of Adolescents (CSA) suggests that roughly 252,800 abortions occur annually among adolescents aged between 15-19 years with a rate of 700 abortions a day (Njau and Radney, 1995). Abortions are documented to be one of the most common reasons

for admissions in Kenyatta National Hospital (Lema and Macharia, 1992). This indicates clearly that, adolescents are very much exposed to HIV virus. Interventions to limit transmission include modification of sexual behaviour and specifically reduction of the cases of pre-marital and extra-marital sexual behaviour.

Kenya government reacted immediately to HIV/AIDS pandemic in 1985, by establishing the national AIDS committee to advise the government on all matters related to the prevention and control of AIDS (Republic of Kenya, 1997). Public education campaigns were mounted to create HIV/AIDS awareness countrywide (Pattulo et al, 1994). The campaigns were strengthened further in 1999, when President Daniel Arap Moi declared AIDS a national disaster in the country. Despite these massive campaigns the HIV virus continues to spread (Muraah and Kiarie, 2001). This can be supported by the recorded massive figures of people living with HIV/AIDS.

In Kenya, the Christians (the Catholic Church in particular) and Muslims have consistently crusaded against the teaching of family life education in schools and any use of condoms (Wambua et al, 2001). The Catholic Church argues that it is the duty of the parents to educate their children on sexual matters (Daily Nation, 1997: p. 15). Pope John Paul maintains that family life education in schools would destroy the morals of the youth, calling the programme “satanic”. He goes further to say that

sexuality is a private affair unsuitable to be taught in schools (Kenya Times, January, 1997 p. 13). However, other studies indicate that Kenyan parents discuss with their children matters that pertain to education rather than sexual behaviour (Kekovole et al, 1997).

A research on participation of school community in AIDS education found out that most teachers thought that HIV/AIDS syllabus was an important priority for the school but varied in extent to which they felt comfortable talking with students in class about sexual relationships. They were optimistic that AIDS education could influence students to develop safer sexual practices (Kuhn et al, 1994). Other studies reveal that teachers occupy an intrinsic position as educators in schools and have relative power in this context but studies of their knowledge of HIV/AIDS have highlighted their need for training. The selection of teachers to be responsible for HIV/AIDS education is also important as not all teachers are necessarily equally skilled or motivated (Ballard, 1990 and Bowd, 1989).

1.2 Statement of the Problem

The level of knowledge and awareness of HIV/AIDS in the general population and the extent of risky behaviour in Kenya are high (NCPD, 1994). However, knowledge and awareness of risk have not been translated into behaviour change. Risky sexual behaviour is reported

among men and women, but majority of those at risk comprises the age group of 15-39 years. Education leads to achievement of all-round preparation of the individual for the challenges and roles awaiting him or her as a member of his immediate society (Shiundu and Omulando, 1992).

The Ministry of Education released AIDS education syllabus for schools and colleges. It was anticipated that the syllabus will be used as a guide in teaching students to develop adaptable behaviour to prevent HIV/AIDS (Ministry of Education Science and Technology, 1999). However, data on teachers' perceptions about their capacity to teach the subject in schools are lacking. Teachers are key players in any successful implementation of educational programmes in schools (Kealey et al. 2000). Therefore, research is needed to document teachers' perceptions in relation to their age, gender, academic qualification, teaching experience, marital status, religion and training. Findings of such a study would be valuable as a guide for the implementation of the AIDS syllabus.

AIDS education syllabus is not examinable and it is being taught by teachers who are not specifically trained for this subject. Teachers who are charged with the responsibility of integrating it with other subjects have little or no background or interest in AIDS education and may perceive the subject as an intrusion on their normal practice (Kealey et al. 2000). Curriculum for behaviour change is likely to capture the audience at highest risk of contacting HIV/AIDS in schools (Kealey et al. 2000). A

behaviour change curriculum is likely to address the psychological factors that promote the target behaviour (early sexual activity) (Kealey et al, 2000). AIDS education is a very sensitive subject because it is assumed that teaching the youth about safer sexual practices might facilitate their involvement in sexual activities (Ford et al, 2001).

1.3 Purpose of the Study

The purpose of the study was to investigate teachers' perceptions towards implementation of HIV/AIDS syllabus in secondary schools. Specifically the study assessed teachers' perceptions towards various aspects of HIV/AIDS syllabus implementation, importance of HIV/AIDS syllabus in schools, factors that contribute to success of the syllabus, training of teachers and support needed to make the implementation process a success.

1.4 Objectives of the Study

1. To establish teachers' perceptions towards HIV/AIDS syllabus implementation in secondary schools in relation to the following variables :-

- Age
- Marital status
- Religion

- Academic qualification
 - Teaching experience
2. To determine teachers' perception towards various aspects of HIV/AIDS syllabus.
 3. To establish if teachers have been orientated/inserviced to implement HIV/AIDS syllabus.
 4. To find out if teachers are integrating HIV/AIDS syllabus with other subjects or they are teaching it separately.
 5. To identify the factors that are likely to hinder or prevent effective implementation of HIV/AIDS syllabus.
 6. To explore the types of support that teachers need to facilitate the implementation of the HIV/AIDS syllabus.

1.5 Research Hypotheses

The following null hypotheses were tested: -

H₀₁ There is no significant difference between teachers' perceptions towards implementing HIV/AIDS syllabus in schools and their age.

H₀₂ There is no significant difference between teachers' perceptions towards implementing HIV/AIDS syllabus in schools and their marital status.

H₀₃ There is no significant difference between teachers' perceptions towards implementing HIV/AIDS syllabus in schools and their

religion.

H₀₄ There is no significant difference between teachers' perceptions towards implementing HIV/AIDS syllabus in schools and their academic qualification.

H₀₅ There is no significant difference between teachers' perceptions towards implementing HIV/AIDS syllabus in schools and their teaching experience.

H₀₆ There is no significant difference between male teachers' perceptions and female teachers' perceptions towards implementing HIV/AIDS syllabus in schools.

H₀₇ There is no significant difference between teachers who have attended in-service courses and teachers who have not attended any in-service courses in their perceptions towards implementation of the HIV/AIDS syllabus in secondary schools.

1.6 Significance of the Study

Teachers are key to any effective innovative implementation in school. Therefore, this study was important because it enabled the discovery of barriers that hindered effective implementation of AIDS syllabus in schools (Kealey et al, 2000). AIDS syllabus in schools is a recent innovation thus; the information gathered by the researcher was of

a great importance to the syllabus designers, since it could be used in designing appropriate remedial measures to improve the subject.

Investments in HIV/AIDS curriculum implementation are in vain if the perceptions of teachers are negative towards the subject. This study was significant because it provided empirical evidence of teachers' perceptions on what should be done to make the implementation process more successful. The research also provided general information on professionals' perceptions towards HIV/AIDS education in schools. This may help the government in formulating policies to guide HIV/AIDS education campaigns. The findings of this study were pivotal in guiding future research on methodology since HIV/AIDS education is still a very new subject, also it generated new knowledge in the area of perceptions in educational practice.

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1.7 Limitations of the Study

HIV/AIDS education was still at its early stages of implementation and thus majority of the teachers were not familiar with the contents of HIV/AIDS syllabus implementation. Most of the schools the subject was being handled by guidance and counselling teachers thus not very co-operative.

1.8 Delimitations of the Study

The research was limited to Nairobi province public secondary school teachers. The findings of the study were therefore limited to Nairobi province and generalization in other parts of the country must be done with a lot of caution.

1.9 Basic Assumptions of the Study

1. All public secondary schools adhered to the government directive of implementing HIV/AIDS curriculum.
2. Respondents provided accurate and truthful responses to the questions in the study.

1.10 Definition of Significant Terms

Epidemic: refers to a disease that is infectious and spread fast through a large swathe of territory or population.

Heterosexual: refers to man to woman sexual contact.

Immune system: refers to a complex system of cells and cell secreted substance that protects the body from infection and disease.

Prenatal transmission: refers to mother to child transmission.

Virus: refers to one of the smallest infectious organism, which only lives and reproduces in live cells of other living things that they infect.

Pandemic: refers to an epidemic in which the number of individuals affected is very high.

Moral education: refers to what secondary schools are consciously doing to help students think about issues of right and wrong to desire the social good and behave in an ethical manner.

Perception: refers to teachers' attitude, feelings and dispositions implicitly and explicitly expressed or exhibited towards implementation of HIV/AIDS education in school.

Public secondary school: refers to post-primary school that is maintained by using public funds and has not less than ten pupils that receive regular instructions.

Academic qualification: refers to the level of education a respondent has attained.

HIV/AIDS Curriculum: refers to classroom instruction designed to teach students HIV/AIDS prevention, knowledge and skills.

Prevalence: refers to the total number of people with a virus at any one time.

Morbidity: the incidence of a disease.

Opportunistic infections: refers to infections, which attack the body more easily when the immune system is weakened.

Incidence: refers to the rate at which a new infection occurs usually expressed in terms of annual increase.

Adolescence: refers to the period of intense emotional and intellectual development between childhood and adulthood.

Sexually transmitted diseases/infections: refers to any infection primarily transmitted through sexual intercourse.

CD₄ cells: refers to a blood cell that protects the body by recognizing and destroying viruses and bacteria.

Immune system: refers to a complex system of cells and cell-secreted substances that protect the body from infection and disease.

Immuno-deficiency: refers to the immune system being unable to defend the body against Cancer, foreign attacks and infection.

Syndrome: refers to a collection of diseases or symptoms that together define a particular illness.

1.11 Organization of the Study

The study was organized into five chapters: the first chapter dealt with the introduction to the study which has the background to the study, statement of the problem, the purpose of the study, the research objectives, hypotheses, limitations of the study, delimitations, and basic assumptions of the study, definition of significant terms and finally organization of the study.

Chapter Two presented the review of related literature. It was organized in the following themes: perceptions of teachers on moral education; competence of teachers towards teaching of sex education in schools; teaching family life education; teachers' perceptions toward

HIV/AIDS; knowledge, attitude towards sexual behaviour and HIV/AIDS, factors that affect perceptions; problems facing HIV/AIDS education implementation; role of teachers in behaviour change and finally conceptual framework for the study is presented.

In Chapter Three, methodology of the study was discussed. This was divided into research design, target population, sample and sampling procedure, the research instruments, validity and the reliability of research instrument and finally the data analysis techniques. Chapter four consists of data analysis, research findings and discussion of the findings. In Chapter five, the summary of the findings, conclusions and recommendations for further research are presented.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter is organized under the following themes: the concept of perceptions; perception of teachers on moral education in schools; competence of teachers towards teaching sex education in schools; teaching family life education; teachers perception towards HIV/AIDS education; Knowledge, attitude and sexual behaviour towards HIV/AIDS; problems facing HIV/AIDS education implementation; role of a teacher in behaviour change and conceptual framework of the study are discussed at the end of the chapter.

2.2 The Concept of Perceptions

Goodey, (1971) defines perception as the process of awareness of objects or other data through the medium of senses. He notes that perception is not only a process of seeing but also of hearing, touching, tasting and smelling. Ukeje, Akabogu and Ndu, (1992) define perception as the act by which data or sensations that impinge upon the sensory system are screened and organized so that we identify and classify or have some knowledge of the stimuli.

Goodey, (1971) notes that perception relates to external stimuli, inner feelings and drives, experiences of the past, culture, beliefs, languages length of residence at a location and attitudes. Schein, (1987)

defines culture as a basic assumption and beliefs that are shared by members of the organization. Huseman, (1979) states that perception is caused by a number of factors: These include stereotyping, halo effect, the situation and characteristics of the perceiver and the perceived.

Ukeje, Akabogu and Ndu. (1992) argue that in any social system, a person's social behaviour is partly determined by how he or she perceives his or her role and the intentions of the role sender. They inform that values, interests, family background projection, past experience and marital status, affect perceptions. Projection is where one attributes his or her undesirable characteristics to the others. It is assumed that among the married couples, accuracy of perception is associated with more satisfactory interpersonal relationships.

There is no sure method of describing and measuring perception the description and measurement of opinion may in many instances be closely related to people's real feelings or attitudes. There are procedures that are extensively used to elicit opinion and attitudes. These are the Thurstone techniques, the Likert method and Semantic differential method also known as the Gultman method (Borg and Gall, 1989). One of the main disadvantages of these direct methods of perception measurements is that they are rather transparent in that the subject knows that his/her perceptions are being measured, when a subject is aware that he/she is being studied, he/she is likely to modify his/her responses in

order to please the researcher or appear open minded or enlightened. There are indirect measures of perception but have lower reliabilities than the direct methods mentioned.

2.3 Perceptions of Teachers' on Moral Education

Despite the interest and concern shown in introducing school-based HIV/AIDS education programs, not many studies are available that provide empirical data on how teachers perceive teaching of the subjects in schools. However, few studies have been done in Africa and Western countries related to the topic. These studies fall in moral education subjects like Social Education and Ethics (SEE), sex education or family life education and HIV/AIDS education.

Perceptions of teachers are crucial to the effective implementation of any new school programme. A study carried out by Beddoe, (1980) to find out the perceptions of teachers about moral education in Trinidad and Tobago derived teachers' perceptions from a moral value education survey conducted among 310 primary and secondary school teachers. The study found that: -

- (a) Moral education was seen as essentially an interactive process in an atmosphere that facilitates communication among students and teachers. The skills of the teacher in a variety of teaching and learning activities were found to be important.

(b) There should be a wide range of resource materials, resource centres or support systems for teachers teaching moral education. This shows clearly that any new innovation in the curriculum requires enough support for its effective implementation.

Social education in Kenya was introduced in the curriculum in 1986 to improve moral values of the students. In a research carried out on perceptions of secondary school teachers and student in Kisii district on the role of Social Education and Ethics in the moral socialization of the youth in Kenya, found out that coursework was written in haste and specific teachers to teach the subject had not been trained. With unsuitable content and no teacher trained, the aims of the subject are hard to achieve. In addition, when the subject became examinable students were taught to memorize facts and were increasingly finding it easy to pass in exams (Ogachi, 1995).

2.4 Competence of Teachers towards Teaching Sex Education in Schools

Sex education was mainly introduced in western countries to curb the problem of unwanted pregnancies, abortion and STDs. A research carried out on school sex education revealed clearly that teachers need further training to handle the subject and specialized training (Hellen, 1998). There has also been a problem of how sex education should be

taught. A research carried out in Nairobi Province by Ayayo, (1989) on how sex education should be imparted, came up with the following figures: 34% felt that the best way to do so was in one and one discussion, 29% felt that sex education should be taught to girls and boys separately, 16% suggested that it should be taught to both boys and girls together.

In Nigeria a research carried out to find out how prepared teachers were to teach sex education in the country's schools, concluded that both current and future population of teachers irrespective of their teaching experiences, academic qualifications and age were in support of sex education programme. However, their preparedness may be hindered by their scanty knowledge of what sex education actually entails (Adamolekun and Boyenbode, 1988).

2.5 Teaching Family Life Education

The (NCPD) situation survey (1997) on adolescent aged 15 to 19 and adults aged 20 to 54 to find out whether young people should be taught Family Life Education (FLE), found remarkable agreement between the parents and adolescent regarding topics to be taught. Data collected, however shows that majority of adolescents do not communicate with parents about reproductive health matters such as boy-girl relationship or HIV/AIDS and other STDs. Even smaller proportions of parents had talked to their adolescent children ages 15 to 19 about

sexual relations, puberty, abortion or family planning. Parents mostly talked to their adolescent children about school, future careers, alcohol and drugs. Studies also show that adolescents prefer to discuss reproductive health matters with their friends, brothers and sisters than with their parents. They instead prefer to get information from health care providers and schools. This justifies the need for HIV/AIDS education to be taught in schools.

2.6 Teachers Perceptions towards HIV/AIDS Education

Traditionally school based curriculum are provided by teachers, making teachers key to effective implementation (Kealey et al. 2000). Consequently, teacher training is regarded as essential for effective implementation in schools of any innovative teacher provided curriculum (Cameron, 1991). Some studies have shown that in-service training is positively related to more complete implementation and in some cases enhanced student outcome (Ross et al. 1991).

Bishop (1986) says innovations are not adopted by people on the basis of intrinsic value of innovation but rather on the basis of intrinsic value of the adopters' perception of the changes they personally will be required to make. He goes further to say that one needs to know that user systems receiving cultures often perceive innovation very differently from the change agent. Thus, a headmaster may see an innovation primarily in

terms of timetabling difficulties, a teacher in terms of job prospects or status, a parent in terms of its implication for examination results. Studies done reveal that teachers often perceive sex education as a source of anxiety (Massey, 1992). It is likely that sex education and HIV/AIDS education as part of that will suffer when having to compete for inclusion in a limited health education timetable.

A study carried out by Kimani, (1996) to investigate AIDS knowledge, attitudes and sexual behaviour of adult education teachers from Machakos district and Nairobi province revealed that most of the adult education teachers are well informed about AIDS. The respondents' knowledge of AIDS differed significantly depending on their residence. Adult education teachers from Nairobi scored higher on the AIDS knowledge scale (mean 15) than those from Machakos (mean 13.4). However, no significant difference was found between AIDS knowledge, sex, marital status or church leadership position held by the respondents. Although male adult education teachers scored slightly higher in AIDS knowledge scale when compared to their female counterparts the difference in scores was not statistically significant.

Most of the respondents 83.4% had positive attitude towards AIDS patients. Eighty nine point two percent agreed with the statement that the society should give moral and material support to AIDS patients. However, 67.6% of the respondents indicated that they would be scared to

come into contact with a person suffering from AIDS. Nairobi respondents had higher mean attitude scores as compared to those from Machakos. From the study, the researcher recommends that since adult education teachers have adequate AIDS knowledge and positive attitude they could therefore be trained to teach adult learners on the AIDS disease.

Research done by Ford et al. (2001) on beliefs about the appropriateness of AIDS related education for sixth and ninth grade students, recommended that future studies should assess school professionals such as teachers and administrators about the perception of HIV/AIDS education.

2.7 Knowledge, Attitude and Sexual Behaviour towards HIV/AIDS

Studies have been done on knowledge, attitude and change of sexual behaviour towards HIV/AIDS pandemic and most of them reveal that despite increased knowledge on the spread of the virus many people have not changed their sexual behaviour. A survey done on knowledge, behaviour and attitudes relating to HIV infection and AIDS among Kenyan secondary students to check on impact of public education, reported high level of knowledge regarding HIV and AIDS (Pattullo et al. 1994).

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The urgency to educate general public about AIDS stems from the fact that until a cure for the disease is found, education is the primary means by which the disease can be prevented or contained. Countries, which have introduced school-based programmes to teach sex and AIDS education, reveal increased knowledge and slight change of behaviour (Ford et al, 2001).

A study done in Nigeria on effectiveness of school based AIDS education programme for secondary students revealed that after intervention the mean number of reported sexual partners among the experimental students significantly reduced from 1.51 to 1.06 while it increased from 1.3 to 1.39 among the controls. Among the intervention groups, there was also an increase in consistent use of the condoms and the use of the condom at last sexual intercourse (Fawole et al, 1999).

Teenage pregnancy rates have been found to be lower in western countries, which both provide sex education in schools and access sexual health services (Jones et al. 1985). Another recent assessment by (UNAIDS) reveals that HIV/AIDS syllabus and sexual health education promotes safer sexual practices and does not increase sexual activity (UNAIDS, 1997). According to the report, effective programs help delay first intercourse and protect sexually active youth from STDs including HIV/AIDS and from unintended pregnancy. In another review of 23 school based HIV/AIDS education programs by Kirby et al, (1994) it was

revealed that adolescents who receive specific AIDS education are less likely to engage in sex and those who are sexually active are more likely to engage in sex with less frequency and utilize safer sex practices. The above researches indicate that school-based programs are important in preventing HIV/AIDS pandemic.

Other researches done indicate that schools represent the most efficient means of teaching majority of the youth about HIV and AIDS (Ford et al, 2001). This is because schools provide an effective way to prevent the spread of HIV/AIDS and potential to provide culturally sensitive and age-appropriate programmes (Kirby et al, 1994). It is in schools, where dissemination of accurate, comprehensive information and the provision of opportunities for the development of skills relevant to HIV/AIDS topic, such as delaying of sexual activity, condom use, abstinence sexual decision making and HIV/AIDS risk behaviours as the most effective preventive methods can be taught to combat this fatal disease (Ford et al, 2001).

A research carried out by NCPD, (1997) on HIV/AIDS transmission revealed that most of the respondents had heard of HIV/AIDS but knowledge levels of HIV/AIDS remain low. Considerable proportions of both older adolescents and adult did not have correct information regarding HIV/AIDS transmission. Many also believed that

condoms cannot protect against HIV/AIDS because of the fear they can burst or have holes in them.

2.8 Problems Facing AIDS Syllabus Implementation

Curriculum implementation is a systematic process of ensuring that the new curriculum reaches the immediate beneficiaries, the learners (Shiundu and Omulando,1992). Problems of curriculum implementation can originate within the teacher or the system (school environment) (Kealey et al, 2000).Both can inhibit a positive teacher reaction to a new curriculum and undermine its subsequent implementation and long-term acceptance (Levenson et al. 1996).

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A behaviour change curriculum involves innovative learning activities that may require the use of new or non-traditional teaching styles with which teachers are unfamiliar with (Botvin et al. 1990). Also because HIV/AIDS syllabus is not examinable there is often no natural “niche” for HIV/AIDS syllabus implementation and no teacher prepared to teach it. Furthermore in many schools there is no incentive to allocate limited time and resources to HIV/AIDS syllabus (Smith et al. 1995). Consequently if implemented at all, such curricula may be placed in academic course subject and be taught by teacher who have little or no background or interest in HIV/AIDS syllabus and who may perceive the unit as intrusion on their normal practice (Kealey et al. 2000). Also

teachers' are very busy; there are many special programs and concerns competing for their attention and time in the crowded school day.

Successful implementation requires that teachers have a complete set of curriculum materials including all auxillary materials (for example videotapes, workbooks and posters) used in lesson activities. Providing materials allows teachers to focus their attention on teaching their students rather than tracking down materials they do not have (Kealey et al. 2000). It saves teachers' time. makes implementation and evades failure caused by skipping lessons because they lack essential resources (Davis and Tricker, 1988).

HIV/AIDS education implementation has faced a number of problems as stated below:

Nduati and Kiai, (1996) have shown on the basis of their findings in Malawi:

- (a) The learning materials are limited in supply and belong to the school.
- (b) The Ministry of Education has not given clear guidelines on what and how the subject should be taught. Coupled with this, the non-examinable nature of the subject results in minimal motivation for the teachers to teach the subject.
- (c) The curriculum itself is shallow and the teachers have not been trained on how to use it.

(d) There are many teachers with a negative attitude towards the teaching of sexuality in schools hence one would expect them to be unwilling to teach the subject.

In addition, a report by a professor of education at the University of Zambia (Daily Nation, 2000: p.18) reports that AIDS education encounters certain problems. Programs appear to have been developed from the top with little participation of teachers, parents and young people. In addition, classroom delivery has little to do with real life situation. Competence, knowledge and teachers' understanding of the subject have been doubted. Further training is seen as inadequate in equipping teachers with skills that can fully impart the necessary HIV/AIDS education skills. Teachers also question their role in this form of education. They are anxious that they may offend community taboos or be accused of promoting promiscuity and loose moral. He goes further to say that teachers are also resistant arguing that sex education, formulation of appropriate sexual attitudes and change of behaviour are not part of their duty.

In western countries, similar studies have been done to evaluate the success of the programmes. A study done on AIDS prevention and condom availability in urban school systems found out that those programmes that were supported by principals were of good quality as compared to those that were not supported (Rafferty and Rudosh, 2000).

Teachers who were interviewed expressed need for high quality training and technical assistance. They stressed on the need for updated information and ongoing training in the areas of cultural values about sex (55 percent) talking about sexuality with parents and students (50 percent), integrating HIV/AIDS education into curriculum (45 percent) and gender role issues (36 percent). This indicates that teachers were not fully prepared to handle the subject. Rafferty and Rudosh (2000) reported a team leader from a vocational school saying that:-

You cannot give a lesson to a teacher and say here, teach this lesson because it is mandated. If the person is not knowledgeable, they are going to give misinformation or stand there at a loss of what to say (p.57).

This can be supported by classroom observations done by the evaluation team occasionally witnessed misinformation being expressed. In general, HIV/AIDS education syllabus in Kenya is likely to face similar problems as faced by other implementations in other countries.

2.9 Role of Teachers in Behaviour Change

HIV/AIDS education aims at modifying students' behaviour. To adopt a new behaviour, an individual must know what actions constitute that behaviour. Likewise to implement effectively teachers must understand what is expected of them in their role as curriculum providers

(Kealey et al, 2000). This is particularly true in the case of behaviour change curriculum that requires mastery and implementation of new teaching techniques.

Coombs, (1962) says that the role of a teacher in behaviour change curricula should not be that of a director, a maker, a manipulator, but he must be a person who assists, helps, aids and ministers to growing living dynamic organisms already in the process of becoming. This means that teaching must be a process of helping children explore and discover their life experiences.

2.10 Inservice Training

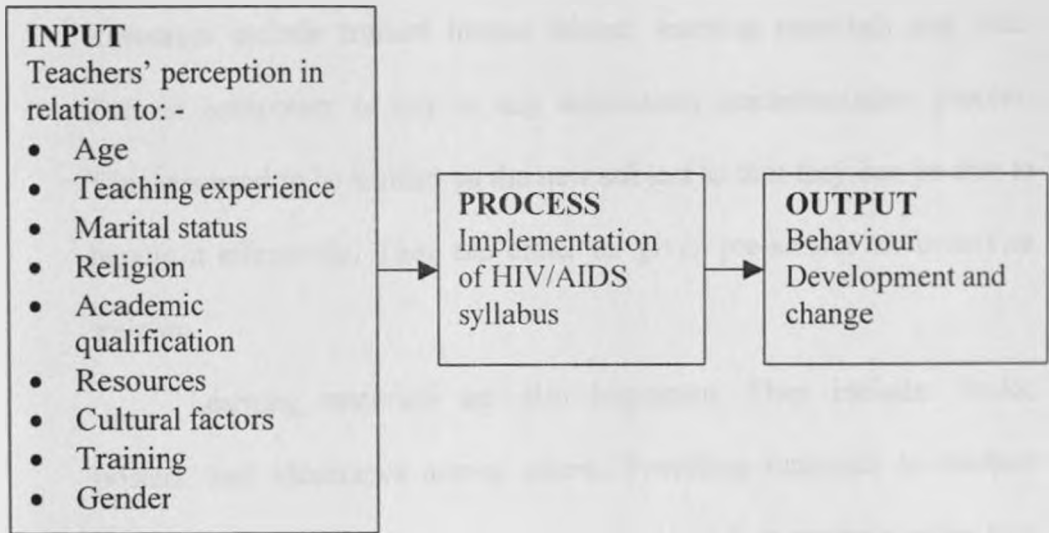
In-service training is a means of introducing new teaching methods or skills and incorporating these into classroom practice. The goal of in-service training is behavioural that is teachers implement the curriculum as it is intended. The following are objectives of in-service training objectives as stated by (Kealey et al, 2000):

- Motivate teachers to want to teach the syllabus.
- Communicate implementation responsibilities to teachers with all materials.
- Furnish teachers with all materials essential for successful implementation of curriculum.
- Help teachers gain the information, skills and confidence needed to successfully implement the curriculum.

In service training must help teachers acquire any new information or skills required by the curriculum and build their confidence in working with unfamiliar subjects or teaching styles.

2.11 Conceptual Framework

Figure 1: Factors influencing HIV/AIDS curriculum implementation



INPUT

Teachers' perceptions

Teachers' attitudes, feelings or skills influence curriculum implementation. Teachers' with more positive attitudes lead to successful curriculum implementation than the ones with negative attitudes. Teachers' personal characteristics like gender, age, working experience, religion, marital status, academic qualification and training may also influence HIV/AIDS syllabus implementation.

Resources

Curriculum implementation is a systematic process of ensuring that the new curriculum reaches the immediate beneficiaries; the students

(Omulando & Shiundu, 1992). It is influenced by a number of factors: availability of resources is a key factor to any successful implementation. Resources include trained human labour, learning materials and time. Trained manpower is key to any curriculum implementation process. Teachers need to be trained on the new subject so that they can be able to handle it effectively. They can either be given pre-service or in-service training.

Learning materials are also important. They include: books, posters, and videotapes among others. Providing materials to teachers allows them to focus their attention on teaching their students rather than tracking materials they do not have. This saves teachers' time and makes implementation a success. Availability of time is also important because teachers need ample time to teach the new subject. Limited time leads to problems in implementation.

Cultural Factors

A new subject to be implemented successfully must be compatible with the values, practices and characteristics of the user system. This is because compatibility ensures greater security and less risk to the user. If it is not compatible the implementation will face problems (Coombs, 1962).

Personal Factors

They include factors that originate from the persons implementing the subject. They include: gender, age, working experience, religion and attitude. Older people might be more willing to implement a new syllabus than younger ones and vice versa.

PROCESS

The actual process of HIV/AIDS curriculum implementation starts when the syllabus reaches the learners. Availability of all the needed materials to implement the syllabus makes it a success.

OUTPUT

The end result of a good HIV/AIDS syllabus implementation is behaviour development and change of the learners.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This section describes methods that were used to carrying out this study. It covered the following areas: Research design: target population: sample and sampling techniques and research instruments. Validity and reliability of research instruments, data collection procedures and analysis techniques are examined at the end of the chapter.

3.2 Research Design

This was a survey study design. Wiersma (1985) defines a survey design as follows:

Survey research in education is conducted to determine the status quo and gathering of facts rather than manipulation of variables. It can also deal with incidence and inter-relationship of sociological and psychological variables, usually as they occur in some educational context. Such studies deal with how people feel or perceive how they behave or their role or group status.

The design was suitable for this study because the aim of the study was to gather extensive opinions from teachers concerning implementation of HIV/AIDS syllabus in schools.

3.3 The Target Population

The target population for the study consisted of all the teachers currently teaching in Nairobi province public secondary schools. There were 1500 such teachers distributed in 45 schools. Therefore, the target population comprised 306 out of which 249 teachers returned the questionnaires of whom 71 were male and 178 were female. Nairobi province was appropriate for this study since it is second in Kenya with percentage of prevalence of 15.9% after Nyanza with 21.9% prevalence (NAS COP, 2000). Nairobi schools have teachers and students from all over the country. Due to their diversity in cultural background teachers' perceptions provided important leads on how to organize the subject matter. The study concentrated on only the public secondary schools because all of them were adhering to government directive of implementing HIV/AIDS education syllabus. These public schools consisted of mixed boys and girl's day and boarding schools, and boys and girls only day and boarding schools.

3.4 Sample and Sampling Procedure

In this study, the sample size of the teachers was 306. This was derived from the sample size table developed by Krejcie and Morgan, (1970). They recommend that from a population of 1500 at least 306 teachers could be chosen as representative sample for the study. Simple random sampling was used to select the teachers. The number of teachers was increased from 306 to 400 which is 26.7% as compared to the total population to allow for some who due to circumstances would drop out. This equaled to 10 teachers from each school. of the 306 teachers 249 (81.4%) successfully completed the questionnaire. The remaining five schools were used for pilot study. Teacher's names from each school were written on small pieces of paper and then put in a basket. One paper was picked at a time. until all the ten teachers were selected.

Random sampling was appropriate because it gave data, which could be generalized, to a larger population from where it was chosen within margins of error. In addition, it allowed the researcher to apply inferential statistics to the data. Furthermore, the selection of one individual did not affect any other individual.

3.5 Research Instruments

The data of this study was collected using a questionnaire. There was one set of questionnaire meant for the teachers. The questionnaire was divided into three sections. Section one contained six items. The items in section one sought background information of the respondents such as age, marital status, religion, academic qualification and teaching experience.

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The second section of the questionnaire contained 30 statements that sought information on teachers' perceptions towards various aspects of HIV/AIDS implementation. In this section the likert summated rating method was used. Each statement in the perception scale was followed by the five responses. These responses are: - Strongly Agree (SA), Agree (A), uncertain (U), Disagree (D) and Strongly Disagree (SD). The respondents expressed their favourable or unfavourable attitude towards each of the items by ticking only one response. The third section of the questionnaire comprised of open-ended questions. The open ended questions solicited in depth information from the respondents to supplement discussion on and interpretation of quantitative data. The respondents provided written answers to the questions raised.

The researcher developed a questionnaire since none was found appropriate for the study. However, particular reference was made to instrument used by Gitonga (1999). The questionnaire was first examined

by a panel of experts at the department and faculty level and further validated through a pilot study. One advantage of using a questionnaire in this research was that questions for each respondent were framed the same way therefore allowing uniformity for all the respondents.

3.6 Validity and reliability of the research instruments

The validity and reliability of research instruments in this study were determined by carrying out a pilot study. Piloting the instruments enhanced the reliability that is the dependability, accuracy and adequacy of the instruments. Since the responses from the respondents indicated whether the instruments measured what they purported to measure (Bennet, 1973). After analysing of pilot study responses, it was found necessary to revise and modify the instruments. The modification included re-framing of the items. The irrelevant items were reworded to elicit the required response. One question that was discarded was the gender of students taught by teachers. Piloting of the research instruments was done in five schools not included in the main study.

The purpose of piloting was to find out if the items in the instruments were understood by respondents. The instruments were comprehensive enough to provide anticipated type of data; to determine whether the research objectives were being fulfilled.

Isaac and Michael (1981) stated that the advantages of a pilot study were that it enabled the researcher to get feedback from research subjects that leads to improvements in the main study, leads to changes to some hypothesis. dropping some and developing new ones and increases the chances of obtaining clear cut findings in the study. This was found to be true in this study.

To enhance validity two university lecturers who are specialist in Educational Administration and curriculum development reviewed the instrument. Validity was also enhanced by use of items from work of Gitonga (1999) but were reframed. The researcher used the split-half method to determine the coefficient of internal consistency or reliability co-efficient whose values vary between 0.00 and 1.00. The closer the value is to 1.00, the stronger its congruence measure (Adams and Schraneldt, 1985). The instruments were split into two sub-tests. The odd numbered items were placed into one sub-test and the even numbered items for each of the respondents in the study were completely separately. Pearson product moment correlation coefficient formula was used. The correlation co-efficient (r) obtained was 0.65 which was corrected by spearman Brown prophecy formula as given below.

$$r_{xx'} = \frac{2r_{oe}}{1 + r_{oe}}$$

Where $r_{xx'}$ is = the reliability of the original test

r_{oe} = the reliability co-efficient obtained by correlating the scores of the odd statements with the scores of the even statement. (Nachmias, 1996) pg. 173

$$r = 0.65$$

$$r_{xx'} = \frac{2(0.65)}{1 + 0.65} = \frac{1.3}{1.65} = 0.787 \approx 0.8$$

$$r_{xx'} = 0.8$$

3.7 Data collection procedure

The researcher sought permission and authority from the Office of the President to conduct the study in Nairobi Province. A research permit and a letter of permission were granted. The researcher then visited the office of the Provincial Commissioner to inform the office as instructed by the letter. Before visiting some of the schools the researcher made an appointment with the head teacher by telephone. This was because of their busy schedule. The researcher then visited the sampled schools to personally deliver the questionnaire to the respondents on visiting the schools, the researcher tried to create rapport with the head teachers, who directed the researcher to the teacher in charge of HIV/AIDS syllabus implementation and in most cases it was head of department in guidance and counseling. The researcher explained to the head of department the purpose of the study and how they were supposed to fill the

Questionnaires. Majority were willing to fill the Questionnaire in one week while others wanted to be given two weeks. This was so because by the time the researcher was collecting data teachers were setting exams for end of second term and mocks for form fours. The researcher visited the schools more than two times to collect questionnaires.

3.8 Data Analysis Procedure

After data were collected from the field, it was analysed and interpreted. The data were analysed using frequency tables, piecharts, barcharts, percentages and means. t-test and one way Analysis of variance (Anova) was used in testing the stated hypotheses. For, section two of the questionnaire, the likert summated rating scale was used. Each item of the perception scale was followed by five responses. Those responses that supported positive statement were, regarded as positive responses. The responses were scored as follows:

SA = 5, A = 4, UD = 3, D = 2, SD = 1.

Responses that did not support positive statements were regarded as negative. Since there were no negative items supporting positive perceptions, reverse scoring was not found necessary to determine whether there was significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus and their personal qualities of age, teaching experience, academic qualification religion and marital status.

one way analysis of variance was used. ANOVA was used to test H_{01} , H_{02} , H_{03} , H_{04} , H_{05} . Two tailed t-test was used to test H_{06} and H_{07} .

Analysis of variance is a statistical procedure used to examine whether the observed differences or variance among more than two samples can be attributed to chance or whether they indicate actual differences among the means of the populations sampled: is the difference statistically significant? (Freud and Simon, 1991: p 357). Analysis of variance is also known as F-test (Schuttle, 1977, p 146) in ANOVA the null hypothesis is

$$\mu_1 = \mu_2 = \mu_3 = \dots \dots \dots \mu_k$$

The hypothesis test was made at 0.05 level of significance. If the computed f-ratio was smaller than the critical value the H_0 was accepted. while if the f-ratio was greater than the critical value. the H_0 was rejected. Alternatively, when p-value was less than the specified alpha of 0.05 the H_0 is accepted (Sanders, 1990). Both approaches were used in rejecting and accepting the hypothesis.

In testing the null hypothesis H_{06} and H_{07} t-test was used. t-test is the test of significance of the difference between two sample means (Best and Khan, 1998). The following formula was used:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\frac{\sqrt{(N_1-1)S_1^2 + (N_2-1)S_2^2 \left(\frac{1}{N_1} + \frac{1}{N_2}\right)}}{N_1 + N_2 - 2}}$$

Where

\bar{X}_1 = mean of samples 1

\bar{X}_2 = mean of sample 2

N_1 = size of sample 1

N_2 = size of sample 2

S_1^2 = variance of sample 1

S_2^2 = variance of sample 2

When t- value is higher t-critical at the 0.05 level of significance the null hypothesis is rejected and accepted if otherwise. Alternatively when the p-value is less than alpha = 0.05, the null hypothesis is rejected (Freud and Simon, 1991). The second approach was used in accepting or rejecting the null hypothesis. A computer programme, SPSS/ PC + (Statistical package for social sciences) was used in analysing the data.

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CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 INTRODUCTION

This chapter presents and analyses the findings of the study. The findings of the study are organized under various sub-heading according to research objectives. These sub-headings are: Teachers perceptions towards various aspects of HIV/AIDS syllabus, Need for HIV/AIDS syllabus in schools, importance of HIV/AIDS syllabus in schools, role of teacher in HIV/AIDS syllabus, training of teachers in HIV/AIDS syllabus, support of other people needed in implementation of HIV/AIDS syllabus and time.

Results of tested hypotheses are also presented. Before presenting analysis of data collected and emerging interpretations, the chapter briefly presents the characteristics of the samples used in the study and demographic data of the respondents. In the analysis of the data t-test and one way analysis of variance way used. The results of the data are presented using frequency, tables, percentages, means, pie charts and graphs.

4.2 Characteristics of the sample used in the study

A total of 249 respondents out of 306 completed the questionnaires. All the respondents were secondary teachers drawn from public schools in Nairobi province. This was 81.4% return rate. Such a

return rate was considered adequate for the current study. In support of such rate of return Hertman and Hedbord (1979) states that 50% is adequate 60% good, 70% or more is very good.

4.3 Teachers in the sample

Frequencies and percentages were used to describe the demographic data of teachers used in the study. The results obtained are presented in tables and figures.

In Table 1, The Gender of teachers is presented.

Table 1: Gender of Teachers

Gender	Frequency	Percentage
Female	178	71.5
Male	71	28.5
Total	249	100.0

The study revealed that there were more female teachers from the sample in Nairobi province secondary schools than there were male teachers. The female teachers formed a total of 71.5% compared to only 28.5% male teachers. This means that HIV/AIDS syllabus is mainly being implemented by women teachers who constitute the majority in the study.

Table 2, presents Age of the Teachers.

Table 2: Age of the Teachers

Age	Frequency	Percentage
35 and below	129	51.8
36 – 40	61	24.5
41 – 45	38	15.3
46 – 50	14	5.6
51 – 55	7	2.8
Total	249	100.0

The respondents differed in age, majority of them 129 (51.8%) falling under 35 years and below, 24.5% fell between 36 – 40 years and 15.3%, 41 – 45 years of age. Only 14 (5.6%) teachers were relatively old and another 7 (2.8%) were between 51 – 55 years, hence, nearing retirement. This table shows that teachers in Nairobi province had very high turnover because they were reducing by more than a half from one age group to the other, by the time they are reaching retirement age majority had left the teaching profession. This has the implication that majority of the teachers who are teaching HIV/AIDS syllabus are relatively young. The Religion of teachers is presented in Table 3.

Table 3: Religion of Teachers

Religion	Frequency	Percentage
Christian	242	97.2
Muslim	5	2.0
Traditionalist	2	0.8
Total	249	100.0

Majority of the respondents were Christians forming 97.2%. Only 5 (2.1%) and 2 (0.8%) were Muslims and traditionalist respectively. This in essence means that most schools in Nairobi were started by missionaries. Christians in Kenya have always resisted implementation of Sex Education in schools and in this study being the majority we will be able to get a clear picture about their perception toward HIV/AIDS syllabus in schools.

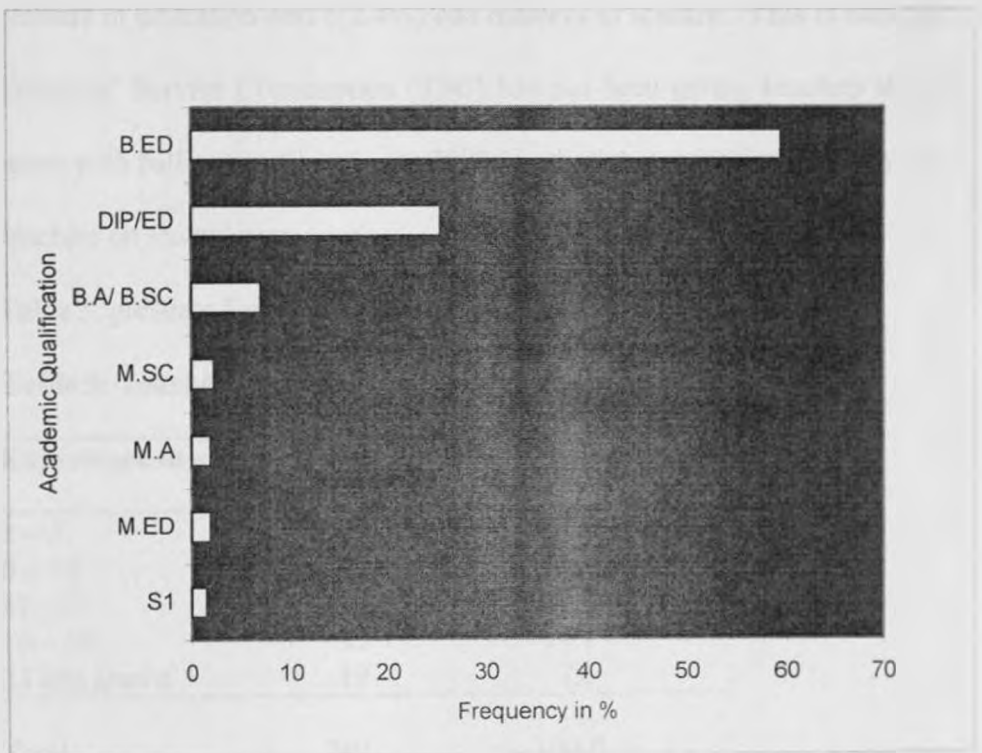
Table 4 presents marital status of teachers.

Table 4: Teachers' marital status

Marital status	Frequency	Percentage
Single	38	14.9
Married	207	83.1
Separated	2	0.8
Widowed	3	1.2
Total	249	100.0

From Table 4, 83.1% of the teachers were married and 14.9% were single, 0.8% were separated and 1.2% widowed. This shows that teachers are good role models in the society and thus most suited in implementation of HIV/AIDS syllabus which requires behaviour change and development of the students. Figure 2. presents academic qualifications of teachers.

Figure 2: Academic Qualification of Teachers



The academic qualifications of teachers ranged from SI to masters degree. Majority of the teachers were university graduates with Bachelor of Education forming 59.4% of the sample. There were only four teachers that is 1.6% with SI certificate. This was greatly attributed by the fact that

majority of SI and diploma teachers were redeployed in primary schools and have gotten replaced by newly trained graduate teachers (Kariuki, 2001). About 25.3% were diploma holders in education, while 7.2% were university graduates with Bachelor of Arts and Bachelor of Science but had done postgraduate diploma in Education. Only sixteen teachers out of 249 had a masters degree, 5 (2.0%) had masters in Arts, 5 (2.0%) had masters in education and 6(2.4%) had masters in science. This is because Teachers' Service Commission (TSC) has not been giving teachers study leave with full pay until last year 2002 is when they approved full pay for teachers on study leave.

Table 5, presents Teachers teaching experience.

Table 5: Teachers teaching experience

Experience in years	Frequency	Percentage
1 – 5	36	14.5
6 – 10	79	31.7
11 –15	80	32.1
16 – 20	35	14.1
21 and above	19	7.6
Total	249	100.0

Table 5, shows that teachers with teaching experience of between 6 – 10 and 11 – 15 years scored almost the same percentages because they had 79 (31.7%) and 80 (32.1%) respectively. Thirty five teachers had taught for less than 5 years, 19 teachers had taught for more than 21 years.

This means that most of the newly trained graduates are being posted outside Nairobi province.

4.4 Teachers perception towards various aspects of HIV/AIDS syllabus implementation

In this section the researcher analyzed teachers' perception towards various aspects of HIV/AIDS syllabus implementation. These aspects are:

- Need of HIV/AIDS syllabus in schools, importance of HIV/AIDS syllabus to learners, role of teacher in HIV/AIDS syllabus implementation.

Training of teacher in implementation of HIV/AIDS syllabus, support of other people needed and time. This was found necessary, since it is possible for teachers to be positive in their perception or uncertain in other areas. Responses from some of the open ended questions were used to supplement information in the section. This was the second objective of the study. Table 6 reflects teachers' perception towards the need of HIV/AIDS syllabus in schools.

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Table 6: Perception on Need for HIV/AIDS syllabus in schools

Need for HIV/AIDS syllabus in schools		SA	A	U	D	SD	Total
1. The introduction of HIV/AIDS education in Kenyan secondary schools is an appropriate step towards prevention of HIV/AIDS	N	176	63	4	3	3	249
	%	70.7	25.3	1.6	1.2	1.2	100.0
2.HIV/AIDS education will help young people change their sexual behaviour	N	105	119	11	10	4	249
	%	42.2	47.8	4.4	4.0	1.6	100.0
3. Teaching of HIV/AIDS education will help in reducing other teenage problems such as early pregnancies in schools.	N	89	127	15	12	6	249
	%	35.7	51.0	6.0	4.8	2.4	100.0
4.HIV/AIDS education syllabus should be examinable	N	47	56	42	61	43	249
	%	18.9	22.5	16.9	24.5	17.3	100.0

Majority of the teachers had a positive disposition towards the need of HIV/AIDS syllabus implementation in schools. About 70.7% strongly agreed that it was an important step towards prevention of HIV/AIDS pandemic, whereas 1.2% strongly disagreed. One point two percent disagreed, 1.6% were undecided and 25.3% agreed with the statement. About 47.8% of the teachers agreed that HIV/AIDS syllabus will help young people change their sexual behaviour, 42.2% strongly

agreed, 44.6% were undecided, 4.8% disagreed and 1.6% strongly disagreed with the statement.

Fifty one percent agreed that HIV/AIDS education would help in reducing teenage problems like early pregnancies in schools, 4.8% of the teachers disagreed with the statement, 2.4% strongly disagreed, 6.0% were undecided and 37.7% strongly agreed. This was in agreement with Kuhn et al, (1994) that HIV/AIDS education was an important priority for schools. They were also optimistic that HIV/AIDS education could influence students to develop safer practices.

Question 4. in Table 6, reflects that most of the teachers were divided on whether HIV/AIDS syllabus should be examinable. Majority of them were undecided whereas a slight majority disagreed with the statement. This could be attributed by the fact that only 11.4% had been in-serviced and 88.6% had not been in-serviced thus showing no interest in it being examinable. Table 7 shows importance of HIV/AIDS syllabus in schools.

Table 7: Importance of HIV/AIDS syllabus in schools

Importance of HIV/AIDS syllabus in schools		SA	A	U	D	SD	Total
1. HIV/AIDS syllabus helps learners to acquire necessary knowledge skills about HIV/AIDS, STI's	N	147	86	10	5	1	249
	%	59.0	34.5	4.0	2.0	0.4	100.0
2. HIV/AIDS syllabus helps learners to appreciate facts and issues related to HIV/AIDS and STI's.	N	120	115	10	4	-	249
	%	48.2	46.2	4.0	1.6		100.0
3. HIV/AIDS syllabus helps learners to develop life skills that will lead to AIDS and STI's	N	77	120	21	28	3	249
	%	30.9	48.2	8.4	11.2	1.2	100.0
4. HIV/AIDS syllabus helps learners identify appropriate sources of information on HIV/AIDS related issues.	N	88	129	20	9	3	249
	%	35.3	51.8	8.0	3.6	1.2	100.0
5. HIV/AIDS syllabus helps learners make decisions about personal and social behaviour that reduce risk of HIV and STI's infection	N	99	119	17	14	-	249
	%	39.8	47.8	6.8	5.6		100.0
6. HIV/AIDS syllabus helps learners show compassion towards and concern for those infected and affected by HIV/AIDS	N	63	133	27	20	6	249
	%	25.3	53.4	10.8	8.0	2.4	100.0
7. HIV/AIDS syllabus helps learners to be actively involved in school and out of school activities aimed at prevention and control of HIV and STI's infections	N	55	110	46	35	6	249
	%	22.1	44.2	18.5	14.1	1.2	100.0
8. HIV/AIDS syllabus helps learners communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STI's.	N	59	133	33	20	4	249
	%	23.7	53.4	13.3	8.0	1.6	100.0

Teachers had positive perception towards the importance of HIV/AIDS in schools, since majority of them either strongly agreed with the statement or agreed. Another slight minority had negative disposition. From Table 7, Question one scored highest with 59.0% of teachers strongly agreeing with the statement that HIV/AIDS syllabus helped learners acquire necessary knowledge, skills about HIV/AIDS, STI's, seconded by about 48.2% strongly agreeing with the statement that HIV/AIDS syllabus helped learners develop life skills that will lead to AIDS and STI's free life. About 18.5% were undecided on whether HIV/AIDS syllabus helped learners to be actively involved in school and out of school activities aimed at prevention and control of HIV/AIDS and STI infection and also 13.3% were also undecided on whether HIV/AIDS syllabus helped learners communicate effectively with peers and other issues and concerns related to HIV/AIDS and STI's. This could be contributed by the fact that implementation of HIV/AIDS syllabus was at its initial stage in almost all the schools. Table 8 shows teacher's view towards their own role in the implementation of HIV/AIDS syllabus in schools.

Table 8: Teachers perception towards their Role in HIV/AIDS implementation process

Role of teacher in HIV/AIDS implementation process		SA	A	U	D	SD	Total
1. It is responsibility of specifically trained teachers to teach HIV/AIDS syllabus in schools.	N 87 % 34.9	65 26.1	28 11.2	53 21.3	16 6.4	249 100.0	
2. It is the responsibility of the subject teacher to introduce practical programmes to the students to increase the awareness of the pandemic.	N 53 % 21.3	109 43.8	31 12.4	36 14.5	19 7.6	249 100.0	
3. It is the responsibility of the subject teacher to foster conducive environment for implementation of HIV/AIDS syllabus in schools.	N 59 % 23.7	105 42.2	40 16.1	35 14.1	10 4.0	249 100.0	
4. Teachers are to liase with community professional and invite them to give lectures to students concerning HIV/AIDS.	N 137 % 55.0	88 35.3	10 4.0	11 4.4	3 1.2	249 100.0	
5. Teachers are to liase with parents to come and give lectures about HIV/AIDS.	N 93 % 37.3	80 32.1	37 14.9	28 11.2	11 4.4	249 100.0	
6. Teachers should be well equipped with HIV/AIDS educational materials	N 169 % 67.9	66 26.5	3 1.2	7 2.8	4 1.6	249 100.0	
7. Teachers need to be trained in teaching HIV/AIDS syllabus in schools	N 176 % 70.7	60 24.1	3 1.2	8 3.2	2 0.8	249 100.0	
8. Teachers with training in HIV/AIDS syllabus in schools have a positive view towards HIV/AIDS syllabus implementation.	N 124 % 49.8	77 30.9	31 12.4	13 5.2	4 1.6	249 100.0	
9. HIV/AIDS syllabus implementation is not successful because teachers lack training in the subject	N 113 % 45.4	67 26.9	33 13.3	26 10.4	10 4.0	249 100.0	

Table 8 shows that teachers had positive perception towards their role in implementing HIV/AIDS syllabus in schools. Twenty one point five percent strongly agreed, 43.8% agreed that it was the responsibility of subject teacher to introduce practical programmes to the students to create awareness of the pandemic. About 14.5% disagreed, 12.4 were undecided, and 7.6% strongly disagreed. About 55.0% of the teachers felt strongly that it was their responsibility to invite community professionals to give lectures to students concerning HIV/AIDS. This is in agreement with Kuhn et al, (1994) that selection of teachers for AIDS education was important as not all teachers were necessarily equally skilled or motivated. Davis et al, (1997) also reported that sex education was the responsibility of teachers rather than parents because teachers were likely to know more than the average parent. They also felt that parents were fooling themselves if they thought they could talk fully about sexual matters with their children.

Table 8, statement 1, teachers varied in their responses towards specifically trained teachers to teach HIV/AIDS syllabus. About 34.9% strongly agreed, 26.1% agreed, 11.2% were uncertain, 21.3% disagreed and 6.4% strongly disagreed. This was in agreement with Kuhn et al, (1994) who felt that all teachers need to be reached by Aids education and training programmes to ensure their support. Table 9 presents teachers' perceptions towards training of teachers in HIV/AIDS syllabus.

Table 9: Teachers perceptions towards training of teachers in HIV/AIDS syllabus

Training teachers in HIV/AIDS syllabus		SA	A	U	D	SD	Total
1. The success of HIV/AIDS syllabus implementation is dependent upon a trained teacher.	N	83	73	31	44	18	249
	%	33.3	29.3	12.4	17.7	7.2	100.0
2. In service courses are important to prepare teachers in order for them to handle the subject effectively	N	150	88	8	3		249
	%	60.2	35.3	3.2	1.2		100.0
3. Colleges need to offer methods to apply when teaching sensitive subjects like HIV/AIDS education syllabus	N	149	76	13	8	3	249
	%	59.8	30.5	5.2	3.2	1.2	100.0

About 49.8% of the respondents indicated that training in HIV/AIDS syllabus in schools contributed to their positive perception towards implementation of HIV/AIDS syllabus. This conforms with Triandis (1971) writing that perceptions are learnt through direct exposure to the perception object. About 34.9% of the respondents indicated that the success of HIV/AIDS implementation was dependent upon a trained teacher. In essence this point out that training is a necessary ingredient to successful HIV/AIDS implementation programme. This can be supported by the fact that 95.7% supported provision of in service courses to teacher whereas 59.8% and 30.5% strongly agreed and agreed respectively that

colleges need to offer special methods to apply when teaching sensitive subjects like HIV/AIDS education syllabus. Table 10 shows support of other people needed in the implementation of HIV/AIDS syllabus.

Table 10: Teachers perceptions towards support of other people needed in the implementation of HIV/AIDS syllabus in schools.

Support of other people needed		SA	A	U	D	SD	Total
1. Ministry of Education needs to provide teaching materials to schools in order for HIV/AIDS syllabus implementation to be a success	N	182	60	3	3	1	249
	%	73.1	24.1	1.2	1.2	0.4	100.0
2. Teachers need administrative support to handle the subject more efficiently	N	162	77	3	4	3	249
	%	75.1	30.9	1.2	1.6	1.2	100.0
3. Parents support is needed for HIV/AIDS syllabus implementation to be successful in schools.	N	140	86	8	12	3	249
	%	56.2	34.5	3.2	4.8	1.2	100.0
4. It is important that all staff members participate in implementation of HIV/AIDS syllabus in schools	N	122	86	20	14	7	249
	%	50.0	34.5	8.0	5.6	2.8	100.0

Table 10 reflects that majority of the respondents needed support from the ministry of education, administrators, parents and other members of staff. About 73.1% strongly agreed that the ministry of education

should provide teaching materials. About 75.1% indicated that they strongly needed administrative support. 56.2% needed parents support and 50% strongly agreed that all the members of staff should participate towards it's implementation. HIV/AIDS syllabus implementation is a corporate enterprise between the Ministry of Education, teachers, administrators, parents and other members of the community.

Only 20 (8.0%) teachers were unsure on whether all the members of staff should participate in the implementation of HIV/AIDS syllabus. This can be attributed by the fact that most of the teachers are overloaded by the 8-4-4 system and thus are unwilling to teach an extra subject on top of their teaching subjects. Table 10, results are in agreement with Kuhn et al, (1994) who found out that participation of the whole community (parents, teachers and students) was a key principle to the development of the HIV/AIDS education programme. Time is another important component for successful HIV/AIDS implementation.

Table 11 shows time needed for implementation of HIV/AIDS syllabus.

Table 11: Teachers perception towards the need for specific time needed for the implementation of HIV/AIDS syllabus

Time		SA	A	U	D	SD	Total
1. HIV/AIDS syllabus require specific time allocated in school time table	N	134	61	17	23	14	249
	%	53.8	24.5	6.8	9.2	5.6	100.0
2. HIV/AIDS education syllabus should be taught as a separate subject in Kenyan secondary school	N	103	63	29	32	22	249
	%	41.4	25.3	11.6	12.9	8.8	100.0

From the Table 11, about 78.3% strongly indicated that specific time was needed to be allocated in the timetable for HIV/AIDS syllabus. About 14.8% did not support need for specific time at all and 6.8% were uncertain on whether HIV/AIDS syllabus needed specific time for its implementation. In the second statement 66.7% indicated that HIV/AIDS syllabus should be taught as a separate subject whereas 21.7% were not in support of the statement. About 11.6% were uncertain on whether HIV/AIDS syllabus needed specific time for its implementation. This can be attributed by the fact that the ministry of education indicated that the syllabus can be taught as a separate subject or teachers can integrate it with other subjects. Table 12 presents mean score and standard deviation of teachers towards aspects of HIV/AIDS syllabus implementation.

Table 12: Mean score and standard deviation of teachers perceptions towards aspects of HIV/AIDS syllabus implementation

Aspects of HIV/AIDS syllabus	N	Mean	Standard. Deviation
1. Introduction of HIV/AIDS education is an appropriate step towards prevention of HIV/AIDS.	249	4.6	0.7
2. HIV/AIDS prevention will help young people change their sexual behavior.	249	4.3	0.9
3. HIV/AIDS education will help in reducing other teenage problems e.g. pregnancies.	249	4.1	0.9
4. HIV/AIDS education syllabus should be examinable	249	3.0	1.4
5. HIV/AIDS syllabus helps learners to acquire necessary knowledge skills	249	4.5	0.7
6. HIV/AIDS syllabus helps learners to appreciate facts and issues related to HIV/AIDS, STI's.	249	4.4	0.7
7. HIV/AIDS syllabus helps learners develop life skills that will lead to HIV/AIDS, STI's free life.	249	4.0	1.0
8. HIV/AIDS syllabus helps learners identify appropriate sources of information on to HIV/AIDS related issues.	249	4.2	0.8
9. HIV/AIDS syllabus helps learners make decisions on personal and social behavior, reduce risk.	249	4.2	0.8
10. HIV/AIDS syllabus helps learners show compassion and concern towards infected and those affected.	249	4.2	2.9
11. HIV/AIDS syllabus helps learners to be actively in activities aimed at prevention and control.	249	4.0	1.0
12. HIV/AIDS syllabus helps learners communicate effectively issues and concerns related to HIV/AIDS.	249	4.0	0.9
13. It is the responsibility of specifically trained teachers to teach HIV/AIDS syllabus in schools.	249	4.0	1.3
14. It is the responsibility of subject teacher to introduce practicals to the students to increase awareness.	249	4.0	1.4
15. It is the responsibility of subject teacher to foster	249	4.0	1.1

conducive environ for implementation of HIV/AIDS syllabus.			
16. Teachers are to liase with community professional and invite them to give lectures to students on HIV/AIDS.	249	4.4	0.9
17. Teachers are to liase with parents to come and give lectures about HIV/ AIDS.	249	4.0	1.2
18. Teachers should be well equipped with HIV/AIDS educational materials.	249	4.6	0.8
19. Teachers need to be trained in teaching HIV /AIDS syllabus in school.	249	4.6	0.7
20. Teachers with training in HIV/AIDS syllabus in schools have a positive view towards its implementation.	249	4.2	1.0
21. HIV/AIDS syllabus implementation is not successful due to teachers lack of training in the subject.	249	4.0	1.2
22. The success of HIV/AIDS syllabus implementation is dependent upon a trained teacher.	249	4.0	1.3
23. In-service courses are important to prepare teachers to handle the subject effectively.	249	4.5	0.6
24. Colleges need to offer special methods to apply when training sensitive subjects like HIV/AIDS education.	249	4.5	0.8
25. Ministry of education need to provide teaching materials to school for HIV/AIDS syllabus implementation to succeed.	249	4.7	0.6
26. Teachers need administrative support to handle the subject more effectively.	249	4.6	0.7
27. Parents support is needed for HIV/AIDS syllabus implementation to be successful in schools.	249	4.4	0.9
28. It is important that all staff members participate in implementation of HIV/AIDS syllabus in schools.	249	4.2	1.0
29. HIV/AIDS syllabus requires specific time allocation in school timetable.	249	4.1	1.2
30. HIV/AIDS education syllabus should be taught as a separate subject in Kenyan secondary schools.	249	4.0	1.3

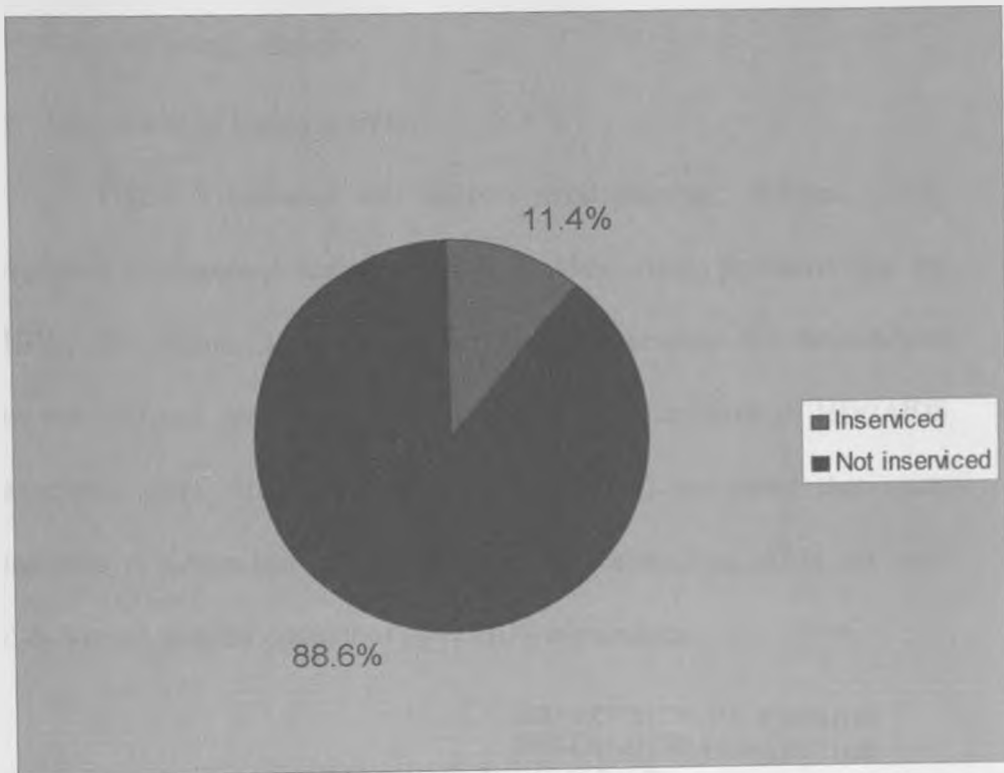
Table 12 shows that teachers had positive perceptions towards aspects of HIV/AIDS syllabus implementation. This is because majority of them scored a mean of 4.0 and 5.0 which indicated favourable disposition except for the aspect of HIV/AIDS syllabus being examinable where they scored a mean of 3.0, this means that majority of the teachers were uncertain or they were not for the subject being examinable. This can be attributed to the fact that teachers are already loaded with 8-4-4 curriculum, and thus another extra subject was an extra burden to their already tight schedule.

4.5 In servicing of teachers towards implementation of HIV/AIDS syllabus in schools.

The study in its third objective sought to establish if teachers had been in-serviced to implement HIV/AIDS syllabus. Figure 3 presents percentage of teachers' inserviced against those not in-serviced.

Figure 3 shows Teachers inserviced in implementing HIV/AIDS

Syllabus



The study revealed that only 11.4% of the teachers were inserviced in implementation of HIV/AIDS syllabus skills; 88.6% were not inserviced at all. This was a very big percentage considering that 62.3% taught HIV/AIDS syllabus in schools. The length of the course attended by teachers ranged from one month to less than a week. The in service courses attended were organized by: -

- Aga Khan Education Services
- National Council of Churches in Kenya (N.C.C.K).

- Ministry of Education
- Health Centres
- Catholic young adults
- Institutions of higher learning

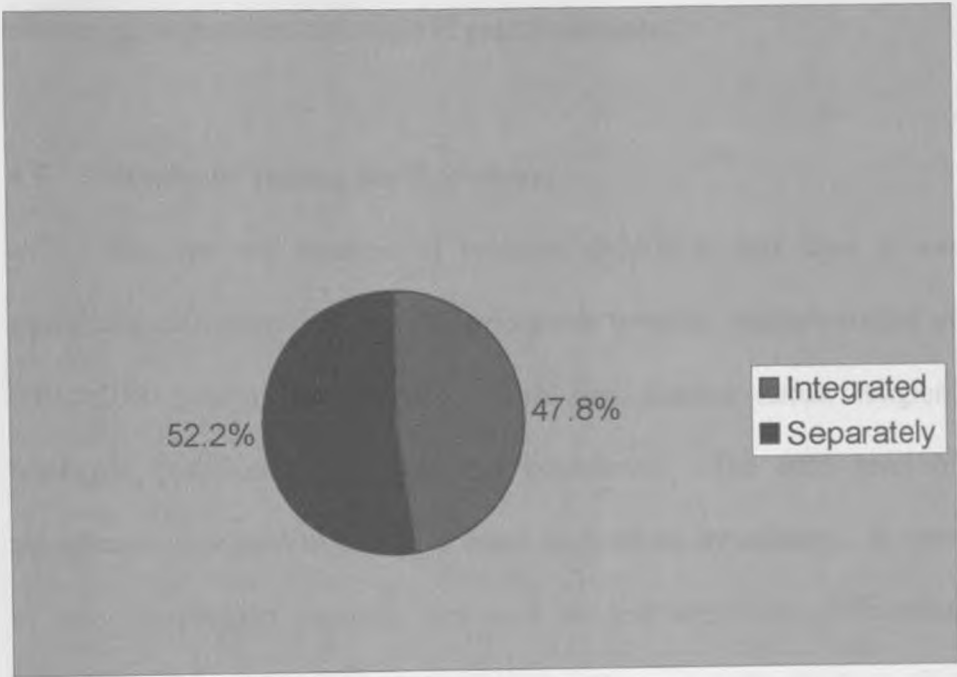
Figure 3 indicates that teachers need training. Kamau, (2000) reported that training assists teachers in overcoming problems like the HIV/AIDS stigma. He went further to say that teachers felt demoralized by the fact that some people believed that those involved in HIV/AIDS education were AIDS victims. Kariuki, (2001) too noted that many teachers in Kenya had not been trained on the teaching skills nor were they versed with the content of HIV/AIDS curriculum.

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4.6 Teaching of HIV/AIDS syllabus in schools

The fourth objective sought to find out if the HIV/AIDS syllabus was being integrated with other subjects or it was being taught separately. Figure 4 shows percentage of those who integrated and those who taught separately.

Figure 4 shows Percentage of teachers teaching HIV/AIDS syllabus



From Figure 4, a slight majority of teachers taught HIV/AIDS syllabus as a separate subject and 47.8% integrated it with other subjects which included: - humanities, sciences and languages. Teachers who integrated HIV/AIDS syllabus with other subjects felt that it made other subjects interesting. Teachers who taught it separately felt that it was their responsibility to teach the subject.

Teachers used a number of ways to create more awareness of the HIV/AIDS pandemic. They invited speakers to the school who included those already infected by the disease, video shows, helped students form

peer groups, pinning of posters on the notice board and guidance counseling department also were of great assistance.

4.7 Results of Testing the Hypotheses

The one way analysis of variance (ANOVA) was used to test significant difference in teachers' perception towards implementation of HIV/AIDS syllabus in relation to their age, marital status, religion, academic qualification and teaching experience. The 0.05 level of significance was used to accept or reject each of the hypotheses. A t-test of two independent samples was used to test significant differences between female and male teachers' perceptions towards implementing HIV/AIDS education in schools and teachers who had attended in-service course and those who had not attended. Hypotheses were used to establish teachers' perceptions towards implementation of HIV/AIDS syllabus and their personal qualities.

4.7.1 Hypothesis 1

H₀: There is no significant difference between teachers' perceptions towards implementing HIV/AIDS syllabus in schools and their age.

The results of analysing this hypothesis are presented in table 13.

Table 13: Analysis of variance for teachers' perceptions towards implementing HIV/AIDS by their age.

Source of variation	Sum of squares	df	Mean squares	f	Sig
Between groups	1.7	4	0.4	2.0	0.1
Within groups	51.4	245	211		
Total	53.0	249			

Critical value = 2.4

The critical value obtained in the Table above was 2.4. The critical value of 2.4 exceeded f calculated of 2.0. Therefore, the null hypothesis was accepted. This indicated that there was no significant difference between teachers' perception towards implementation of HIV/AIDS syllabus in schools and their age. Teachers in all age categories of 35 and below, 36-40, 41-45, 46-50, 51-55 depicted similar perceptions. The effect of age was not statistically significant. Therefore, the alternative hypothesis was rejected.

Table 14 presents mean score and standard deviation of teachers' perceptions towards implementation of HIV/AIDS syllabus by ages

Table 14: The mean score and standard deviation of teachers' perceptions towards implementation of HIV/AIDS syllabus by age

Age category	N	Mean	SD
35 and below	129	4.2	0.5
36 – 40	61	4.2	0.5
41 – 45	38	4.0	0.5
45 – 50	14	4.0	0.3
51 – 55	7	4.0	0.5
Total	249	4.1	0.5

Table 14 indicates the means score for the respondents shown positive perception since almost all them scored 4.0 as the mean. This indicates that teachers' of different age groups had same perception towards implementation of HIV/AIDS syllabus.

4.7.2 Hypothesis 2

H₀: There is no significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus and their marital status.

Table 15 presents Analysis of variance for teachers' perceptions towards implementation of HIV/AIDS syllabus and their marital status.

Table 15: Analysis of variance for teachers’ perceptions towards implementation of HIV/AIDS syllabus and their marital status.

Marital status	Sum of squares	df	Mean square	f	Sig
Between groups	2.1	3	0.7	3.4	0.02
Within groups	49.3	246	0.2		
Total	51.3	249			

Critical value = 2.6

In Table 15, the computed f-ratio of 3.4 was greater than the critical value of 2.6: the null hypothesis was thus rejected. This indicated that there was significant difference in teachers’ perception towards implementation of HIV/AIDS syllabus in schools, and their marital status. Therefore, the alternative hypothesis that teachers’ marital status influenced their perceptions towards HIV/AIDS syllabus implementation was accepted.

Table 16 presents mean score and standard deviation of teachers’ perception towards implementation of HIV/AIDS syllabus.

Table 16: The mean score and standard deviation of teachers' perception towards implementation of HIV/AIDS syllabus and their marital status.

Marital status	N	Mean	Standard Deviation
Single	37	4.1	0.5
Married	207	4.2	0.4
Separated	2	3.2	0.1
Widowed	3	4.4	0.5
Total	249	4.1	4.6

By looking at the means in Table 16 teachers of differing marital status showed a positive perception towards implementation of HIV/AIDS syllabus in schools. Their mean score indicated that those teachers who were widowed showed higher perception of 4.4, whereas separated showed lowest perception of 3.2.

4.7.3 Hypothesis 3

H₀: There is no significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus and the religion.

Table 17 presents Analysis of variance for teachers perceptions towards implementation of HIV/AIDS syllabus and their religion.

Table 17: Analysis of variance for teachers perceptions towards implementation of HIV/AIDS syllabus and their religion.

Source of variation	Sum of squares	df	Mean square	F	Sig
Between groups	0.4	2	0.2	1.0	0.4
Within groups	49.9	247	0.2		
Total	50.3	249			

Critical value = 3.0

The computed f-ratio of 1.0 was smaller than the critical value of 3.0. This led to acceptance of the null hypothesis that stated that there was no significant difference between teachers' perception towards implementation of HIV/AIDS syllabus and their religion. In essence this indicated that the population means are equal. Thus, the difference was due to chance or sampling error and not due to religion. The alternative hypothesis was rejected.

Table 18 presents the mean score and standard deviation of Teachers' perceptions towards implementation of HIV/AIDS syllabus in schools and their religion.

Table 18: The mean score and standard deviation of Teachers' perceptions towards implementation of HIV/AIDS syllabus in schools and their religion.

Religion	N	Mean	SD
Christian	242	4.1	0.5
Muslim	5	3.9	0.5
Traditionalist	2	3.9	0.1
Total	249	4.1	0.5

According to the Table 18 Christians had a higher mean score of 4.1 whereas Muslim and traditionalist had a mean score of 3.9 and 3.9 respectively. This may mean that Muslims, Traditionalists and Christians had almost the same perception towards implementation of HIV/AIDS syllabus implementation.

4.7.4 Hypothesis 4

H₀: There is no significant difference between teachers' perception towards implementation of HIV/AIDS syllabus and their academic qualifications.

Table 19 presents analysis of variance for teachers' perception towards implementation of HIV/AIDS syllabus by the academic qualification.

Table 19: Analysis of variance for teachers' perception towards implementation of HIV/AIDS syllabus by their academic qualifications.

Academic qualifications	Sum of squares	Df	Mean square	f	Sig
Between groups	1.8	6	0.3	1.4	0.2
Within groups	51.4	243	0.2		
Total	53.2	249			

Critical value = 2.1

Table 19, the computed f-ratio of 1.4 which was gotten by dividing mean square between groups and mean square within groups was smaller than the critical value of 2.1 as read from F test at 6, and 243 degrees of freedom, the null hypothesis was thus accepted. This indicated that there was no significant difference in teachers' perception towards implementation of HIV/AIDS syllabus by their academic qualification. Any difference is due to chance and therefore not significant. The null hypothesis tested stated that there was no significant difference between teachers' perception, towards implementation of HIV/AIDS syllabus and their academic qualification. The alternative hypothesis that teachers' academic qualification influenced their perception towards implementation of HIV/AIDS syllabus was rejected.

In table 20 the mean score and standard deviation of teachers' in implementation of HIV/AIDS syllabus is presented.

Table 20: The mean score and standard deviation of teachers' perception towards implementation of HIV/AIDS syllabus by their academic qualifications.

Academic Qualification	N	Mean	SD
SI	4	4.0	0.5
Dip/Ed	63	4.0	0.5
B.A /B.Sc with PGDE	18	4.1	0.4
B.Ed	148	4.2	0.4
M.A	5	4.1	0.2
M.Ed	5	4.0	0.5
M.Sc	6	4.1	0.4
TOTAL	249	4.1	0.5

According to Table 20 teachers with SI and Diploma in Education and had slightly lower mean compared to the others who had a mean of 4.1. This means that the higher your academic qualification the higher your perception and vice-versa. This is because education improves a persons' way of thinking.

4.7.5 Hypothesis 5

H₀: There is no significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus in schools and their teaching experience.

In table 21, analysis of variance for teachers' perceptions towards implementation of HIV/AIDS syllabus and the teaching experience is presented.

Table 21: Analysis of variance for teachers' perceptions towards implementation of HIV/AIDS syllabus and their teaching experience

Source of variation	Sum of squares	df	Mean square	F	Sig
Between groups	1.0	4	0.2	1.1	0.3
Within groups	52.2	245	0.2		
Total	53.2	249			

Critical value = 2.4

In table 21 the calculated f-ratio of 1.1 was smaller than the critical value of 2.4, the null hypothesis was thus accepted. This indicated that there was no significant difference in teachers' perception towards implementation of HIV/AIDS syllabus and their teaching experience. The null hypothesis tested stated that there was no significant difference between teachers' perception towards implementation of HIV/AIDS syllabus in school and their teaching experiences. The alternative hypothesis was rejected. This means that AIDS has affected everybody in the society that is why teaching experience had no influence on the teachers' perception towards implementation of HIV/AIDS syllabus.

In Table 22 the mean score and standard deviation of teachers perceptions in implementation of HIV/AIDS syllabus is presented

Table 22: The mean score and standard deviation of teachers' perception in implementation of HIV/AIDS syllabus by teaching experience.

Teaching experience in (years)	N	Mean	SD
1-5	36	4.1	0.5
6-10	79	4.2	0.5
11-15	79	4.2	0.4
16-20	36	4.0	0.5
21 and above	19	4.1	0.4
Total	249	4.1	0.5

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By looking at the means in Table 22 teachers of differing teaching experience showed a positive perception towards implementation of HIV/AIDS syllabus in that their mean score indicated agreement to the perception items. Though teachers with teaching experience of 16-20 years showed slightly lower mean but the difference was too low to be of any significant value.

4.8 Results of t-tests

A two- sample t-test was used to test hypothesis H_{06} and H_{07} . In a two-sample t-test, the assumption of the null hypothesis is $H_0: \mu_1 = \mu_2$. And the alternative hypothesis: $H_{1,}: \mu_1 \neq \mu_2$. The test was at the 0.05 level

of significance. The hypothesis was accepted when the p-value exceeded at $\alpha = 0.05$

4.8.1 Hypothesis 6

H₀: There is no significant difference between female and male teachers' perception towards implementation of HIV/AIDS syllabus in schools.

Table 23 shows t-test results of teachers' perception towards implementation of HIV/AIDS syllabus by gender

Table 23: t-test for teachers' perception towards implementation of HIV/AIDS syllabus by gender.

Independent sample test			
Mean teachers perception	t-test for equality of means		
	t	df	Sig (2-tailed) t-probability)
	-0.6	249	0.5

t- Critical = 2.0

t-calculated = -0.6

According to the table 23, the t-test results showed that there was no significant difference between female perception and male perception at $\alpha = 0.05$, $t(249) = -0.6$, $p = 0.5 > 0.05$ t calculated $<$ t -critical accept H_0 $0.6 <$ t -critical = 2.0. Hence null hypothesis was accepted which stated that there was no significant difference in perceptions towards implementation of HIV/AIDS syllabus in schools by their gender. This

implied that the sex of teachers did not influence their perception towards implementation of HIV/AIDS syllabus in schools.

Table 24 presents Mean score and standard deviation of teachers perception and their gender

Table 24: Mean score and standard deviation of teachers perception and their gender

Gender of respondent	N	Mean	SD
Female	178	4.1	0.5
Male	71	4.2	0.4

From the above table, it shows that teachers' perception was not affected by the gender since they scored almost the same mean. This is because all the teachers have been affected by HIV/AIDS in one way or the other.

4.8.2 Hypothesis 7

H₀: There is no significant difference between the teachers who have been inserviced and those who have not been inserviced in their perception towards implementation of HIV/AIDS syllabus. The results of the hypothesis is presented in table 25.

Table 25: t-test for the teachers' perception towards implementation of HIV/AIDS syllabus by training

Mean teachers perception	t-test for equality of means		
	t	df	Sig (2-tailed) t-probability)
	3.3	40.3	0.002

t-critical = 2.0

Since t calculated 3.3 is greater than t critical of 2.0 we reject the null hypothesis.

This indicated that training of teachers in HIV/AIDS syllabus influenced their perception toward implementation of HIV/AIDS syllabus. The null hypothesis was rejected and the alternative hypothesis was accepted. This is in agreement with the statement that training of teachers contributed to their positive perception towards HIV/AIDS syllabus implementation. This is because training makes teachers feel more confident when teaching the subject.

Table 26 presents Mean score and standard deviation of teachers' perception and their training

Table 26: Mean score and standard deviation of teachers' perception and their training

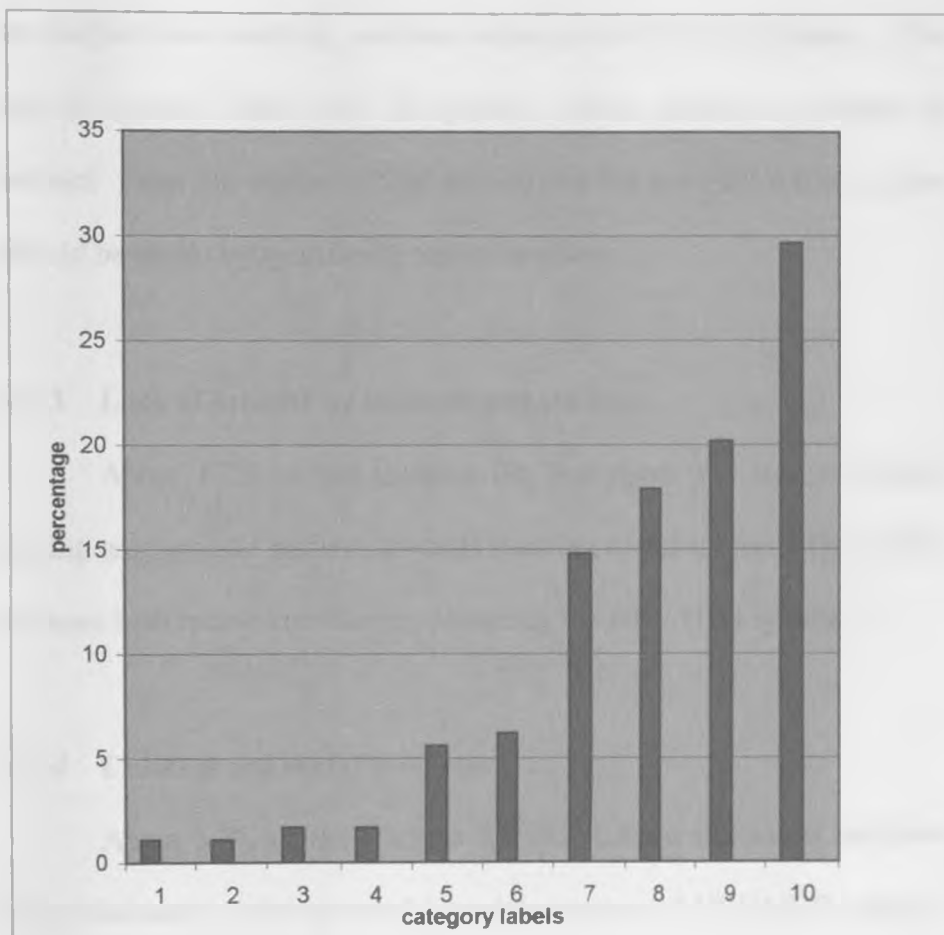
Mean teachers perception	N	Mean	SD
In serviced	27	4.3	0.3
Not in serviced	222	4.1	0.5

As shown in the Table 26 above, teachers were positive towards implementation of HIV/AIDS syllabus in schools. Teachers who had attended in-service course shown higher positive perception mean of 4.34 whereas those who had not attended in-service course had a perception mean of 4.10.

4.9 Problems encountered by teachers in HIV/AIDS syllabus implementation

The fifth objective of the study was to identify the factors that were likely to prevent or hinder the teaching of HIV/AIDS syllabus in secondary schools. A summary of major constraints are presented on Figure 5.

Figure 5 shows constraints faced by teachers in the implementation of HIV/AIDS syllabus.



4.9.1 Inconsistency of Aids Lessons

Most teachers reported that they teach HIV/AIDS syllabus after classes, thus since majority of the students are already tired they prefer to go for games and go for other extra curricula activities

4.9.2 Use of teachers with unrelated subjects

About 1.1% of the teachers felt that some of the teachers teaching the subject were teaching unrelated subjects to HIV/AIDS syllabus. This was so because there were no specific trained teachers to handle the subject. From this study 6.1% of the teachers felt that HIV/AIDS syllabus should be taught by specifically trained teachers.

4.9.3 Lack of interest by teachers and student

About 1.7% of the teachers felt that there was lack of interest among teachers and students towards teaching of the subject. This was so because both lacked knowledge concerning the HIV/AIDS syllabus.

4.9.4 Cultural and social problems

About 1.7% of the teachers felt that culture and social problems were hindrance to the successful implementation of HIV/AIDS syllabus. Some communities for example encourage early sexual contacts amongst their children, whereas in school abstinence is encouraged. This brings about conflicts. On the other hand children from broken families hold early sexual contacts as right, due to environmental influence from the home they comes from. This has hindered HIV/AIDS implementation process.

4.9.5 Stigmatization of the subject

Discussion of sexual matters in our African society in the open is a taboo, since this subject is supposed to be taught by grandparents in the evening. Teachers felt uneasy discussing sexual matters with students. This was made worse by the fact that majority of the teachers teaching the subject had not been trained on how to teach such a sensitive subject. Some teachers lamented that some students would be overwhelmed by emotions since majority have been affected by the pandemic. This is because some of their closest relatives including parents had died of the scourge. This made them be teachers cum counselors.

4.9.6 Resource persons

About 6.2% indicated that they lacked resource persons like doctors, trained counselors, and HIV/AIDS syllabus trainers to update teachers in methodologies to be used to implement the syllabus.

4.9.7 Lack of sufficient time

About 14.8% reported that time was a major hinderance to implementation of HIV/AIDS syllabus. It demanded time that was not easily available. The study established that few schools had specific time allocated for the implementation of the syllabus. The respondents stated that they found it absolutely difficult to set specific time for teaching HIV/AIDS syllabus due to tightness of the 8-4-4 system of education. The

8-4-4-education system was launched in Kenya in 1985. It consists of the first eight years of primary education and four years of secondary education and four years of university education. Teachers have to squeeze HIV/AIDS syllabus in their tight schedule of normal teaching. About 78.3% of the respondents felt that HIV/AIDS syllabus should be allocated specific time in the timetable.

4.9.8 Ignorance / lack of knowledge

About 17.9% felt that teachers were ignorant towards the subject and lacked knowledge. Some teachers are still ignorant that HIV/AIDS pandemic is a reality. This was compounded by lack of knowledge of the disease. Many teachers reported not to have been prepared to teach the subject. This has made them not to have enough knowledge and skills to handle the subject.

4.9.9 Students negative attitude towards the subject

About 20.2% of the teachers felt that students had negative attitude towards the subject. Teachers lamented that some of the students would be heard saying "we have heard enough concerning HIV/AIDS, why can't you teach us something else". Students felt that they have heard enough from the media and this makes them lack interest towards the subject.

4.9.10 Inadequate teaching facilities

About 29.7% felt that teaching facilities were inadequate. Teachers lamented that lack of resource materials and facilities such as textbooks, pamphlets, videos, cassettes, stationery syllabus were inadequate. They stated that lack of appropriate materials and information hindered the implementation of the syllabus. Teachers indicated that they were only provided with two reference books: Bloom and doom textbook and facilitator's handbook.

4.10 Suggested solutions to constraints facing HIV/AIDS syllabus implementation programme

The study solicited general suggestions from the teachers on how implementation of HIV/AIDS programme could be improved in response to the sixth objective of the study to explore types of support that teachers needed to facilitate implementation of the syllabus. These suggestions are discussed in the preceding sections.

4.10.1 Ways in which the school administrator can facilitate the success of the programme: -

This item of the questionnaire focused specifically on ways in which administrators can enhance implementation of HIV/AIDS syllabus in

schools. Teachers suggested various ways in which the administrators could make the programme more effective: -

4.10.1.1 Provision of teaching facilities

Facilities such as reference books, stationery, pamphlets, videos, and syllabus should be provided. Teachers indicated that by providing such facilities HIV/AIDS implementation was likely to succeed. Availability of materials has gains such as the use of different approaches to the teaching of HIV/AIDS education as called for by the former permanent secretary of education Mr. Kipkulei (Kariuki, 2001). The use of different teaching methods like the use of video shows, drama clubs, amongst others motivate both the teachers and the learners, since different teaching methodologies eliminates monotony. This is in agreement with another report from Brazil, which called for the use of different facilities in Teaching HIV/AIDS education in Brazil (Sabateur and Foreman, 1988). The report continues to state leaflets printed in different colours motivated the teachers. More to it those printed in colours of Aborigines flag which is red, yellow and black made these people trust them more and this too boosted the morale of the teachers.

Facilities too help teachers overcome communication barrier since the students will observe some of the facts in video tape shows. Due to the African culture sexual matters are mostly discussed indirectly. After

students have watched video shows the teachers who may find it hard to discuss the Aids facts directly with the students will have understood what they have viewed.

4.10.1.2 Invitation of Resource Persons

Head teachers' should show support to the programme by inviting resource persons like counselors, Aids victims, health persons, parents to come and give lectures to students; provide incentive to support teaching of the subject, organize workshops and seminars for teachers, allocate more time to the subject, make it examinable, financial support and creating awareness to the surrounding community.

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4.10.1.3 Training of teachers

Respondents stated that where possible, they should encourage training of teachers implementing HIV/AIDS syllabus. They should also offer financial support to buy teaching aids and other incentives needed to support the programme.

4.10.1.4 Reducing the teaching load

HIV/AIDS syllabus is an extra load to the teachers who are already overloaded with the 8-4-4 syllabus. It was necessary that HIV/AIDS syllabus be handled by a teacher with lesser load, mostly likely trained for

that subject. This is so because HIV/AIDS syllabus was being handled by guidance and counseling department, which was already overloaded.

4.10.1.5 Educating students

It was noted that many students did not attend HIV/AIDS lessons because they did not know its importance. In schools where HIV/AIDS syllabus was taught in the evening, after classes majority of the students did not attend. Therefore, administrators need to educate students on the purpose and importance of HIV/AIDS education.

4.10.1.6 Involvement of parent in HIV/AIDS syllabus implementation

About 90.7% of the respondents suggested that parental support was important towards successful implementation of HIV/AIDS syllabus. This is so because, whatever students were taught in school they could discuss it all at home after school with their parents freely. Therefore, administrators should educate parents on the importance of their involvement in HIV/AIDS implementation.

4.10.1.7 Provision of incentives

Teachers reported that teachers handling HIV/AIDS syllabus should be given incentives to motivate them since it was an extra load. This is

because it cannot be integrated with other subjects since it has its own syllabus.

4.11.0 General suggestions

The following suggestions were discussed by teachers on how to improve HIV/AIDS syllabus implementation in schools. They are: -

4.11.1 Training of Teachers

Teachers were of the opinion that HIV/AIDS syllabus subject teacher should receive thorough training so that they would be competent and confident while teaching the subject. Though private organizations conduct training, most schools cannot afford to finance their teachers, thus they appealed to the Ministry of Education to organize training and provide financial support for the same. They also suggested that teacher training colleges should train teacher on how to handle sensitive subjects like HIV/AIDS. Teachers who are interested in the subject should also be trained.

4.11.2 Provision of Resource materials

Provision of resource materials such as teaching aids, reference books, pamphlets videotapes and other correspondence material related to the subject should be provided. Most of the respondents said that they

were only given the syllabus, to implement the subject with no reference materials. Respondents stressed mainly on varied teaching materials like, organizing field trip to sensitive students on the subject and use video tapes, which encourage teachers to communicate to the students at ease. This encouraged varied teaching methodology which motivated both teachers and students.

4.11.3 Involvement of Resource persons

Teachers suggested that various speakers should be invited to schools and give lectures on HIV/AIDS. They recommended invitation of teacher counselors, doctors, parents, organising pastoral programmes and also inviting infected persons. This would increase the awareness of HIV/AIDS amongst the students and it would look more real.

4.11.4 HIV/AIDS syllabus be examinable.

Respondents felt that making HIV/AIDS syllabus examinable and mandatory would make students take it serious than they do currently. Also HIV/AIDS syllabus should be allocated time in the school timetable, to show the seriousness it deserves

4.11.5 Organizing refresher seminars and workshops

Teachers suggested that refresher seminars and workshops for teachers should be organized on regular basis to update them on current issues pertinent to HIV/AIDS syllabus implementation methods.

4.11.6 Using of media positively

Teachers felt that the advertisement in the media should be more positive and give the correct information, to avoid confusing the students on what they are being taught. For example media recommends use of condoms to avoid HIV/AIDS infection whereas teachers in school encourage abstinence.

4.11.7 Summary

Teachers' personal qualities of age, teaching experience, religion, gender and academic qualification had no significant effect on their perception towards implementation of HIV/AIDS syllabus. However significant difference between teachers' perception towards implementation of HIV/AIDS syllabus and their training and marital status was found. It emerged that only 11.4% of the teacher's had been inserviced in HIV/AIDS syllabus implementation. It was also established that HIV/AIDS syllabus implementation was hindered by: - inconsistency of Aids lessons, use of teachers with unrelated subject, lack of interest by

teachers and students, cultural and social problems, stigmatization of the subject, lack of resource persons, lack of sufficient time, ignorance and lack of knowledge, inadequate teaching facilities and student negative attitude towards the subject. Teachers suggested solutions to constraints facing HIV/AIDS syllabus implementation included provision of teaching facilities, invitation of resource persons, training of teachers, reducing of teaching local among others.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the findings of the study, and present conclusions and recommendations for improvement of HIV/AIDS syllabus implementation in schools. Also included in this chapter are suggestions for further research.

5.1 Summary

The purpose of this study was to investigate the perceptions of teachers towards implementation of HIV/AIDS syllabus in public secondary schools in Nairobi province. A number of research objectives were set to guide the collection of needed information. The objectives were six in number. The first objective was concerned with establishing the teachers' perceptions towards HIV/AIDS education syllabus in relation to their demographic variables which included: - Age, Gender, Marital Status, Academic qualification, teaching experience and Religion.

The second objective dealt with the perceptions of teachers towards various aspects of HIV/AIDS syllabus implementation in schools, for example, need of HIV/AIDS education in schools, role of teachers in the implementation of the programme Training of teachers in HIV/AIDS syllabus, support of other people needed and time. The third and forth objective established if teachers had been inserviced to implement

HIV/AIDS syllabus and whether it was taught separately or it was integrated with other subjects respectively. The other objectives were to identify factors that hinder HIV/AIDS syllabus implementation and explore the types of support that teachers needed to facilitate the implementation of HIV/AIDS syllabus

The study was conducted in Nairobi province public secondary schools. The study involved a total of 249 secondary schools teachers. Random sampling was used to select ten teachers from each school.

Data collection was through a questionnaire with both closed and open ended questions incorporating a perception scale. The data collected was analysed by use of t-test and one way analysis of variance. frequencies and percentages were calculated to draw some inferences related information that could not be quantified were subjected to content analysis.

5.2.0 Findings

The findings of the study were presented in accordance with the research objectives. The conclusions reached were based on the findings made.

5.2.1 Teachers' perceptions

The study revealed that majority of the teachers had favourable disposition towards HIV/AIDS syllabus implementation, since all the

respondents scored a mean of three and above which was regarded as positive perception. There was no significant difference between male and female perceptions towards implementation of HIV/AIDS syllabus in schools. Moreover teachers' personal qualities except for marital status did not show any significant difference in their perceptions towards implementation of HIV/AIDS syllabus.

5.2.2 Training of teachers

The findings showed that teachers lacked training in HIV/AIDS syllabus implementation only 11.4% of the teachers had been inserviced in implementation of HIV/AIDS syllabus. The majority 88.6% had not been inserviced. Lack of training contributed to their feelings of inadequacy and incompetence in implementing HIV/AIDS syllabus.

5.2.3 Importance of HIV/AIDS education to the learners

The study established that HIV/AIDS education was considered important in helping students change their sexual behaviour. About 86.7% supported the statement that HIV/AIDS syllabus helped in reducing early pregnancies, 90.0% strongly agreed that it was an appropriate step towards prevention of HIV/AIDS syllabus. About 93.5% supported the statement that it helped learners to acquire necessary skills about HIV/AIDS implementation in schools.

5.2.4 Success of the programme in schools

About 45.4% were for the opinion that HIV/AIDS syllabus implementation was not very successful because teachers lacked training whereas 26.9% thought it was fairly successful, 13.3% were uncertain, 10.4% disagreed and 4.0% indicated that it was successful.

5.2.5 Time allocated for HIV/AIDS syllabus implementation

Majority of the respondent strongly agreed with the idea that HIV/AIDS syllabus require specific time allocated in the school timetable. About 88.3% recommended that it should be taught separately whereas 14.8% felt that it should not be taught separately and 6.8% were uncertain.

5.3.0 Results of formulated hypothesis

H₀1

There was no significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus in schools and their gender.

H₀2

5.2.4 Success of the programme in schools

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5.3.0 Results of formulated hypothesis

H₀1

There was no significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus in schools and their gender.

H₀2

There was significant difference between teachers' perceptions towards implementation of HIV/AIDS syllabus in schools and their marital status.

H₀3

There was no significant difference between teachers' perceptions towards implementation of HIV/AIDS education in schools and their religion.

H₀4

Academic qualification of teachers did not influence their perceptions towards HIV/AIDS syllabus implementation in schools.

H₀5

Teachers' teaching experience did not affect their perceptions towards implementation of HIV/AIDS syllabus in schools

H₀6

There was no significant difference between male teachers' perceptions and female teachers' perceptions towards implementation of HIV/AIDS syllabus in schools

H₀7

In service training affected teachers' perceptions towards implementation of HIV/AIDS syllabus in schools

5.4 Problems facing HIV/AIDS syllabus implementation

Finally, the study established that the HIV/AIDS syllabus implementation faced many constraints. Top on the list was inadequate teaching facilities (29.7%). This was followed by students negative attitude which was cited by 20.2% of the respondents. Lack of knowledge and ignorance caused by lack of trained personnel was third major problem cited by 17.9% of the respondents.

5.5 Conclusion

Based on these findings it was concluded that teachers' perception towards implementing HIV/AIDS syllabus was not influenced by their personal qualities such as age, religion, teaching experience, gender and their academic qualifications. It was also concluded that in service training and marital status influenced their perception towards implementation of HIV/AIDS syllabus. Training of teachers in HIV/AIDS syllabus implementation was not only essential but urgent since majority of the teachers (88.6%) were not inserviced.

The findings of the study led to the conclusion that HIV/AIDS syllabus implementation was not given the seriousness it deserved. In virtually all schools resource materials and facilities were inadequate if not lacking. For example all the schools had only two reference books: - Bloom and Doom textbook and facilitators' handbook. Moreover, time

for HIV/AIDS implementation was not specific; it depended on availability of teachers.

5.6 Recommendations

In light of the findings and conclusions of the study the following recommendations were made: -

1. Teachers should be trained and orientated in HIV/AIDS syllabus objectives and techniques through regular in-service courses, workshops and seminars. It was further recommended that the courses should be of reasonable duration so that the teachers could learn comprehensively matters pertaining to teaching of HIV/AIDS syllabus.
2. It was recommended that HIV/AIDS unit of the Ministry of Education should play a more prominent role in training, advising, coordinating and evaluating HIV/AIDS syllabus implementation programme. This recommendation is based on the fact that only 2.4% of teachers had attended in service course organized by the ministry of education. In fact 88.0% of the respondents were not even aware.
3. It is further recommended that during training teachers and administrators should be made to realize the need to educate other people especially students and parents about the purpose and

importance of HIV/AIDS syllabus implementation. This is to counter the unfavourable attitude held by such groups, since it was clear that students had negative attitude towards the subject. It's therefore recommended that efforts should be made to persuade students and parents to take HIV/AIDS education seriously.

4. It is strongly recommended that Ministry of Education should establish Health Education Department in each school. This is because HIV/AIDS syllabus implementation was being handled by those in charge in guidance and counseling and this was an extra load for the department and yet no incentives were provided. This will facilitate effective implementation of the subject.
5. Resource materials such as reference books, videotapes, pamphlets, cassettes and other correspondences should be made available in schools. Schools should also buy videotapes on HIV/AIDS education from Kenya Institute of Education. This recommendation was made on the basis that teaching materials were inadequate.

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5.7 Suggestions for further Research

Taking into account the limitations and delimitation of this study, the following suggestions were made for further research.

1. Thorough research be carried out on teachers' involvement in implementation of HIV/AIDS syllabus in schools using a wider sample and larger area in order to get findings which could be generalized.
2. Further research be conducted on head teachers and students perceptions towards implementation of HIV/AIDS syllabus in schools.
3. A comparative study be done on teachers perceptions towards implementation of HIV/AIDS syllabus in rural and urban setting.
4. Further research be conducted on evaluation of HIV/AIDS syllabus implementation in schools.

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APPENDICES

Appendix A

Letter to the Respondents

Dear Teacher,

Attached is a questionnaire designed so that you may give views on your perception towards teaching AIDS syllabus in schools. Please spend some time and respond to the questionnaire as accurately as possible.

The writer is engaged in a research project in the area of curriculum studies. Please note that individual respondents to this questionnaire will not be identified in any manner. Your co-operation in this exercise will be highly appreciated.

Yours sincerely,

Grace Ndegi Kiringa

University of Nairobi

APPENDIX B

Teachers' Questionnaire

Instructions

This questionnaire is designed to seek your opinion and views regarding teaching of HIV/AIDS education in schools. Please read the instructions carefully and respond to each question as required. Be assured that your answers will be CONFIDENTIAL, hence DO NOT WRITE YOUR NAME OR THE NAME OF YOUR SCHOOL ANYWHERE IN THIS QUESTIONNAIRE. The questionnaire has two parts.

SECTION A

Please tick (√) in the appropriate space given.

1. What is your sex?

- (a) Female
- (b) Male

2. What is your highest academic qualification?

- (a) SI
- (b) D1p/Ed
- (b) B.A /B.Sc with PGDE
- (c) B.Ed
- (d) M.A.
- (e) M.Ed
- (f) M.Sc

(g) PH.D

3. How old are you ?

(a) 35 and below

(b) 36-40

(c) 41-45

(d) 46-50

(e) 51-55

(d) 56 and above

4. How many years have you taught?

(a) 1-5

(b) 6-10

(c) 11-15

(d) 16-20

(e) 21 and above

5. What is your religion?

(a) Christian

(b) Muslim

(c) Traditionalist

(d) Any other, please specify _____

6. What is your marital status?

(a) Single

(b) Married

- (c) Separated ()
- (d) Divorced ()
- (e) Widowed ()

SECTION B

Each of the following statement requires your opinion or feeling on various aspects of HIV/AIDS syllabus in schools. For each statement kindly respond by indicating with a tick (✓) whether you Strongly Agree (SA) Agree (A) Undecided (U) disagree (D) or Strongly Disagree (SD) with the statement

Need for HIV/AIDS syllabus in schools	SA	A	U	D	SD
1. The introduction of HIV/AIDS education in Kenyan secondary schools is an appropriate step towards prevention of HIV/AIDS.					
2. HIV/AIDS education will help young people change their sexual behaviour.					
3. Teaching of HIV/AIDS education will help in reducing other teenage problems such as early pregnancies in schools.					
4. HIV/AIDS education syllabus should be examinable					
Importance of HIV/AIDS syllabus in schools					
5. HIV/AIDS syllabus helps learners to acquire necessary knowledge skills about HIV/AIDS, STI's.					
6. HIV/AIDS syllabus helps learners to appreciate facts and issues related to HIV/AIDS and STI's.					
7. HIV/AIDS syllabus helps learners develop life skills that will lead to AIDS and STI's free life.					
8. HIV/AIDS syllabus helps learners identify appropriate sources of information on HIV/AIDS related issues.					
9. HIV/AIDS syllabus helps learners make decisions about personal and social behaviour that reduce risk of HIV and STI's infection.					

10. HIV/AIDS syllabus helps learners show compassion towards and concern for those infected and affected by HIV/AIDS.					
11. HIV/AIDS syllabus helps learners to be actively involved in school and out of school activities aimed at prevention and control of HIV and STI's infections.					
12. HIV/AIDS syllabus helps learners communicate effectively with peers and others. Issues and concerns related to HIV/AIDS and STI's.					
Role of teacher in HIV/AIDS implementation process					
13. It is responsibility of specifically trained teachers to teach HIV/AIDS syllabus in schools.					
14. It is the responsibility of the subject teacher to introduce practical programmes to the students to increase the awareness of the pandemic.					
15. It is the responsibility of the subject teacher to create conducive environment for implementation of HIV/AIDS syllabus in schools.					
16. Teachers are to liaise with community professional and invite them to give lectures to students concerning HIV/AIDS.					
17. Teachers are to liaise with parents to come and give lectures about HIV/AIDS.					
18. Teacher should be well equipped with HIV/AIDS educational materials.					
19. Teachers need to be trained in teaching HIV/AIDS syllabus in schools.					
20. Teachers who teach in HIV/AIDS syllabus should have a positive view towards HIV/AIDS syllabus implementation.					

		SA	A	U	D	SD
21. If HIV/AIDS syllabus implementation is not successful because teachers lack training in the subject.						
Training of teachers in HIV/AIDS syllabus						
22. The success of HIV/AIDS syllabus implementation is dependent upon a trained teacher.						
23. In-service courses are important to prepare teachers in order for them to handle the subject effectively.						
24. Countries need to offer special methods when teaching sensitive subjects like HIV/AIDS education syllabus.						
Support other people needed						
25. Ministry of education need to provide materials to schools in order for syllabus implementation to be a success.						
26. Teachers need administrative support to teach the subject more efficiently.						
27. Parental support is needed for syllabus implementation to be successful in schools.						
28. It is important that all staff members in a school support a implementation of HIV/AIDS syllabus in schools.						
Time						
29. In-service courses require specific time in school time table.						
30. HIV/AIDS education syllabus should be separate subject in Kenyan secondary schools.						

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Thank you very much for cooperation.

		SA	A	U	D	SD
21. HIV/AIDS syllabus implementation is not successful because teachers lack training on the subject.						
Training of teachers in HIV/AIDS syllabus						
22. The success of HIV/AIDS syllabus implementation is dependent upon a trained teacher.						
23. In-service courses are important to prepare teachers in order for them to handle the subject effectively.						
24. Teachers need to utilize special methods to apply when teaching sensitive subjects like HIV/AIDS education syllabus.						
Support (other people needed)						
25. Ministry of education need to provide materials to schools in order for HIV/AIDS syllabus implementation to be a success.						
26. Teachers need administrative support to handle the subject more efficiently.						
27. Parental support is needed for HIV/AIDS syllabus implementation to be successful in schools.						
28. It is important that all staff members participate in implementation of HIV/AIDS syllabus in schools.						
Time						
29. HIV/AIDS syllabus require specific time to be included in school time table.						
30. HIV/AIDS education syllabus should be taught as a separate subject in Kenyan secondary school.						

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Thank you for your cooperation.

SECTION C

Instructions

Each of the following question requires your opinion towards implementation of HIV/AIDS syllabus. In each of the statement please fill in the spaces provided.

1. What subjects do you teach?

2. Do you teach HIV/AIDS syllabus in your school?

()

()

3. (a) Are you integrating it with other subjects or you are teaching separately?

(b) Explain why the subject is being integrated with other subjects or why it is being taught separately

4. How has your school prepared students regarding the importance of HIV/AIDS syllabus?

5. What evidence is there to suggest that HIV/AIDS syllabus implementation can be successful in your schools?

6. (a) Have you been trained in implementing HIV/AIDS syllabus?

Yes ()

No ()

(b) If yes can you please specify the

Organizers _____

The length of the course _____

(c) How many times have you attended a seminar or workshop

organized by the Kenya Institute of Education (KIE) (Ministry of Education) _____

(a) What are your views concerning training of teachers in HIV/AIDS syllabus implementation _____

7. Briefly comment on time allocation for HIV/AIDS syllabus in your school

8. List **three** different teaching materials that have been provided in your school for teaching HIV/AIDS syllabus?

9. Suggest **three** important ways in which a school administrator can make the HIV/AIDS syllabus implementation more of a success?

10. List **three** outstanding problems you have encountered while implementing HIV/AIDS syllabus in schools?
