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MASTER OF ARTS IN COMMUNICATION STUDIES

Comparison of effectiveness of Communication Applied in HIV/AIDS Education Methods in Primary schools in Mathare areas of Nairobi

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DECLARATION

I hereby declare that this dissertation has not been presented for any award of a degree or any other award in any other University.

Timon Choro

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I confirm that the work reported in this dissertation was carried out by the candidate under my supervision.

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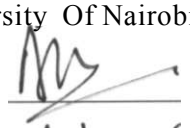
Sign 

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DEDICATION

I dedicate this dissertation to my loving wife Stella Achieng and my parents, Anjeline Duda and Alfred Choro.

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My sincere appreciation goes to Dr. Alfred Agwanda who supervised this research.

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ABSTRACT

Communication that forms an integral part of HIV/AIDS education methods is believed to hold great potential for contributing to prevention of HIV among school students. In view of this, the government of Kenya (GOK) through Kenya Institute of Education (KIE) introduced HIV/AIDS education in Primary and secondary schools. HIV/AIDS education has been integrated in all the subjects and teachers have adopted different teaching methods.

This study therefore sought to compare the effectiveness of communication strategy used to teach HIV/AIDS in primary schools in Mathare area. A sample size of 40 students aged 10-14 years in ten primary schools (20 students for in-depth interview, 20 students for focus group discussion) was determined. The study established that the current HIV/AIDS methods are mostly using communication methods that are convectional nature (lecture, class assignment, etc) that are not participatory and entertaining. The study also established that most of the students prefer teaching methods that are using communication methods that are non-convectional (informal, participatory and entertaining).

In conclusion, non-convectional HIV/AIDS education methods that uses participatory and entertainment communication strategy has the capability of reaching students effectively with messages that will build their skills required to prevent HIV infections.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention
ANC	Ante-Natal Clinic
CBS	Central Bureau of Statistics
CDC	Centre for Disease Control
CSA	Centre for the Study of Adolescence
FGD	Focus Group Discussions
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
IDI	In-depth Interviews
KIE	Kenya Institute of Education
MOH	Ministry of Health
NACC	National Aids Control Council
NASCOP	Nationals AIDS and STD Control Programme
NGOs	Non-Governmental Organizations
STD	Sexually Transmitted Diseases
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS

United Nations Educational, Scientific and Cultural Organization

United Nations International Children's Education Fund

United States Agency for International Development

Voluntary Counseling and Testing

World Health Organization

CHAPTER 1: INTRODUCTION

1.0 Background information

In many parts of the world, young people face serious challenges in their transition to adulthood (WHO, 2003). In Africa, this transition is made more difficult by economic hardships, high level of poverty, famine and destitution, and HIV/AIDS. Of the problem experienced by young people in Africa, those related HIV/AIDS take prominence (CSA, 2004).

HIV/AIDS is ravaging Africa, and is spreading at a catastrophic rate representing an unprecedented crisis for the entire continent. Sub Saharan Africa has borne the brunt of the epidemic accounting for over 26 million of the approximately 40 million people living with HIV/AIDS globally. The impact of HIV/AIDS on the different sectors of the economy is already being felt in many countries of Africa as productivity in key sectors decline and Gross Domestic Product (GDP) shrinks (WHO, 2003).

HIV/AIDS is taking a heavy toll on African adolescent and youth. Only about one fifth of the world's one billion young people ages 15 to 24 live in Sub Saharan Africa, yet they represent the vast majority of HIV infections in this age group world wide. Every year, roughly 1.7 million African youth become infected. Moreover, young women in the region are twice as likely to be infected, with HIV as young men. Young women face additional reproductive health risks. Between

10% and 18% of African ages 15 to 24 give birth each year (PRB, PSI 2003). It is currently estimated that within the next five years, 60% and 40% of new infections among women and men respectively will occur among 15-19 year olds (UNAIDS, 2003).

In Kenya over 60% of the estimated populations of 30 million people are youth. Of the youth population 50% are below the age of 16 years while one third is aged between 13-19 years. Over 50% of youth population in the urban areas lives in the informal settlement (APHRC, 2002). This segment of youth population living in the informal settlements faces several problems. Some of the critical problems are the vulnerability to HIV/AIDS and sexually transmitted infections (STIs) via poverty driven commercial sex, domestic violence, unwanted pregnancy and unsafe abortion spurred by high levels of early sexual activities, and poor access to family and health services as a result of social, geographical isolation and low income (APHRC 2002).

Adolescents in Kenya therefore have many sexually associated adverse outcomes that include unintended pregnancy, disrupted education, reduced employment opportunities, low income, unstable marriages, sexually transmitted diseases and health development risks, curtailed life, early widowed and now orphans given the advent of HIV/AIDS. Adolescent between the ages of 9 -15 years old are relatively free from HIV/AIDS but after this age the rate of infection

is very high (WHO, 2002). Those targeted interventions are required to help them remain free from infection.

Several communication intervention programs have been started within the informal settlements like Mathare area with the aim of curbing this rapid spread of HIV/AIDS among the youth. The said interventions have yielded some limited success but the high HIV/AIDS infection among the youth in the area still remains a big challenge (Africa Alive, 2004). The communication interventions employed targeting both youth in and out of school. In particular, interventions programs in primary schools are very critical as it reach many young people with timely HIV/AIDS messages needed enhanced knowledge and skills needed to prevent infections. In addition, primary schools host major segment of young people below the ages of 16 years within Mathare slums (Africa Alive! 2004). Effective HIV/AIDS education methods are therefore important in effective communication within primary schools.

Most of the primary schools in the informal settlements like Mathare use conventional non-edutainment HIV/AIDS education methods (conventional methods of lecture, text book reading and assignments). Only few schools employ integrated HIV/AIDS education methods (includes non conventional edutainment methods like poetry, drama, role play etc and conventional methods). Most of the teachers within the slums uses conventional non-edutainment instead of non-conventional edutainment methods because it is very

easy and do not require more effort or skills since they have not been trained to teach HIV/AIDS (Africa Alive, 2004). Evaluation of conventional non edutainment teaching HIV/AIDS methods showed they are not effective in imparting knowledge and skills to young people for informed decision making (AED, 2002). The teaching methods therefore leave gap that need to be addressed immediately to reverse HIV infection.

1.2. **Problem Statement**

The high HIV infection rates among the youth in Mathare slums posses a big challenge to the future survival of the generation. Even with this high rate of HIV infection among the youth, they still engage in high-risk sexual behaviour due to limited access to the reproductive health information, products and services they need to protect their health (APHRC, 2002).

HIV/AIDS programs have been initiated within Mathare slums to curb this rapid spread among young people. One of such programs used in the area is HIV/AIDS education within primary schools. Despite the limited reported success HIV/AIDS education in primary school, infection rates among this target group are on the upward trend (Africa Alive, 2004). Even though the primary schools have integrated HIV/AIDS education within the class curriculum, only 38.8% of students' ages between 12-16 years listed schools as the source of HIV/AIDS information (AHPRC 2002). This indicates that HIV/AIDS methods used are not effective disseminating messages appropriately.

This research intends to establish reasons why so many students are not citing schools as their source of HIV/AIDS information. The study will therefore explore the effectiveness of communication applied in HIV/AIDS education methods in schools and compare it with other methods that most of the students prefer as the popular their source for information.

1.3 Justification of the study

Effective HIV/AIDS education methods have the potential to equip young people with knowledge, attitudes and skills needed for informed decision making to adopt positive behaviour within Mathare area. Data compared across countries and regions disaggregated by education levels showed that young people with higher levels of HIV/AIDS knowledge have a better understanding on the ways to avoid infection and increased likelihood of changing behaviour that put them at risk of contracting the disease (UNICEF 2005).

Proven effective communications using HIV/AIDS education need to be scaled up immediately to reverse the trends of infections among youth within the area. With the Kenyan government policy of free primary education, many young people who are enrolling within primary schools in Mathare areas will be able to benefit from effective HIV/AIDS education. With this window of opportunity the 'arge number of young people enrolling in primary schools will benefit from effective HIV/AIDS education methods. The findings of this research will provide

a basis for making rational decision of scaling up and strengthening effective HIV/AIDS education methods within schools in Mathare area. It will also provide learning experiences that can be duplicated elsewhere.

1.4: Delimitation

There are so many interventions targeting young people in primary schools in Mathare areas with the aim of preventing HIV/AIDS infection, this study focus on effective communication in the methods of teaching HIV/AIDS in primary schools.

The findings of the study will be used to help in designing effective HIV/AIDS in primary schools mostly in the informal settlement in several urban in Kenya.

15 Definitions of Terms

1. **AIDS:** Acquired Immune Deficiency Syndrome. It is the medical term that is characterized by opportunistic infection and has no cure.

2. **HIV:** Human Immuno Virus. Is the that attack the human defense mechanism leading to the condition to the condition of AIDS

3. **Education:** It means a system of training and instructor, designed to give knowledge and develop skills, mode of instruction is communication.

4. **Method:** Communication strategy designed to help reach the intended aim

5. **Communication^** process of transmission of modes of thinking and feeling to another person(s).

6. **Intervention:** The process involved to make something happen

7. **School:** An institution for educating children either primary or secondary.

1.6 General objective

To compare effectiveness of communication in conventional and non conventional HIV/AIDS education methods among students in primary schools within Mathare area in Nairobi

Specific Objectives

1. To determine the level of knowledge on HIV/AIDS prevention methods among the students in Mathare primary schools
2. To determine popular methods of HIV/AIDS education for students in primary schools in Mathare.
3. To determine the reasons why the popular HIV/AIDS educations are preferred by primary students in Mathare.

CHAPTER 2: LITERATURE REVIEW

2.1 HIV/AIDS and Youth

With HIV/AIDS pandemic entering its third decade, the comparatively hopeful predictions made in the early 1990s that the worst epidemic had reached their plateau have since yielded to the sobering reality that, indeed, the pandemic continues a space in some cases at alarming rates. Not only is this true in the case of relatively new epicenters such as Eastern Europe and Russia, but it is also true in Africa - a continent that undoubtedly has borne the heaviest burdens of HIV/AIDS since the disease was first identified in the early 1980s (Population Council/UNFPA, 2002).

HIV/AIDS is the worst epidemic in the human history with an estimate of 40 million people living with the disease, and the number of deaths by the year 2010 is likely to surpass 65 million (UNAIDS 2002). The situation is more severe in Sub Saharan African countries especially among the young people. Sub Saharan Africa has one of the world youngest populations. At the beginning of the 21st centaury, about one out of every four people in Sub Saharan Africa is 10 to 19 years old (PRB, 2001). This is the largest group people ever in the region to enter adulthood. UNAIDS estimates that every day around 6,000 people ages 15 -24 years contract HIV and young people now account for nearly half of all

new adult infections each year (UNAIDS 2002). In some countries the proportion is even greater exceeding 60% of new infections in Sub-Saharan Africa and parts of Asia (UNAIDS 2002). The risk of and vulnerability to HIV infection among women use particularly striking: Young women now account for 62% of the 11.8 million young people living with HIV/AIDS (UNICEF/UNAIDS/WHO 2002). In Western Kenya nearly one in four girls 15-19 years old was infected with HIV by the mid 1990s, compared with one in 25 boys in the same age group (Glynn et al 2001). Most important, perhaps is the fact that only very small fractions of young people who are infected are even aware of (UNICEF/UNAIDS/WHO 2002). The epidemic among young people - which has become for worse than any one predicted ten tears ago - represents one of the most severe challenges to the future health and development of many countries around the world especially in Sub Saharan Africa.

Kenya which is in Sub Saharan Africa is ranked fifth in the world in the number of people living with HIV/AIDS (CSA 2004). The current HIV/AIDS infections amongst the youth is the highest especially in the informal settlements. Among the indicators of high risk sexual activities among the youth in the informal settlement like Mathare areas: high rates of pregnancy and sexually transmitted infection among adolescents ages 15-19 provide. Recent data shows that more than 25% of the boys ages 15 -19 in Kenya report having had sex before the age °f 15 (CSA, 2004). Many young people especially within the informal settlements like Mathare are unable to access timely treatment for STIs. Without appropriate

treatment for STIs, their risk of contracting HIV increases to fivefold (Wasserheit 1992).

2.2 Basic Information on HIV/AIDS

HIV causes AIDS. People who are infected with HIV can look and feel healthy and may not for years know that they are infected. During this time however, they can infect other people. HIV slowly wipes out parts of the body's immune system making the HIV-infected person sick because the body can't fight off diseases. Some of these can be fatal (UNAIDS, 2003).

Signs of HIV infections are like those of many other common illnesses, such as swollen glands, tiring easily, losing weight, fever or diarrhea. Having said this, different people have different symptoms.

HIV is found in people's blood, semen, vaginal fluid and breast milk and the only way to tell if someone is infected are by having blood test. There is no vaccine to prevent HIV infection and no cure as yet for AIDS. There are treatments however that can keep infected people healthy longer and prevent diseases that people with AIDS often get. Research is going on.

HIV slowly makes infected person sick with diseases and infections causing serious illnesses, which people often recover from until the next illness. Sometimes, HIV can damage the brain leading to sudden mood swings, even

making it hard to think clearly. Someone with AIDS can feel fine in the morning and be very sick in the afternoon (UNFPA, 2002).

2 3 Responding creatively and flexibly to HIV/AIDS through education.

The education system responds creatively to HIV/AIDS when it continues to provide meaningful, relevant educational services of acceptable quality to learner in and out of the formal systems is complex and demanding circumstances (Coombe,2000)

At the level of pedagogy and the curriculum responding creatively to HIV/AIDS necessitates considerable adjustment and reform. Significantly, all of these reforms are desirable in themselves for better, more dynamic education system.

In reaction to HIV/AIDS, the tendency of education Ministries has been to focus almost all of their attention on the curriculum, and within this perspective to concentrate even more narrowly on the integration of HIV/AIDS education and related health issues with or without HIV/AIDS, all students need skills based health education that will assist them to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives (UNESCO, 2000).

In the context of HIV/AIDS, however curriculum and pedagogy reform must extend further than the development of the knowledge, attitudes, values, and life-

skills needed for making and acting on the most appropriate and positive health-related decisions.

The most visible impact of HIV/AIDS is the increase in the deaths of young adults, the peak mortality age for women is in the 25 -35 age range and for men jn 35 _ 45 range. Regardless of their social status, these constitute a very vulnerable sector of society. The vulnerability is increased for those from a more impoverished background, who may be almost totally lacking support. They may receive inadequate assistance from their communities or surrogate families to enable them exercise their basic human right to education and other services.

Education systems confronted by such unprecedented human suffering and disrupted social systems should be combined with three principal challenges to what they must respond through learning programs and curricular:

- Replenishing the skills being lost through the premature deaths of skilled and qualified adults
- Transmitting skills to young people, when the practitioners who should pass on the training are no longer alive
- Preparing very young people, many of them more children for immediate assumption of adult economic responsibilities, as heads of households or within the framework of household headed by elderly relatives.

Evidence is accumulating that education helps individuals protect themselves against HIV infection. The school is an institution that protects (Fylkesnes, Musunda,2001).

Vandemootele and Delamonica (2000) provide some direct and indirect evidence that points to changing social profile in the disease, and assent that this is due to increased knowledge, information and awareness which education provides.

The question is does education protect against HIV infection because of the health skills and HIV/AIDS education that are provided in school, or is there something inherent in the very process of becoming more educated that equips individuals with the skills and motivation to protect themselves against infections. There is no universally agreed answer, though clearly, however both aspects are important. Almost certainly, however, the general impact of education in and of itself is the most significant factor (Musunda, 2001).

The reason for this that the positive correlation between level of education and HIV infection or high risk behaviour is changing even among those whose formal education included little, if any, health skills and AIDS education.

2 4 School Based HIV Prevention Information, Education, and Skills Development

Education has the potential to equip young people with knowledge, attitudes and skills needed to reduce the risk of HIV infection. The relationship between education and risk of HIV infection is complex. In sub-Saharan Africa, for example, more developed countries and better-educated people tend to have higher rates of HIV infection. However, while better-educated populations seem to have been more susceptible to HIV early in the epidemic, they also appear to be changing their behaviors more rapidly. In the future, as better-educated groups take steps to protect themselves, it is likely that those at highest risk of acquiring HIV will be people with less education. Therefore, increasing access to education in general, and HIV related education in particular, should lead more people to change their behaviors to protect themselves from HIV (Hargreaves and Glynn 2002; Gregson et al 2001).

HIV-related education has greater effect on prevention efforts if it is linked with other HIV prevention efforts in the community. Research has shown that education about sexual health does not promote early sexual activity or promiscuity, as some critics contend, but rather delays the initiation of sex and encourages safer sex behaviors. UNAIDS reviewed fifty three sexual health education programs in schools found that about half had no effect on sexual

behavior, while the remaining half either delayed the onset of sexual activity or reduced the rates of unplanned pregnancy and STIs (UNAIDS 1997).

HIV/AIDS prevention programs in schools also have the potential to reach large numbers of young people before they become sexually active, as well as when they are struggling with their emerging sexual identities, feelings, and relationships. For some young people, school is the most important institution in their experience, and school policies and programs can help many adults as well- including school personnel, parents and the wider community - cope with HIV. For example, HIV prevention programs can be promote tolerance and respect for people infected with HIV/AIDS and can reduce stigmatization of teachers and students affected by the virus and offer them social support (WHO 1999).

School based HIV/AIDS prevention programs should begin early and be sustained and phased in by age group, from early childhood through adolescence. This is particularly desirable in developing countries like Kenya where primary school attendance rates may be relatively high but few students reach secondary school. In the informal settlements like Mathare the number of students continuing to secondary is greatly reduced (Africa Alive! 2004).

Teachers who are appropriately trained and respected by students should be involved in HIV prevention education as much as possible. However, program designers should be aware of the barriers to effective teacher led sexuality

education. For example, many teachers are embarrassed when talking about sex and feel they will lose esteem in their students' eyes if they do so. Sometimes, outside specialists can be recruited for this work, but even then teachers should be trained how to identify issues that merits discussion and how to provide referral to further information and services for students (Population Council/ UNFPA 2002)

2.5 Methods of HIV/AIDS Education

Quality HIV/AIDS education empowers individual by providing them with knowledge and skills to make informed decision and adopt behaviour that reduce their risk of infection. The methods that provide accurate information about sexuality, reproductive health and HIV/AIDS, along with life skills and links to services are integral. The method must provide young people the skills they need to survive and thrive in the local contexts. Effective communication in HIV/AIDS methods must empower young people with critical thinking, problem solving, self-management and interpersonal skills that allow young people to acquire knowledge, and attitudes that support the adoption of healthy behaviors (UNICEF 2005).

Effective teaching methods employed in educating about HIV/AIDS prevention differ from conventional non-edutainment methods used for other subject areas. Teachers need to learn additional skills, instructional methods and models, and

perhaps change some of their old ways of teaching in order to effectively deliver school based AIDS education using many different channels. Implementing HIV/AIDS education programs is similar to introduction of any innovation within the school (AED 2002).

In order for HIV education to achieve its goals, teaching methods must evolve from the style in which educators lecture their students from the front of the classrooms to more participatory teaching methods, wherein students play an active role in the learning process. HIV/AIDS prevention education cannot be taught effectively if fear and uncertainty surround the disease. These fears, attitudes, feelings and anxieties may inhibit students learning. To curb this problem, interactive strategies can be used to promote audience participation (AED 2002). Traditional classroom techniques like lectures; memorization and textbook reading should be used sparingly as they tend to restrict participatory learning.

Students need to be aware of and fully understand the fact that classes on HIV prevention are different from other courses in the school curricula. For behaviour change to occur and attitude to evolve, HIV/AIDS prevention education needs to be singled out as a unique course in school curricula. Participatory interactive teaching and learning non-conventional edutainment methods are essential to moving from information based education programs to those that are skill based. The latter were shown to be more successful in helping students develop abilities

for adaptive and positive behaviour that enables them to deal effectively with the demands and challenges of HIV/AIDS prevention. Participatory methods include small group work and discussions, role-playing, debates, arts and crafts etc.

2 5 1 Utilize non-conventional methods of teaching

In order for HIV education to achieve its goals, teaching methods must evolve from the style in which the educators the educators lecture their students from the front of the classroom to more participatory teaching methods, wherein students play an active role in the learning process. Education for HIV/AIDS prevention cannot be taught effectively if fear and uncertainty surrounds the disease. These fears, attitudes, feelings and anxieties may inhibit students learning. To curb this problem, interactive strategies can be used to promote audience participation. These strategies have proved effective in facilitating learning in all the domains, as well as encouraging changes towards desirable behavior. They also help students to explore their feelings and gain insight into their own attitudes, values and perceptions. Traditional classroom techniques like lecture, memorization and textbook reading should be used more sparingly as they tend to restrict participatory learning (Inon, 2002).

Participatory, interactive teaching and learning methods are essential in moving from information based educational programs to those that are skill based. Skill based has showed to be more successful in helping students develop abilities for adaptive and positive behavior that enables them to deal effectively with the

demands and challenges of HIV/AIDS prevention. Participatory methods include small group work and discussion, role-playing, debates, and arts and crafts etc (UNICEF, 2005).

2 5.2 Introduce open communication

Teaching HIV prevention presents several challenges for educators. A primary challenge involves the ability to openly discuss controversial issues with students in the classrooms. Educators who feel comfortable with their sexuality, who adhere to human rights of participation, and respect their students are more successful when discussing important controversial issues relating to HIV/AIDS, such as the disclosure of HIV status, premarital sex, and drug use (Inon, 2002).

Shame, silence and stigma are among the basic reasons behind continued HIV/AIDS fears leading to denial, blame and discrimination; thereby delaying positive actions. Development of an open and honest atmosphere and a caring relationship between teacher and students is critical to AIDS education.

Recent studies have shown that sex education programs do not lead to earlier or increased sexual activity among young people. On contrary, school, school-based interventions are an effective way to reduce risk behavior associated with HIV/AIDS and STI among children and adolescents (IAE, 2002). Talking openly about HIV/AIDS in a class also means helping children and adolescence not to

left out or out of step with their peers if they resisting pressures or do not jqe in risky behavior, even if some of their peers do (UNICEF, 2005).

2 5.3 Innovative teaching sessions

For school based AIDS education to be effective, it must not be based on one-time quick fix approach. Experience with successful programs suggests that spending at least four hours in the classrooms over a period of time is essential to achieve even a minimal impact on students' knowledge, attitudes and behavior changing intensions; subsequently, ten to fourteen sessions will provide better results (Inon, 2002).

Classes on HIV/AIDS should be recognized as different. Applying multiple media (stories, role plays, lectures, self tests) provides an opportunity for actively engaging students in the learning process. Effective repetitions of basic AIDS messages require clarity, consistency and sufficient variety to hold the learners interest. Cooperative is another strategy that provides the opportunity for active learner participation, enhancement of social skills, increased retention and enjoyable learning (UNAIDS 2003).

2 5.4 Skills based education

AIDS education curricula should provide learners with problem-solving skills, decision making skills, communication, refusal and negotiating skills, as well as skills that help them avoid alcohol and drug use. Specific skills such as conflict

management, and the ability to successfully refuse sex, need greater attention and inclusion. Developing self-sufficiency may help individuals to become motivated to act in healthier ways (UNICEF 2005).

Educational and behavioral research has shown that having the students participate in the role that demonstrate healthy ways of living will help them to sustain these behaviors throughout their lives and often our behaviors are reinforced by observing the positive and negative consequences of their actions. Cooperative group work in class adds to the students understanding of the norms and values of other peers.

The effectiveness of skill-based education for HIV/AIDS prevention is tied to three factors:

- Addressing the developmental (physical, emotional and cognitive) stages that young people pass through and the skills they need as they move towards adulthood.
- Participatory and interactive academic methods.
- Use culturally relevant and gender sensitive learning activities within a safe and open environment (Inon, 2002).

2.5.5 Develop partnership within school and community

> schools where no clear policy on prevention exists, even motivated teachers often find it is hard to introduce lectures on HIV/AIDS to the students. Developing

partnerships with others within the school environment (e.g other teachers, school nurses, counselors) and setting up a team of "AIDS Educators" facilitates better diffusion of your innovatory lessons and ensures their sustainability (Center for Disease Control, 1998, Kelly, 2000, Schneker, 2001).

School based HIV/AIDS education should focus on the specific student population of each school, while maintaining close links with their parents and the community at large. These links allow for strengthening of protective influences on young people from both school and home; they also help teachers for introducing and sustaining education for HIV/AIDS prevention at schools.

2.5.6: Adapt teaching methods to both male and female students

Often schools will provide separate sex education classes to boys to boys and girls; however, this should not be encouraged in HIV/AIDS education. Recent studies provide little evidence to support the contention that sexual health educations promote promiscuity (IAE, 2002).

When discussing prevention of HIV, ample time should be devoted to refusal skills that may protect young girls from unwanted sexual relationships. Gender-specific education can help female adolescents address structural and interpersonal inequalities. Using a development framework, HIV/AIDS education curricula can be structured around ways children of different ages comprehend the definition, cause, treatment and consequences of infection (Grunseit, 1997)

2 5 7' Reinforce local values and attitudes

Local attitudes and behavior are important influences on the development of young people. If the community emphasizes and support healthier behavior, then the likelihood of maintaining such behavior increases. Community pressure can effectively guide a person's decision to act in a given way, and group support is necessary to reinforce and maintain responsible actions (IAE, 2002).

By using social influences, the social consensus model, peer education and small group discussion, desirable group norms can be learned. Peer education is especially because the trained peer educators serve as role models in reducing misconception about HIV risk among fellow students and initiate discussion about preventive behavior. Peer educators, therefore are effective messengers of HIV/AIDS education and effectively contribute to AIDS awareness in student population, provided they are carefully selected and properly trained (UNAIDS, 2003).

2.5.8: Evaluating teachers' progress

The individual teacher providing education about HIV/AIDS prevention in his or her school could perform monitoring and evaluation tasks that will enable them to measure success of HIV/AIDS instruction in the classroom. He or she can also monitor progress either in individual classes or the entire school. This

information is valuable in determining the effectives of the teaching methods and the curriculum (Inon, 2002).

Teachers can estimate their success rate with HIV/AIDS education in the classroom by developing and administering pre-tests that compare the behaviors, skills, attitudes and knowledge of the same student before and after the program (UNICEF 2005).

2.6 Kenya School based HIV/AIDS Program

HIV/AIDS prevention programs have been initiated in both primary and secondary schools. The common approach to HIV/AIDS programs has been either through curriculum or through activities organized in schools.

Kenya Institute of Education (KIE) is charged with mandate of developing school curriculum for primary schools. Their current objectives are not to expand and strengthen teaching of HIV/AIDS in primary schools. A life skills training approach has been adopted and in built for child-to-child approach. The method is cognizant of the reality that children need both knowledge and skills to achieve the goal of HIV free society. The new thrust in the curriculum has been to show the teachers how they can integrate HIV/AIDS into all subjects e.g. into all subjects e.g. mathematics, history, Kiswahili, social ethics e.t.c. It has been hoped that this with approach, life skills are instilled in children. These skills

include ability to make decisions, effective relationships, assertiveness and critical thinking. Teachers will also be trained on how to integrate life skills and effective HIV/AIDS education.

The major purpose of AIDS educations is behaviour development and change that is appropriate to the stage of youth's development that will help him/her in HIV/AIDS prevention (KIE 2002).

General Objectives of primary education:

- Acquire necessary skills and knowledge
- « Appreciate facts and issues related to HIV/AIDS
- Develop life skills
- Identify appropriate sources of information on HIV/AIDS related issues
- Make decision about personal and social behaviour
- Show comparison towards people affected and infected
- Be actively involved in and out of school activities aimed at prevention
- Communicate effectively with peers and others on issues related HIV/AIDS (Nduati, 2004)

In addition, the curriculum covers adolescent physical and psychological development and aims to develop skills in the youth on how to be responsible and to cope with these changes better. Religious and cultural values and their ˹ole in promoting or preventing AIDS are discussed in the context of learning how

to relate appropriately to members of the opposite sex, and learning proper management of work and leisure.

Young people are highly vulnerable to HIV infection and should be primary focus of communication strategy activities in schools. Classrooms provide a great opportunity for development of moral values since children are in their formative years and more readily able to absorb information on HIV/AIDS risk and adopt safer attitudes and sexual practices.

2.7 Capacity of Building for Teachers

The capacity of teachers also needs to be addressed through training programs and the provision of reference materials. For teaching information and skills is even more essential and complex. Since most youth attend school at least for primary education, school-based programs are a logical place to reach young people. Understanding the importance and techniques of teacher training in sexuality in Africa is particularly urgent (Tijuana, et al:2004)

Teachers are often the main adults other than formally members with whom young people interact on daily basis. In an area of HIV/AIDS, teachers play an even more critical role of being a source of accurate information and a person with whom young people can raise sensitive and complicated issues about sexuality. As the AIDS epidemic spreads, the need becomes more urgent for teachers to discuss AIDS in the context of human development, sexuality and

pregnancy prevention. Teachers also need to know how to protect their own health and the importance of not putting sny of their students at risk through their own behaviour.

Ideally, as trusted gatekeepers of information, teachers can be instrumental in imparting knowledge and skills to young people. Teachers can function as role models, advocates for healthy school environment guides for students in need of sen/ices, resources for accurate information, mentors and effective instructors. But to meet these expectations in the AIDS era, teachers need skills and knowledge as well as support from the educational system and broader community. (Tijuana et al, 2004)

2 8 Theoretical Framework

This study will use five theories to help in understanding the concept of using effective education methods. Science aims to find general explanations to natural events. All the research study must be based on theories. The use of theoretical models to address HIV/AIDS issues will enable effective programs to be developed that will lead to the prevention of the spread of HIV/AIDS. Several theories will provide a good model to justify the use of appropriate education methods in primary schools. Any methods that are proven theoretically could be scaled to be used by schools to benefit young people.

2.8.1 Constructivism Theory

Constructivism is an educational philosophy, which holds that learners ultimately construct their own knowledge that then resides within them, so that each person's knowledge is as unique as they are. Among its key precepts are:

- Situated or anchored learning, which presumes that most learning is context -dependent, so that cognitive experiences situated in authentic activities such project-based learning
- Cognitive apprenticeships, or case-based learning environments results in richer and more meaningful learning experiences
- ' Social negotiation of knowledge a process by which learners form and test their constructs in a dialogue with other individuals and with the larger

society. Collaboration as a principal focus of learning activities so that negotiations and testing of knowledge can occur.

Constructivist learning is based on students' active participation in problem-solving and critical thinking regarding a learning activity which they find relevant and engaging. They are constructing their own knowledge by testing ideas and approaches based on their prior knowledge and experience, applying these to a new situation and integrating the new knowledge gained with pre-existing intellectual constructs.

This theory is relevant in HIV/AIDS education among students in primary schools, since it fits with several highly touted educational trends, for example:

- The transition of the teacher's role from "sage on the stage" (fount/transmitter of knowledge), to "guide on the side" (facilitator, coach)
- Teaching "higher order" skills such as problem-solving, reasoning, and reflection
- Enable learners to learn how to learn
- More open ended evaluation of learning outcomes
- And of course, cooperative and collaborative learning skills

2.8.2 Situated Learning

This theory focuses on learning by doing, and addressing real problems. HIV/AIDS is a real problem that requires learning that enable student to learn by doing and addressing real problems as they live in their community.

Situated learning normally occurs as a function of the activity, context and culture in which it occurs (i.e. it is situated). This contrasts with most classroom learning activities which involve knowledge which is abstract and out of context social interaction is a critical component of situated learning - learners become involved in a "community of practice" which embodies certain beliefs and behaviour to be acquired. As the beginner or newcomer moves from periphery of this community to its centers, they become more active and engaged within the centre and hence assume the role of expert or old timer. Furthermore, situated learning is usually unintentional rather than deliberate.

Situated learning also appreciate cognitive apprenticeship that supports learning in a domain by enabling students to acquire, develop and use cognitive tools in authentic domain activity. Learning, both outside and inside school, advances through collaborative social interaction and social construction of knowledge. Situated learning the need new epistemology for learning— one that emphasizes active perception over concepts and representation.

2.8.3 Transfer of learning

Teaching for transfer, is one of the seldom -specified but most important goals in education. We want students to gain knowledge and skills that they can use both in school and out of school, immediately and in the future. Transfer of learning deals with transferring one's knowledge and skills from one problem-solving situation to another. Teachers need to know about transfer of learning in order to help increase the transfer of learning that teacher and students can achieve.

Transfer of learning is commonplace and often done without conscious thought. Transfer occurs at a sub conscious level if this has achieved automaticity of that which is to be transferred and if one is transferring this learning to a problem that is sufficiently similar to the original situation so that differences are handled at a subconscious level, perhaps aided by a little conscious thought.

At one time, it was common to talk about transfer of learning terms of near and far transfer. This "near and far" theory of transfer suggested that some problems and tasks are so nearly alike that transfer of learning occurs early and naturally. A particular problem or task is studied and practiced to a high level of automaticity. When a nearly similar problem or task is encountered, it is automatically solved with little or no conscious thought. This is called near transfer.

Transfer of learning is pervasive in our every day life, at work, and in the community. Transfer takes place whenever our existing knowledge, abilities and skills affect the learning or performance of new tasks.

2.84 Cooperative Learning

Cooperative learning exists when students work together to achieve joint learning groups (Johnson, Johnson, & Holubec, 1992, 1993). Any assignment in any curriculum for any age student can be done cooperatively. There are three ways that cooperative learning may be used. **Formal cooperative learning groups** may last for one class period to several weeks to complete any course requirement (such as solving problems, reading complex text material, writing an essay or report, conducting a survey or experiment, learning vocabulary, or answering questions at the end of a chapter). The teacher introduces the lesson, assigns students to groups (two to five members), gives students the materials they need to complete the assignment, and assigns students roles. The teacher explains the task, teaches any concepts or procedures the students need in order to complete the assignment, and structures the cooperation among students. Students work on the assignment until all group members have successfully understood and completed it. While the students work together the teacher moves from group to group systematically monitoring their interaction. The teacher intervenes when students do not understand the academic task or when there are problems in working together. After the assignment is completed the teacher evaluates the academic success of each student and has the groups

process how well they functioned as a team. In working cooperatively, students realize they (a) are mutually responsible for each other's learning and (b) have a stake in each other's success.

Informal cooperative learning groups are temporary, ad-hoc groups that last from a few minutes to one class period that are used during a lecture, demonstration, or film to focus student attention on the material to be learned, set a mood conducive to learning, help set expectations as to what will be covered in a class session, ensure that students cognitively process the material being taught, and provide closure to an instructional session. **Cooperative base groups** are long-term cooperative learning groups (lasting for one semester or year) with stable membership that give each member the support, help, encouragement, and assistance he or she needs to make academic progress (attend class, complete all assignments, learn) and develop cognitively and socially in healthy ways.

What makes cooperative learning different from most instructional methods is that it is based on social interdependence theory and the related research. Social interdependence theory provides educators with a conceptual framework for understanding how cooperative learning may be (a) most fruitfully structured, (b) adapted to a wide variety of instructional situations, and (c) applied to a wide range of issues (such as achievement, ethnic integration, and prevention of drug abuse). In this chapter we shall review the theory of social interdependence, the research that has been conducted on social interdependence, the conditions

under which the theory is valid, and the variables that enhance its effectiveness. We will then return to its relevance and application to education.

2.8.5 Diffusion theory

Adoption of our new methods of teaching HIV/AIDS in primary schools is like a new innovation. It affects from other teaching convectional methods which were used earlier before the advent of HIV/AIDS.

Diffusion is he process by which an innovation is communicated through certain channels over time among the members of a social system. Diffusion of innovation has four elements namely:

(1) Innovation - an idea, practices, or objects that is perceived as knew by an individual or other unit of adoption.

(2) Communication channels - the means by which messages get from one individual to another.

(3) Time - the three time factors are:

(a) innovation-decision process

(b) Relative time with which an innovation is adopted by an individual or group.

(c) Innovation's rate of adoption.

(4) Social system - a set of interrelated units that are engaged in joint problem solving to accomplish a common goal.

Diffusion has also Five Stages of Adoption namely:

(1) Awareness,

(2) Interest,

(3) Evaluation,

(4) Trial, and

(5) Adoption.

In the awareness stage "the individual is exposed to the innovation but lacks complete information about it". At the interest or information stage "the individual becomes interested in the new idea and seeks additional information about it". At the evaluation stage the "individual mentally applies the innovation to his present and anticipated future situation, and then decides whether or not to try it". During the trial stage "the individual makes full use of the innovation". At the adoption stage "the individual decides to continue the full use of the innovation".

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CHAPTER 3: METHODOLOGY

3.1 Project site

Over one million people in Nairobi are estimated to be currently living in the informal settlements popularly known as slums. Mathare slum is one of the biggest informal settlements in Nairobi. Over 60% of the population in Mathare slums are young people ages between 10-24 years (CSA, 2004). A good proportion of young people age 12-16 years are in primary school due to government policy of free primary education.

All most of the government primary schools within Mathare are offering HIV/AIDS education to their students. HIV/AIDS education is integrated within different curriculum being used to teach other subjects like English, Arts and Crafts among others. Most of the teaching methods used in teaching HIV/AIDS are conventional in nature, that it uses lecture, book reading and assignments methods. Most of the students that attend the schools slum are very poor and cannot afford basic needs like food, shelter and security. Moreover most of these primary school students are unable to proceed to secondary schools because they cannot afford.

3.2 Ethical Consideration

Permission was sought from University of Nairobi and school administration of the primary schools. Respondents were assured that the information they have

provided would be treated with utmost confidentiality and would only be used for the interviewer's academic work.

3.3 Research Design

The study design was survey in nature. The design enabled the comparative exploration of the effectiveness of HIV/AIDS education methods (conventional and non conventional edutainment) in disseminating messages aimed at positive behavior.

In-depth interviews and focus group discussions (FGDs) were used to collect the data by trained research assistants. Male and female students aged 12 to 14 years in primary school will be sampled during data collection.

3.4 Method of Sampling

Purposive sampling was used for the study. According to Muganda et al, 1999, purposive sampling allows the researcher to use cases that have the required information with the respect to the objective of the study. All the primary schools in Mathare area will be included in the study. A total of 20 primary students were sampled randomly in each of the school. Three focus discussion groups were carried among sampled students within the schools. In each of the school, students were sampled from class six to eight. School register (maintained by the schools) was used during the sampling.

The random sampling will also ensure gender equity (equal number of boys and girls) from all the schools.

3.5 Implementation of Research

3.5.1 Training of field assistants and pre testing of questionnaires.

Two field assistants were recruited and trained. Selection criteria was based those who have attained secondary school education and have knowledge on HIV/AIDS. The assistants were trained for three days and the training covered the study objectives, survey instruments and interviewing techniques.

Pre testing of the instruments of data collection was done in two in two schools and data generated was analyzed for improvement of the tools before the actual data collection was done. A minor change on the structure of the research instruments was made for effective data collection.

3.5.2 Data Collection

Twenty respondents were interviewed using a pre tested unstructured questioners. Data was collected from ten primary schools in Mathare areas. Two focus group discussions sessions of ten students each was carried.

3.5.3 Data analysis

The qualitative data collected was analyzed thematically using NUDIST computer package.

3.5.4 Data quality control

Data quality was ensured through careful training of field assistants, close supervision during survey. There was also daily check of the data colleted for consistency, completeness and clarity.

3.6 Limitations of the Study

- No studies have been carried out earlier to assess the methods of teaching HIV/AIDS in primary schools in the informal settlements like Mathare.
- Funding was also limited to help in doing research in formal settlements and compare the effective teaching methods
- Time was too short and could not allow for in-depth interviews with so many students
- Lack of data on HIV/AIDS prevalence among primary schools students at the time HIV/AIDS education programme was introduced in schools. It was not possible to determine how effective HIV/AIDS education has changed behaviour

- All the questions were open-ended. It was not easy to collect data from a big sample to easily generalize among the target audience.

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION

This study examined aspects related to the level of HIV/AIDS awareness and knowledge, prevention methods, sources of information on HIV/AIDS, current teaching methods and preferred teaching methods for HIV/AIDS in schools.

4.1 Level of HIV/AIDS awareness and knowledge

All the students who participated in the interviews know about HIV/AIDS. They could distinguish well the difference between HIV and AIDS. Student defined HIV as the virus that enters the body when the bloods in the body come in contact with the infected blood. They said that it takes long for the symptoms to develop once somebody is infected with the virus. They also defined AIDS as the condition that develops after the HIV has stayed in the body for a longer period. They indicated that is when the body defense can not control other infection and person will likely to die.

Majority of the students indicated that HIV/AIDS is transmitted through heterosexual means. They also listed blood transfusion, use of sharp objects and mother to child as other ways in which the HIV is transmitted. A small proportion of the student still believed that you could tell somebody who is HIV positive by looking. Most of the students believe that HIV in Mathare areas is transmitted by sexual encounters with multiple partners. Despite all this levels of awareness and knowledge, most of the students did not believe to be at risk of HIV infection. All most a half of the respondents know of a person currently they believe is suffering from AIDS because of the symptoms.

A good proportion believed that HIV/AIDS has no cure while a small proportion believes that HIV/AIDS can be cured by antiretroviral (ARV). One of the student interviewed alluded that AIDS has a cure by saying:

"I have heard my mother saying that AIDS is currently being cured by antiretroviral therapy (ART). My mother said he knows a friend who was suffering from AIDS and has now been cured after using ART."

- Said by a class seven student from Mathare North Primary.

The study confirms other research which has been carried out in other parts of Kenya (Moyinda, 2001). In these studies some young people tended to underestimate their risk and vulnerability to HIV infection and as other studies adolescents, determining their risk by a partner is outward physical appearance (e.g. Avoiding sickly and thin looking people) or symptoms appears to commonly practiced (Moyinda , 2001)

4.2 HIV/AIDS prevention

All the students acknowledged the presence of HIV infection within Mathare areas. The student listed abstinence, being faithful and condom use as the best methods to control infections. A good proportion of the students preferred abstinence as the best method to prevent HIV infection among the students in the area. While appreciating that abstinence is the best options, a small

proportion could not define abstinence. One of the student defined abstinence as follows:

"Abstinence means avoiding sex and being faithful. Being faithful is knowing one's the status after seeking voluntary counseling and testing (VCT)." an IDI, with a class eight student, Drive In Primary School.

Most of the students who participated in the interview could not list the importance of VCT. They said that they know VCT from their peers and radio. They only know that it is good for people to seek before getting married.

Most of the students listed condom as another preferred method of preventing HIV prevention. The only problems that most of them still have myths about condom use. They said that their peers are telling them that condoms do burst and it reduces pleasure when having sex. Most of the students asked me to clarify for them about what we they are as the misconception about condoms. Most of the student still hold the fear that condom are not very effective in preventing HIV because it has small pores.

4.3 Sources of Information

Students listed the following as their sources of HIV/AIDS information: media, schools and teachers, parents and peers, and health care providers. Students preference for information sources were mainly determined by the knowledge

and accessibility of the information source as well as how entertaining the format of the presentation was (e.g., dramas, films and television etc)

4.3.1 Radio

All the students reported primarily receiving sexual and reproductive health information from radio. FM radio stations were mentioned in particular. Not only was the radio listed as a major source of information but also the preferred choice.

4.3.2 Teachers and Schools

The students also listed school teachers as the source of HIV/AIDS information. Teachers provided information regularly to the students. Although students gave teachers as source of information, they contended it was not easy to talk to teachers.

4.3.3 Parents

Students also identified parents as the major source of information on HIV/AIDS. Most of the students said that their parents' use scaring tactics to provide information on the consequences of HIV infection. Most of the children were willing to discuss sexual issues with their parents but the parents were shy to discuss the issues with the children. Students also highlighted that it was difficult to approach the parents to discuss sexual issues.

"Moderator: What are the problems student faces when seeking information concerning sexuality from parents?

P1: Most of the parents have problem in discussing sexual issues with the parents. These make most of us to seek the information from my peers who may not be having accurate information."

It is easier for female students to get information from their mothers than their fathers. Most of the fathers are out of the home most of the times due to the nature of their works. They are not therefore having time to be at home to discuss sexual issues with their children. This study confirm other qualitative research carried in Africa that showed few children seeking information from parents (Akinyemi1996)

4.4 Current Education methods being used in schools

Students were asked the current teaching methods they are using. All of them agreed that their teachers are currently using the conventional methods used for teaching other subjects like mathematics, English, Christian Religious Education, social studies etc. They also indicated HIV/AIDS is not taught regularly in their primary school and it mostly done by different teachers under different subjects. Most of the students acknowledged that teachers use stone face when teaching HIV/AIDS. According to the students, teachers use 'stone faces' because they fear talking about sexuality. In some classes, where teachers have their own children in class they find it not easy to discus sexual issues when teaching.

During the discussion, students also admitted that teachers who had sexual relationship with the students found it not easy to teach sexuality and HIV/AIDS. When asked to describe how the Christian religion teacher will teach HIV/AIDS, one of the groups in the focus group responded:

Moderator: *You indicated that your Christian religious (CRE) teachers also teach about HIV/AIDS, do you like the way they are teaching HIV/AIDS?*

P1: *We are in fact ashamed of our CRE teacher, because one will be ashamed to ask questions in class.*

Moderator: *Why?*

P2: *CRE teacher would start by saying that having sex is sinful. It is even more sinful to have sex when we are young, the teacher will say.*

P3: *You will feel out of place when you ask question as relate to sex, even though the teacher is talking about HIV/AIDS.*

P4: *the do not want to mention about condom, he will always say that condoms are for prostitutes.*

4.5 Preferred HIV/AIDS teaching methods

Students were asked their preferred methods that they will like to be used in their schools. They all agreed that non-convectional entertaining HIV/AIDS is what they will prefer for their teachers to use. They said that non-convectional non-formal education methods encourage effective participation. During

discussion in FGDs most of the students admitted that the only way to break monotony of teaching HIV/AIDS and increase participation of students which is vital.

Moderator: *Which is the best preferred method of HIV/AIDS you would like to be used in your schools*

P1: *Methods those are entertaining like drama, poems, puppetry and debates*

P2: *Methods that combine presentation and group discussion*

P3: *Where the teacher can laugh, joke and at time be serious. Not stone face when teaching.*

P4: *Methods which involve our parents*

P5: *Methods that teach us everything about sex, ways of preventing infection and more about condoms*

P6: *Methods that allow one teacher to teach us instead of several teachers.*

All the students who were interviewed contended that if these methods are used, it will be easier to talk to teachers. They agreed that the current method being used, t easily to discuss or talk with teacher, students further eluded that if teaching HIV/AIDS is improved, they would prefer information from teachers as it is reliable. The students also indicated that teaching methods that improve their communication with their parents will also be effective.

They suggested that teachers should organize when they can meet their parents and discuss with them sexual issues.

4.6 Peer Pressure

Students recognized peer pressure as a contributing factor in risky sexual behaviors. Most of the students mentioned that peers can encourage a young person in sex even though those students might not be ready to do so.

Moderator: *What will happen if your friend is engaging in sex, will you be influenced?*

P1: *It is tempting if you are walking together*

P2: *He or She will take you where to have a sexual partner*

P3: *It depends on how she is treated with the sexual partner. If there is a gift, you may also think of having one.*

Other studies in Africa has also showed that peer pressure is a strong influence in encouraging pre-marital sexual activity and that young people again social acceptance from their peers for having sex before marriage (Afenyandu 2003). Several studies conducted in Kenya found that young women faced more criticism for having non mental sex than young men, yet young men were still condemned by adults and some peers (Nzioka 2001).

4.7 Exchanging of gifts or money for sex

Exchanging gifts or money for sex was discussed among the students. Most of the students agreed some of their friends especially ladies in class eight and seven are induced into sex by older people within the community through gift or sex.

Moderator: let me ask you a question that may not necessarily apply to some of you but it may apply to some of your friends. Will your friends especially ladies give into having sex when they are given money or gifts by older people in this community?

P1:. . . ., I know some of my friends who have induced in having sex when they were given money.

Most of the students admitted that they come from poor background economically and their parents cannot afford most of the things they want. All the ladies who participated in the interviews echoed the same. According to the ladies, their mothers supported them to buy sanitary towels and incase the mothers did not have the resources then most of them could look at other option of getting these vital commodity.

Most of the friends go after men to help them with money to buy snacks and sanitary pads,

- IDI with a class eight female student, St. Benedict Primary School.

A qualitative study in Nairobi slums similarly found that dire economy conditions contribute to sex for money exchanges and these condition normalize early sexual behaviour and unhealthy sexual practice (Dodo et al, 2003).

4.8 Housing and sexual practice

Parents having sex in the room where their children also sleep because of lack of adequate space was also mentioned as big problem within the area. This discussion arose from the participants during the FGDs discussions.

All the students agreed that lack of housing within the area was making them to live under compromising situation sexually. Although they could not explain it clearly, they felt like having sex. They indicated that they do not get enabling environment to obtain sex education from their parents who are not willing to discuss sexual related issues.

P1: Maybe a young lady is sleeping in the same room with the parents and the parents want to have sex, what will you do?

P2: She will assume and struggle and sleep but the following day she may look for somebody to satisfy her sexually.

P3: Some parents start having sex earlier before children sleep while some have it in the morning when children are already awake.

The finding of this study show how poverty which leads to poor housing for Mathare residents make parents to have sex in the same room with children. This practice which is common in all the Mathare areas makes students and young people to engage in sex. Parents also feel ashamed to talk to the children on issues of sex as they believe that they maybe the children know that they are having sex.

4.9 Pornography and Sexual Practice

Most of the students agreed that there is a lot of video booming business in Mathare areas. In most of the video dens, pornographic shows are liked by young people. In most cases, young people after watching these shows feel that they need to have sex.

Moderator: When do your friends watch pornographic movies?

P1: Over the weekends or sometime in the evening after schools

P2: Some of the students even go during school days

Moderator: Do you get information about the bad effect of pornographic movies?

P3: Mostly our teachers only warn us without giving information

P4: Sometime the teachers tell us that they will report the issues to our parents.

Most of the students also accepted that they have started to have "wet dreams". When wet dreams are combined with pornographic video shows, most of the students find themselves engage in sex. Students admitted that the teaching they get from primary schools does not provide them with life skills for preventing the temptation of having sex.

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This study therefore confirmed that Primary Students in Mathare areas do not get accurate and relevant information as relate to HIV/AIDS and sexuality. The major hindrance is the communication applied in teaching HIV/AIDS. The methods of teaching HIV/AIDS mostly used conventional methods, where the teacher uses lecture methods with less participation of the students in the learning process. The other methods (non conventional) that are participatory and entertaining like drama which are effective and preferred by the students are not often used by teachers.

Majority of primary students within these primary schools in the Mathare do not believe to be at risk. The conventional teaching methods used focuses on providing information on methods of HIV prevention and it is seldom on skills to enable them perceive themselves to be risk of HIV virus infection if they get involve un protected sex. Risk sensitivity is the first step if HIV/AIDS prevention among the young people is to be achieved (Moyinda 2001). It is central therefore that HIV/AIDS education provide primary students with knowledge and skills that they need to raise their HIV infection risk perception.

Environment in Mathare where these young people stay predisposes them to high sexual activity when they are still very young. All the students stay in one single room with their parents where they exposed early to sexual activity by their parents. From the study parents are also not discussing issues of sexuality with their children. Educations methods also do not provide skills that young people will use to initiate discussion with the parents. Primary students within the area therefore need HIV/AIDS education that will provide them with skills and knowledge to manage the highly vulnerable sexual environment these skills are only acquired if the methods of education are participatory and informal.

The study findings has consequently pointed out that HIV/AIDS education using communication that are informal, participatory and entertaining (non conventional) are preferred by the primary students and definitely most likely to be effective than conventional methods.

5.2 Recommendation

The findings of this research contribute substantially to knowledge about the effectiveness of communication applied in HIV/AIDS education methods within primary schools. The recommendations for this therefore divided into two namely:

- Recommendations for policy
- Recommendations for further research

5.2.1: **Recommendations for program and Policy**

The key findings of this study has several have implication for programmatic and policy approaches to improve HIV/AIDS education methods in primary schools especially in the informal settlements in urban areas in Kenya.

Primary school HIV/AIDS curriculum:

Efforts are still needed to make HIV/AIDS teaching methods use more participatory, informal and entertaining in primary schools. Curriculum should be revised to provide teachers with skills of teaching HIV/AIDS and avoid using conventional methods alone in the classrooms.

Enabling environment:

The findings highlighted the need to support HIV/AIDS educations that promote parent child communication on sexuality and HIV/AIDS as this will create enabling environment. Efforts are needed to organize sessions where students, parents, and other community members interact for supportive environment for positive social norms to prevent HIV/AIDS infection.

5.3.2: **Recommendation for further research**

The findings suggest that the communication applied in HIV/AIDS educations are not preferred by students in primary schools. Future research work should be done to investigate the extent to which informal, participatory and entertaining are effective in HIV/AIDS prevention in primary schools.

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Appendix: 1

COMPARISON OF EFFECTIVENESS OF HIV/AIDS EDUCATION METHODS APPLIED IN PRIMARY SCHOOLS IN MATHARE AREAS OF NAIROBI

FOCUSED GROUP DISCUSSION GUIDE (FGDs)/ IN-DEPTH INTERVIEW (IDI) GUIDE FOR STUDENTS AGED (12-14 Years)

Introduction;

My name is_____and my colleague is _____. We are supporting Mr. Timon Choro, a master Student of University of Nairobi, School of Journalism to collect data for his research project. This exercise aims at measuring the effectiveness of HIV/AIDS methods currently being used within primary schools in Mathare areas. As part of this exercise, we are collecting information from school students to get their views. The information you provide is very important and will be treated confidentially. Because of this discussion, there is no right or wrong answers. Please respect the opinion of others. Your names will not appear in the final report so feel free to discuss your views. I would like to record this discussion on so that I will not forget anything because you answers are very important.

Warm up Questions

1. Begin with some general questions about students' life in the community
2. What do they do in school, do they like class work, sports?
3. What are the students' favorite activities, why?
4. Do all/ most students participate? Boys? Girls? Why? Why not?

INTERVIEW SCHEDULE

1. Have you ever heard of HIV/AIDS? Probe for when they first heard of it.

2. What are your sources of information about HIV/AIDS? Probe for all kinds of sources of information on the subject.

3. Do you know the methods of HIV prevention? Which ones?
    - Please list them and their benefits. Which one would you prefer? Why?

4. What are some of the factors that make young people like you more vulnerable to HIV infection within Mathare areas?
    - How can they be addressed?
5. Do you think yourself to be at risk of HIV infection? If at risk what are some of the risk? If not why do you believe not to be at risk?
    - Probe if they have sexual partners, and which methods of HIV prevention if any they are using.

6. What would you like to know about HIV/AIDS? Who should provide this information? Why?

7. Do you have HIV/AIDS lessons in you school? Probe for if they are taught about it in class?
    - Teaching methods used?
    - How often?
    - Contents so far learnt?

8. Which approach of teaching HIV/AIDS do you like?
    - How should it be done?
    - Probe for reasons for preferring the identified approach. Probe for methods such as History or Mathematics or Drama/Theatre.

9. Since you started attending HIV/AIDS classes do you have any recommendation to give to your teacher so that he/she can improve?
    - If yes, why?
    - If no, why?

10. Do you have any other comments/questions?

Thank you so much for your time and contribution

FOCUSED GROUP SCHEDULE

NAME OF MODERATOR	
NAME OF NOTETAKER	
DATE	
TIME STARTED	
TIME ENDED	
LOCATION	
YOUTH GROUP	

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF DISCUSSANTS

NAME	School	Class	Age	Sex

Appendix 2

1. WORK PLAN

Task	June	July	Aug
1. Developing of questionnaires	X		
2. Training of enumerators	X		
3. Pre testing questionnaires	X		
4. Data collection		X	
5. Data analysis		X	
6. Report writing			X