THE VULNERABILITY OF GIRLS AND WOMEN TO HIV/AIDS IN KENYA

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DEDICATION:

TO ALL DEVOTED TEACHERS
WHO GO THOSE EXTRA MILES
TO EQUIP PUPILS AND GIRLS
WITH RELEVANT LIFE SKILLS

ACKNOWLEDGEMENT

I wish to acknowledge with utmost gratitude the many books and publications on HIV/AIDS that I have read and duly acknowledged in the bibliography. In particular, I wish to single out the Population Council and the Forum for African Women Educationalists (FAWE) for their effort in highlighting not just the AIDS epidemic but its effects on adolescents, girls and women and the effects this has on education.

I am also greatly indebted to my colleagues and acquaintances through whom I have learnt a lot in various seminars and workshops on HIV/AIDS, adolescence reproductive health, girls' education, guidance and counselling and teacher education. I am particularly indebted to the many teachers with whom I interacted in the course of my work, in school and through research and from whom I learnt and gathered a lot of information on these issues. I cannot fail to mention other resource persons in these forums with whom we shared ideas and information on various aspects in regard to education.

To all who in one way or another contributed in this paper, your help is duly acknowledged and greatly appreciated.

FOREWORD

The HIV/AIDS epidemic has had a serious death toll in the World. It is a pandemic that affects every continent. Nowhere else has this been more prominent as in sub-sahara Africa where it poses a great threat to development. The fight against HIV/AIDS has however gained more impetus with the realization that young people especially girls are at risk and increasingly becoming susceptible to the AIDS menace. This threatens to undermine the great gains made in the Education for All (EFA) initiative and efforts already put in place to achieve gender equity.

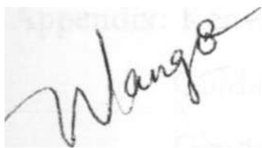
HIV/AIDS is not just a public health problem, it is a development crisis and countries have to reckon with the way the disease fractures and impoverishes the society. It is an epidemic of an imaginable magnitude. Therefore, variant efforts must be made against the disease to reduce the massive infection rates. Consequently, a renewed commitment to fight the disease must put the disease at the core of the agenda and take on board the new dimension and trend that the menace is taking. The most vulnerable members of society especially the youth and females must not succumb to it.

The impact of HIV/AIDS on girls' education is particularly an important aspect in that education is the single most crucial asset that the society can bestow to its people especially the girls. It is therefore a great paradox that HIV/AIDS threatens this essantial service. Yet education can help the society and girls to protect themselves from this menacing scourge.

The HIV/AIDS menace effect on the girls is three fold: girls are the first to drop out due to lack of school fees; they are often forced to look after ailing relatives at home; and, girls and women are six times more likely to be infected with HIV/AIDS. HIV/AIDS is therefore a gender issue.

This paper examines the vulnerability of girls and women and the youth to HIV/AIDS in Kenya and the effect this could have on education. It explores the devastating impact of AIDS, how this relates to sexuality and the youth and to girls and women. In addition, it highlights and expounds on the intervention strategies that have been initiated to curb the menace. The need to impart pupils and students with relevant life skills is particularly emphasized.

The statistics quoted in this paper were derived from various sources. This was because the publications and research documents referred to dealt with various aspects on HIV/AIDS, adolescence reproductive health and other related issues. However, due consideration was given to the accuracy of information in them through further research and hence the intensity of information presented.



Geoffrey wango

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSWs	Commercial Sex Workers
DHE	Division of Health Education
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic Health Survey
MOE	Ministry of Education
MOH	Ministry of Health
NASCOP	National AIDS/STD Control Programme
PCA	Population Control Africa
PLWAs	Persons Living With AIDS
STD	Sexually Transmitted Diseases
STIs	sexually Transmitted Infections

THE VULNERABILITY OF GIRLS AND WOMEN TO HIV/AIDS IN KENYA

1. HIV/AIDS: AN OVERVIEW

Acquired Immunodeficiency Syndrome (AIDS) is a virus disease caused by the Human Immunodeficiency Virus (HIV). The HIV virus attacks the white blood cells, which protect the body from infections thus weakening the human body defence mechanism (immunity). As a result, a person is unable to fight other diseases and is thus susceptible to typhoid, common cold, hepatitis, tuberculosis, thrush, diarrhoea and other common diseases. AIDS is one of the sexually transmitted infections (STIs).

AIDS/HIV is transmitted through an exchange of body fluids. These fluids are blood, vaginal secretions and semen. In an infected person, these fluids contain high concentration of the HIV virus. A person who has the HIV/AIDS virus is said to be positive. The person might not show any symptoms of infection but is a carrier of the virus that keeps on multiplying inside the body. The period when a person who is infected with AIDS does not show signs of the infection is called the window period. A person who shows symptoms of the disease has full blown AIDS. Both are potential transmitters of the disease.

According to available statistics:

•t

- 18.8 million people have diet! of AIDS in the World
- 34.3 million people in the World have HIV/AIDS
- A third of all the infections are young people aged 14-24 years

- It is estimated that 16,000 people contact or are infected with HIV/AIDS daily
- AIDS accounts for 9% of adult deaths from infectious diseases in the developing world
- Approximately 46% of the over 34 million people living with HIV/AIDS are girls and women
- Medical evidence suggest that transmission of HIV/AIDS and other STDs from men to women is two to six times greater than from women to men
- Within the age group of 15 - 19 years, the ratio of male to female infection is 1:6. This invariably means that girls are six times more likely to be infected with HIV/AIDS

> The only options are to prevent further spread of the epidemic, minimise its impact, and provide a caring and compassionate environment for those infected and affected.
>
> African Region The World Bank, 1999

In Sub saharan Africa:

- Estimated adult and children deaths due to HIV/AIDS between 1984 - 1998 was 11.5 million people
- 1.5 million people died of AIDS in 1998
- 22 million people are estimated to be living with HIV/AIDS. This is two-thirds of the total HIV/AIDS infections
- 11,000 people contact HIV/AIDS daily in the region
- The region has 68%, two thircjs of the World's HIV positive infections and 74% of AIDS cases
- Majority of new cases occur among young people especially girls and women aged 15-24 years. This is the fastest growing group with

HIV/AIDS in Sub - Saharan Africa and accounts for nearly 30% of all female cases

- The ratio of female to male infection in the 15-19 age group is estimated at 6:1
- The 21 countries with the highest HIV prevalence are in Africa

> What sets AIDS apart is its unprecedented impact on regional development. Because is kills so many adults in the prime of their working and parenting lives, it decimates the workforce, fractures and impoverishes families, orphans millions, and shreds the fabric of communities. The costs it imposes force countries to make heartbreaking choices between today's and future lives, and between health and dozens of other vital investments for development.
>
> African Region The World Bank, 1999

People with HIV/AIDS require:

=> Proper medical care and attention

=> Proper diet. This includes energy and body building foods and protective foods

=> High standards of general hygiene

=> Treatment and nursing care and treatment whenever they feel unwell

=> Emotional and psychological support

Spiritual care

=> Wounds and sores should be covered to avoid infections and transmission of other diseases such as Typhoid and Hepatitis B.

2. HEALTH AND HIV/AIDS IN KENYA

Several major health milestones have been achieved in Kenya since independence in 1963. Available demographic and health indicators show that the health situation has been improving (Division of Health Education, 1998). For example, infant mortality rate has decreased while crude death rates have dropped. But morbidity figures are still unacceptably high (DHE, 1998).

The most prevalent diseases in Kenya can be categorised into four: vector borne diseases that include malaria; vaccine preventable diseases that include measles; STDs that include HIV/AIDS, gonorrea and syphilis; and, diarrhoeal diseases. In general, majority of diseases that affect and infect Kenyans are due to infections. They are therefore primarily preventable through proper and timely health communication, healthy precautions and health promoting behaviour. Human faeces and urine are potentially infectious for diseases such as typhoid, hepatitis and other infectious and contagious diseases. Thus improved general hygiene, sanitation and general health positive behaviour could greatly reduce infection rates.

Diseases are further worsened by nutritional deficiencies and this increases susceptibility and vulnerability to these and other diseases. For example, Malaria accounts for more than 30% of all reported illnesses in the country. The most seriouS* STD now is AIDS followed by syphilis and gonorrhoea. The prevalence levels are high especially among high-risk groups such as commercial sex workers (CSWs).

In Kenya, the first case of HIV infection occurred among communities living around Lake Victoria in 1978. In 1984, the Ministry of Health (MOH) reported the first AIDS case officially. According to the Kenya National AIDS Control Programme, the national HIV prevalence rose from 3.1% in 1990 to 9% in 1998. Yet 49,879 cases of AIDS were reported to the MOH by June, 1994 (NASCOP, 1994). The total number of reported cases by October, 1998 was 78,000 (DHE, 1998). By 1998, over 250,000 people had died of AIDS and an estimated 1.5 million were estimated to be HIV positive (DEH, 1998). Over 90,000 of those infected were children (NASCOP, 1997). Regional disparities exist with Nyanza and Coast provinces having the highest rates in 1998 and Thika and Meru districts leading in 2001.

In 1999, AIDS was declared a national disaster. With over 2 million Kenyans infected with HIV, its obvious the number of affected and infected children and youth including school pupils and students is even more. An estimated 600 people die of HIV/AIDS related illness everyday. Indeed, AIDS threatens to undo all the gains made in the education sector.

International Development targets Universal Primary Education (UPE) by 2005 and gender equity in education in the Education for All (EFA) goal by 2015. Quality of education standards is a priority. Not withstanding, Kenya targets poverty eradication by 2015 and Industrialisation as a goal by tfte year 2020. Access to education for all is a priority in these endeavours. Hence there is need to achieve gender equity in access, attendance, attainment and achievement in education.

Presently, Kenya has 800,000 children and adolescents who have lost both or one of the parents as a direct result of AIDS. The number of AIDS orphans is expected to increase to 1.5 million in the next five years. This will directly affect the provision of education in the country. Unfortunately, girls from AIDS afflicted households are less likely to be enrolled in schools than are the boys. Often, girls other than boys are withdrawn from schools to substitute adult health carers in the family and due to the economic strain (boy preference). However, both boys and girls eventually withdraw from school due to poverty.

Kenya has an estimated population of 28 million people. With a 2.9 % population growth rate, the overall life expectancy will drop significantly due to the AIDS scourge. Heterosexual transmission accounts for about 75% of all transmissions, prenatal transmission about 23% and blood transmission 2-3 % (DEH, 1998). Similarly, harmful personal behaviour portends grave consequences for the control and management of the disease. These include: drug abuse; harmful traditional practices such as unchecked mass male circumcision and female genital mutilation, tattooing, and ear piercing; wife inheritance; multiple partners; none observance of hygiene; sexual assault; and, child abuse.

3. ADOLESCENCE SEXUALITY AND HIV/AIDS

The World Health Organisation (WHO) defines adolescence as the period between ages 10-24 years while the United Nations considers adolescents as persons aged 15-24 years. The Kenya Fertility Survey (1977) and the Kenya Demographic and Health Survey (KDHS, 1993) define adolescence as the age 15-19 years.

Children are a reflection of the society. They portray the general decay in society. Sexual activity among adolescents and the youth in Kenya is high. It is associated with biological, economic and social-cultural factors. These include: the onset of puberty; schooling; ignorance; poverty and hardship; traditional beliefs and practices such as circumcision and female genital mutilation; peer pressure; misinformation; urbanisation; western (media) influence; and, weakening traditional structures that regulated young peoples sexual behaviour. Rural adolescents are more likely to initiate coitus earlier than their urban counterparts. Adolescents must therefore be provided with education and skills to enable them understand their sexuality and control behavioural practices.

High teenage sexual activity is reflected in the high incidence of teenage pregnancy, abortions and STDS. Independent sources estimate that over 10,000 teenage girls drop-out of school due to pregnancy every year in Kenya. Teenagers account for between 20-30% of the total pregnancies occurring among women aged 15-49 years. Between 26-46% of unmarried teenagers aged 15-19 years are sexually active (Onlango & Rogo, 1989). In addition, about 26% of single girls aged 15-19 years

have had sexual intercourse (KDHS, 1993). Only 28% of adolescents aged 15-19 years who get pregnant do so after marriage while 40% of the remaining never gets married. Whereas the prevalence of pregnancy decreases by between 1-3% in the 20-49 years age group, it tends to remain the same for the 15-19 years age group (KDHS, 1993).

Pre-marital sex and resulting pregnancies is the result of interplay of individual and social- economic factors within the context of the community in which the teenagers live. The extent to which the community intervenes in the regulation and management of sexual behaviour of the general population and teenagers is very crucial and should be a matter of utmost concern. Thus early sexual activity and absence of adequate knowledge on sex and contraceptive are major contributing factors to teenage pregnancy, STIs and HIV/AIDS.

While sexual activity is high among unmarried adolescents, contraceptive use is low. The low use of contraceptives stems from: lack of access to relevant information and services; inconsistent nature of teenagers' sexual behaviour; and, the general negative perception that associates contraceptive information with increased sexual behaviour and promiscuity. This is further complicated by prohibitive policies and practices that outlaw their accessibility.

The low use of contraceptives explains the high incidence of pre-marital pregnancies and related consequences. But studies carried out by the World Health Organisation show that knowledge on contraceptives and family life education encourages safer sexual behaviour among sexually

active adolescents. The most commonly used contraceptive methods include abstinence, safe periods, withdraw and the use of condoms.

The extent of teenage induced abortions is not clearly known due to legal technicalities involved in the practice. But they are higher among unmarried adolescents than among married ones. Methods of induced abortions are generally crude and dangerous. Abortions are sometimes carried out by non-medical providers and/or in poorly installed medical clinics. This often leads to medical complications, infections, anaemia, pelvic pain, infertility and sometimes death. This further increases the risk of HIV/AIDS.

Available records and statistics reveal the following:

- A third of the people infected with HIV/AIDS in the world are young people aged 14-24 years
- Over 50% of the Kenyan population is less than 16 years of age
- Almost a third of the Kenyan population fall into the teenage adolescence category of 13-19 years while 25% are between 10-19 years. For example, the 1989 population census revealed that 34% of the population was between 10-23 years
- The average age at marriage for males and females has increased steadily over the years from approximately 16 years (1950), 18 (1960), 19(1970), 20 (1980), 21.(1990) to 22 years (2000)
- The average age at debut {first sexual contact) has not changed significantly and remains at 16-17 years. This increases the number of sexually active unmarried people

* One in every five Kenyan girl has reported the first intercourse to have been coerced or forced. This increases sexual activity and vulnerability to AIDS

* Half a million or so Kenyan adolescents between the ages 13-19 are thought to be infected with AIDS (PCA, May 2000)

> It is vital that teens themselves, their parents, teachers and health counsellors understand how and why this epidemic has come about and what must be done to combat it.
>
> PCA, May 2000, Issue No. 41

In addition, research reveals the following:

* Large proportions of Kenyan teenagers are sexually active. Most teenagers report very early sexual debut (experience of first sexual intercourse). Majority have sexual intercourse by ages 15/16 and over 90% by age 20 years

* Most sexual intercourse among the teenagers is unprotected. Young teenagers are less likely to be protected from the consequences of sexual intercourse. This is largely because they are ignorant of the ways in which sexually transmitted infections, accidental pregnancy and AIDS can be prevented.

* This sexual intercourse is commonly with multiple sexual partners, sometimes even older. Boys are often seven times more promiscuous than girls. Most teenagers especially girls are ignorant and are unaware of the sexual history of their partners. This further increases their vulnerability to AIDS. *

* HIV/AIDS in Kenya is almost a sexually transmitted infection. Data shows that 98% of all infections was through sexual contact.

* Sexually transmitted infections (STI) among teenage girls are five times higher than for boys of the same age. This is because often girls are coerced or forced into sexual intercourse especially the first time. This increases their vulnerability to AIDS.
* Within the 15-19 years age group, the ratio of male to female infection is 1: 6.
* Kenya Demographic and Health Survey indicates that boys are 7 times more promiscuous than girls. For example, in a survey, 23% of the boys aged 15-19 years were reported to have had more than one sexual partner in the period preceding 12 months while only 3% of the girls reported more than one partner in the same period (PCA, 23).

To many adolescents, the ABC of safe sex stands for:

A means periodic abstinence
B means being faithful to one partner at a particular time
C means occasional use of a condom

PCA, May 2000, Issue No. 41

It is estimated that in the next 5-6 years, the percentage of new infections among under twenties will have increased as follows:

0 40% of all new male infections will occur to those under 20 years
0 60% of all new female infections will occur to those under 20 years

Chances of HIV/AIDS infectioti through other means other than sexual contact such* as infected needles, blood transfusion and shared implements are still low.

Teenage girls are infected by:

=> Teenage boys

=> Older men both single and married

Teenage boys are infected by:

=> Teeenage girls

=> Older women

=> Commercial sex workers (CSWs)

In Kenya, sexual intercourse is frequently a result of an obligation, a gift, a favour or monetary payment. A large percentage of unmarried adolescents obtain payment for sexual favours from older men. This is prevalent especially among the poor, the unmarried, the uneducated and the unemployed urban girls. These prosperous promiscuous male are often infected.

STDs and HIV/AIDS are prevalent among adolescents in Kenya. They are associated with frequent unsafe and unprotected. Adolescents in particular are either not informed or misinformed about the health consequences of their sexual behaviour. This increases the risk of infection. For example, a study carried out in 1991 (Lema & Mulandi, 1992) at Kenyatta hospital revealed that 36% of pregnant women aged 15-24 years had at least one STD as compared to 16 % of those aged over 24years. A study carried out in Machakos (Mulandi, 1985) revealed that 44.1 % of females aged 15-24$ears and 57% of those aged below 20 years had been'infection with an STD. HIV/AIDS is critical and fatal and adolescents must be persuaded to change their behaviour.

Adolescent boys and girls need to know:

- That True Love Waits
- That there are many activities they can be involved in to ease tension and spend their leisure time
- That there are different sexual practices that do not involve sexual intercourse and therefore do not lead to infection
- That relationships need to be negotiated and talked about
- That irresponsible sex behaviour can be catastrophic
- That sex with older and more experienced partners caries a very high risk of HIV infection
- The past history of their partners. They need to know of their possible involvement with sugar mummies, sugar daddies or commercial sex workers

Adolescent boys need to know:

- That in Kenya, 75 - 80% of CSWs are HIV positive
- That no is an acceptable and respectable female response that must be respected and honoured
- They have a responsibility to protect themselves and their partner from the dangers of promiscuity
- That they have a moral obligation to protect their female partner from unwanted pregnancy and STDs

Adolescent girls need to know:

- That they are more at risk of getting infected with HIV/than the males
- That older, prosperous and promiscuous males carry a very high risk of HIV infection
- That their sexuality is precious and they should be proud of it and thus guard it
- That they should learn to say no and stick by it because they mean it
- That sex can wait until the time is ripe and it is healthy

There are many traditional and cultural practices in Kenya due to the diverse ethnic groups. Some of the cultural practices help spread the AIDS/HIV venom. These include: Circumcision (males and females); ear piercing; scarification; teeth removal; traditional assisted birth; treatment by quacks'especially involving cutting; shaving of hair during burial; blood brotherhood; tattooing; wife inheritance; and, polygamy.

Available evidence suggests that incidence of drug use and abuse is high. This is evident from the number of young people seen openly chewing miraa, smoking tobacco, drinking alcohol, sniffling glue and smoking bhang. The most commonly used drugs are tobacco, alcohol, miraa, cannabis sativa, glue and mandrax. Drug abuse among the youth is associated with idleness, boredom and truancy. Teenagers are often introduced to drugs by their friends and peers. Drug use and abuse has negative serious negative implications. These include: acute cases of depressions; poor performance in school; indiscipline in schools; school strikes; school drop outs; inactivity and lack of productivity; and, neglect of societal values.

Drug use is associated with high incidence of sexual activity among adolescents. While more males than females engage in drug use and abuse, females are naturally lured to it. Kiragu (1991) notes the correlation of sexual behaviour among school adolescents with drug abuse. Females in primary, secondary and vocational schools are four times more likely to engage in sexual activity if they used drugs while males are twice likely to do so. Drug use and abuse must be curbed.

Therefore, the youth:

- Require information on AIDS and adolescence reproductive health
- Need to demystify HIV/AIDS
- Should be acquainted and equipped with living values and life skills *

4. THE VULNERABILITY OF GIRLS AND WOMEN TO HIV/AIDS

Research has established that women, girls and children are increasingly becoming more susceptible to HIV/AIDS. Children and girls in particular are being forced out of school in unprecedented numbers. This results from a combination of factors among them the increased sexual activity among the youth. Other girls are motivated by economic factors to engage in sex while girls and women who are economically deprived are likely to engage in sex for financial gain.

A survey of four districts in Kenya (Illinigumugabo, Njau & Rogo, 1994) found that 75% of the girls interviewed had their first intercourse before 16 years and over 27% before age 15. Of these, 15 % were sexually active before 12 years. 50 % of the girls admitted receiving gifts from their partners when they engage in sex. These presents were money (54%), clothes, ornaments and other gifts (34%). Child bearing begins early in Kenya and one in every five teenage girls (20%) aged 15-19 years has either given birth or is pregnant and thus began childbearing (KDHS, 1993). Girls give birth as early as 11 years (KDHS, 1993).

The AIDS catastrophe has a devastating effect on education and the education of girls and women as follows:

- 46% of the people living with HIV/AIDS are girls and women
- 80 % of the women infected^with HIV/AIDS are in Sub-Saharan Africa
- It is estimated that there are approximately 16,000 new HIV/AIDS infections World wide each day. A half of these are women

- Over 3.8 million children Worldwide have been infected with HIV/AIDS since the epidemic began. Over two thirds of them have died
- Within the age group of 15-19 years, the ratio of male to female infection is 1:6
- Women and girls who have been displaced or in refugee camp are six times more likely to get HIV/AIDS infection than the population outside

Young girls are most vulnerable and susceptible to AIDS.

These include:

=>Girls who are at a sexually active age of 12-15 years

=>Girls from poor households

=>Homeless and orphaned girls

=>Street girls

=>Girls who are victims of child abuse

=>Girls who drop out of school prematurely

=>Girls from single parents

=>Girls whose parents live promiscuous lives especially daughters of prostitutes

=>Girls who have multiple partners due to ignorance

=>Girls who move with older men (sugar daddies)

=>Girls in refugee camps

Males may be influenced into high-risk behaviour by cultural and social norms concerning labour, migration, and use of alcohol, socialisation

patterns, plural marriages and other aspects and patterns of social behaviour. And yet, the disparity in women and young girls' being infected with HIV/AIDS is catastrophic. It is significant to note that this results from a combination of factors.

These include:

- Medical evidence shows that transmission of HIV/AIDS and other STDs from men to women is two to six times greater than from women to men. This is due to the physiological characteristics of the female genitalia:
    - In young teenage girls, the reproductive system is not fully developed, the menstrual cycle is irregular, the walls of the vagina are thin and easily broken and the cervix produces very little mucus. Dry intercourse increases the risk of infection
    - The female reproductive tract remains immature until at least 18 years
    - The walls of the vagina, cervix and uterus are thin (single layered) and easily ruptured, penetrated and infected
    - It has a greater exposed surface area. This affects lacerations during sex that facilitate transmission of the virus
- Because of their age, young boys and girls are more likely not to have been exposed to any form of sexual education especially if she or he has been disadvantaged by not being in school. Although adolescents may know about causes and consequences of the AIDS epidemic, most are largely ignorant about how Jo avoid or prevent infection or means of protection
- The HIV virus is found in much higher concentrations in semen (male) thus increasing the HIV infection in female

+ Young girls are infected by older men, who take advantage of the girls' inexperience, immaturity, poverty and other related factors to solicit or demand for sexual favours

- Young girls living in poverty may find older men attractive because of their wealth, power, position, gifts and favours. Payment in form of sexual favour is prevalent among poor, unmarried, uneducated and unemployed urban girls
- Girls will give in to the demands of their boyfriends for fear of losing them to more willing girls
- Once a girl is initiated, it is difficult for her to revert to abstinence. This is because men find her mature for sex and eventual marriage and often in some cultures, she is immediately married
- Young people lack appreciation of the concept of monogamy. For example, young people under the age of 14-19 years are sexually active with most teenagers engaging in unprotected sex and sexual behaviour. Most of the teenage couples have more than one sexual partner. Each additional partner increases the risk of exposure to HIV
- Most people even with information on protective methods such as the use of condoms are at risk because a significant number are not using preventive methods consistently. Most of them find them embarrassing and coupled with improper use, this increases the risk of infection. Young people, for example, find solace in the assumption that their peers cannot be infected. Girls for instance give into their boyfriends even if they are aware of their promiscuous behaviour for fear of losing them to their colleagues
- Violence, rape and other forips of sexual abuse are linked to the spread of HIV/AIDS. Many women and girls are victims of sexual coercion by male relatives, colleagues, classmates or people in the community.

Many women and girls are subjected to these painful ordeals thus increasing the risk of infection

- Wife inheritance is a deeply entrenched traditional practice. Underlying this is the fact that most women and girls are forced into the practice
- Myths and peer influence play an important part. Most girls and boys have their first sexual experience as a result of peer pressure or out of curiosity. Once sexual activity initiated, caution is thrown to the wind and sensible behaviour such as abstinence and other preventive measures are unattainable
- Women and girls vulnerability to AIDS/HIV is also rooted in the male dominance and women's subordinate position. Women and girls fear being jilted, they are not assertive as far as preventive measures are concerned and are often economically dependent on the men
- One in every five girls (20%) has reported the first intercourse to have been coerced or forced

Proportion of girls in Rift valley and central provinces reporting first sexual intercourse (1997)			
Rift valley		**Central**	
i) Consensual		- Sweet talked	40.5%
- Agreed	14%	- Tricked	24.4%
- Persuaded	33.7%	- Forced	21.4%
ii) Non-consensual		- Persuaded	10.6%
- Tricked	24.4%	- Threatened	3.1%
- Threatened	' 4.1%		
- Coerced	9.3%		
- Forced	13.5.%		
		Source: PCA, 1998	

The significance of the HIV/AIDS menace to girls is two fold: one, girls who are infected with HIV/AIDS will ultimately leave school. Secondly, girls whose parents are infected are often forced to withdraw from school to care for ailing family members. Others are left to cater for the young siblings while yet others are forced to seek employment to supplement family income.

In all cases, girls are often the first to skip school either to cater for the ailing family members, because of lack of school fees or to supplement the meagre earnings.

Therefore:

=> Young people must be provided with life skills and promotion of positive moral behaviour

=>Children especially girls must be taken to school

=>Family Life Education must be enhanced

=> Young people must be guided and counselled on STIs and especially on the dreaded HIV/AIDS

=>Cultural and social practices such as female genital mutilation, wife inheritance and teenage coupling with many sexual partners which further aggravate the AIDS menace must be discouraged and halted

^Guidance and counselling programmes in schools must be strengthened and expanded to cover: (see Appendix II)

- Adolescence reproductive health
- HIV/AIDS *
- Living values and life skills
- Gender and education
- " Drug and substance use and abuse

=>Gender sensitisation and advocacy training programmes and projects must be intensified and expanded to include: (see Appendix III)

- Adolescence sexuality
- The vulnerability of girls and women to HIV/AIDS
- Mentoring
- Career advancement

=>Married couples should remain faithful to each other

=>Visit only established medical practitioners

=>Abstain from irresponsible sex

=>Avoid traditional and cultural practices that promote HIV/AIDS

=>Ensure blood is screened before transfusion

5. INTERGRATION AND INFUSION OF HIV/AIDS IN THE CURRICULUM

Education plays a very crucial role in curbing the HIV menace. While as yet there is no infection, it has the potential to:

- Provide information, knowledge, skills and attitude that will inform and lead to positive moral behaviour for self protection
- Enhance the capacity to help others to protect themselves against the risk of infection
- Inculcate the youth with life skills to cope with adolescence

In the long term, education has the potential to alleviate social-economic problems such as poverty, ignorance, gender discrimination and other cultural practices that inhibit development. In particular, it will reduce vulnerability and the risk of infection through promiscuity, streetwise, prostitution and related social and cultural practices.

The Objectives of integrating and infusing HIV/AIDS in the school curriculum are:

- To enable the learner/teacher acquire knowledge on the contents of AIDS curriculum for the level/s they are preparing to teach;
- To infuse and integrate AIDS Education content in the main carrier and other subjects and in co-curricular activities
- To strengthen and reinforce AIDS education awareness in school

^ It is hoped that the youth will use the knowledge acquired and the attitudes and skills developed to protect themselves from infection

and also educate others. This will reduce and control the spread of HIV/AIDS among adolescents and young adults

In view of the importance of AIDS education in the school curriculum, the best strategy is to incorporate HIV/AIDS education content in the existing subjects instead of creating a new subject or setting aside a lesson. This way, AIDS education message will be strengthened and enriched in the existing curriculum by adopting an all round approach.

AIDS is one of the diseases that infect people and can be taught together with related topics in Science, Health Education and Home Science. By their own nature, subjects such as Science, Religious education and social ethics render themselves more suitable to teaching about AIDS than others. They are the main subjects for AIDS education content and one will often encounter topics/issues where health or morality issues are discussed. These are the carrier subjects. Thus AIDS messages can be taught at appropriate points when the main subject/s is/are being taught. This can be done through infusion and integration.

Infusion refers to the process of incorporating AIDS education content in the existing subjects. Integration refers to the inclusion of AIDS messages in the curricular, co-curricular and any other activities in and out of school. The teacher is alert and uses any suitable opportunity that arises to pass HIV/AIDS related messages. For example, in English and/or debate, topics with AIDS inclination can be chosen. Such include: "AIDS is a Development and not a Health Issue". In History for example, the teacher can talk about major world epidemics and catastrophes that

have killed many people like the 1st and 2nd World War and the European plague of 1347-1351 that killed 20 million people.

HIV/AIDS can be incorporated in Drama, Debate, Poems, Painting and Essay Competitions and Environment. This can take place in clubs and societies that include Science, Drama, Debate, Environment, Peer Counselling and Straight Talk. For example, during the school parent or open day, the environment club can have an exhibition entitled "HIV/AIDS free environment" which educates people on AIDS. Peer Counselling and/ or Straight Talk Club can hold AIDS related discussions such as "Sexual activity among the youth" and "How to keep your partner free of AIDS".

To infuse and integrate AIDS education, the following are required:

- A copy of the current AIDS syllabus. This shows the scope and the sequence in which the topics are taught at various levels. The syllabus will help to decide on the plug-in point/s. A plug -in point is a point in a topic/subject where a specific message on HIV/AIDS can be passed with ease. The syllabus topics enables the teacher:
    - To formulate the type of AIDS message/s suitable for a given topic
    - It allows to identify the level where the AIDS message/s can/will be taught *
- Good b&ckground knowledge on AIDS is vital. Basic knowledge enables the teacher to:
    - Understand and comprehend the content

Infusion - Primary

Core Message	Subject	Class	Plug-in Point	Reference
How AIDS get into the body	GHC	1	Topic: Our Home Sub- topic: Family Member	Primary GHC Book 1 Lets Talk About It Book 1 Pg
Myself and Others	CRE	1	Topic: Myself Sub-topic: Me the Child	One in Christ Book 1 Lets Talk About It Book 1 Pg
Self Discipline	Social Ethics	5	Topic: Moral Values Sub-topic: Care in Dress	Social Ethics Book 5 Lets Talk About It Book II Pg
Relationship with Others	Home Science	6	Topic: Family Sub-topic: Relationship between boys & girls	Primary Home Science Book 6 Lets Talk About It Book III Pg
Effect of AIDS	GHC	6	Topic: People Sub-topic: Population Data	Kenya and Her neighbours Book 6 Lets Talk About It Book III Pg
How AIDS Spreads	Science	7	Topic: Health Education Sub-topic: Drug Abuse	Science Book 7 Lets Talk About It Book III Pg

Integration - Primary

Core Message	Subject	Class	Plug-in Point	Reference
Facts and Messages about STDS and AIDS People Living with AIDS	Art	4-8	Drawing and painting eg Posters and Logos	AIDS Education for Youth Action Programme Pgs 1 -5
Proportion of people suffering from AIDS	Maths	4-8	Percentages, ratios, graghs and pie charts	Primary Maths Book 4-8
What AIDS can do to us (Effects of AIDS)	English	4-8	Composition, Drama, Poetry and Debate	Lets Talk About It: Bk II Pgs 27-28, Bk III Pgs 34-35
AIDS Control measures	Music	1-8	Songs and Dances	AIDS Education for Youth Action Programme Pgs 23-26

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Infusion - Secondary

Core Message	Sub.	F	Plug-in Point	Reference
Transmission of HIV/ AIDS	CRE	F 2	Topic: Human Sexuality Sub- topic: Responsible and irresponsible sexual behaviour Transmission of AIDS through sex	CRE Form 2 Book II (KIE) Pg Bloom or Doom: Your Choice Pg 15-19 AIDS Education for Youth Action Programme Pg 6-8
Economic consequences of AIDS	Geogr aphy	F 4	Topic: Population Sub-topic: population Structure Consequences of AIDS on Human Capital: Agriculture Industry	Geography Book 4 (KIE) Bloom or Doom: Your Choice Pg 15-19 AIDS Education for Youth Action Programme Pg 6
What is sex all about? i	CRE/ Social Ethics	F 4	Topic: Approaches to Issues related to marriage and Family Sub-topic: Why Youth engage in sex	CRE Book 4 (KIE) Bloom or Doom: Your Choice Pg 96-97 AIDS Education for Youth Action Program.Pg 11-14

Integration - Secondary

Core Message	Subject	F	Plug-in Point	Reference
Ways in which HIV/AIDS Can be prevented	English	F 3	Topic: Writing skills Sub-topic: Minute writing	Integrated English Bk 3 KIE pg Doom or Bloom: Your Choice KIE pg 27-30
Economic consequences of AIDS	Maths	F 2	Topic: Statistics Sub-topic: Data present.and Interpretation (gragh)	KIE Bk 2 Doom or Bloom: Your Choice KIE pg 134 -137
HIV test	Comm./Business Education	F 4	Topic: Insurance Sub-topic: procedure for taking out a policy and claiming for compensation	Commerce Bk 4 By S.A. Butt Pg Doom or Bloom: Your Choice KIE pg 28-30,106
Transmission of HIV/AIDS	Chemistry	F 1	Topic: Introduction to Chemistry Sub-topic: Laboratory safety rules	Chemistry Bk 1 by N.M. Patel Pg Doom or Bloom: Your Choice KIE pg 15
Responsible sexual behaviour	Literature	F 4	Topic: Drama Sub-topic: Character of eg. Wamalwa in The Burdens and Becky in The River & The Source	The Burdens By John Ruganda The River & the Source Doom or Bloom: Your Choice KIE pg 96

Infusion

Wk	Less	Topic	Sub-topic	Objectives	Learning Activities	Resources/References
1 »	1	Health Education	Personal Hygiene	- Identify & Describe the dangers of sharing personal items	- Naming - Discussion	Lets Talk About It Bk Pg Chart/ pictures & real objects
	2&3	Do	Good health habits	- Identify good health habits - Describe ways of getting AIDS	- Role play - Question & Answer - Summary notes	Lets Talk About It Bk Pg Charts/ pictures & real object
1	1	Personal Health	Import, of physical, mental, social and moral health, management of PLWAs	- Discuss the meaning of the following - Physical health, mental, social and moral health - Explain how to help PLWAs	- Discussion - Question & Answer	S.E.E. Bk Pg Doom or Bloom: Your Choic pg 129-130
	2	do	Causes, prevention & mgment of STIS	- Explain causes, prevention & management of STDs & HIV/AIDS	- Discussion - Note taking	S.E.E. and Doom or Bloom: Choice KIE pg 27-30

Integration

Wk	Less	Topic	Sub-topic	Objectives	Learning Activities	Resources/References
1	1	Picture making	Drawing	- Name elements of Art &Design	- Discussion - Naming	Art Bk pg , Lets Talk About Book 2 Pg and charts
2	1	Picture Making	Paining	- Demonstrate effects of light & shade	- Explain, discuss and demonstrate	Art Bk pg, , Lets Talk About Book 2 Pg
1	1	Statistics	Data presentation - Bar graphs	- To present data graphically using a bar graph	- Data collection - Drawing bar graphs - Data on AIDS	Maths Bk pg and Doom or Bk Your Choice KIE pg 137-139
	2	Do	Data presentation - pie charts	- To present data graphically using a pie chart	- Data collection - Drawing pie charts - Data on AIDS	Maths Bk Pg and Doom or Bl- Your Choice KIE pg 137-139

- Identify the particular topic/s and sub-topic
- Identify the plug-in points
- Suit the message to the particular class

- Reference materials. These are mainly the KIE reference materials (see Appendix I)
- Other reference materials that include Newspapers and Magazines, Audio programmes and relevant texts.

6. LIVING VALUES AND LIFE SKILLS

Values are positive qualities, principles, beliefs and ideas that are useful, worthwhile and important and which we strongly feel about. Strong values can motivate desirable behavioural patterns. Skill refers to the ability to do something. Life skills are strategies that one uses to get along with ones own personality, friends, family, society and the environment. This results from the ability to grasp certain concepts and ideas. Thus, skills are also needed to take decisive action. Thus, living values and life skills refer to characteristic attributes, behavioural trends and strategies that the individual acquires and that empower him or her to cope in life. This results from a personal conviction to do what is virtuous. This is reflected in the value system that helps to form behavioural patterns.

Living values and life skills aim at:

- Enabling the individual (youth):
  - Make informed decisions
  - Make positive and healthy choices
  - Practice desirable and acceptable behaviour
  - Recognise and avoid risky behavioural situations
- Equipping the youth with information, knowledge and skills to enable the individual:
  - Develop positive values
  - Think adequately in situations
  - Find probable solutions to difficult and challenging situations

The youth need to be imparted with living and life skills.

These include:

- Assertiveness. This refers to the ability to express ones needs, feelings and emotions directly and in a responsible manner. The youth must learn to stand up by positive beliefs and values and to be assertive. They should know what it is they want or do not want. For example, they should be able to resist undue pressure from their peers. They should also be able to say no when they mean it and withstand their decision
- Co-existence. The essence of human relations is to enable the individual live with others. This is through forming meaningful and healthy relationships with other people. The youth must be facilitated to develop and form meaningful and mutually beneficial relationship/s and friendship/s
- Communication. This refers to the ability to express the self clearly and appropriately. This is learnt and nurtured though practice. Communication will be an interplay of factors that arises from the personality, the personal integrity of that person.
- Confidence. This is the ability to appreciate and accommodate ones strengths and weaknesses in character. This enables the individual to make decisions and that are consistent and in line with ones abilities and capabilities. This leads to self-awareness and high self-esteem that boosts the personal morale of the individual. Low self esteem leads to lack of confidence and unhealthy behaviour. But high self esteem leads to self-confidence and encourages positiveAealth behaviour. Confidence enable the individual to rationalise and it reduces and eliminates destructive confrontation with mutual respect and dignity of the person

Decisiveness. The youth must be guided in decision-making. They must be equipped with skills, knowledge and information that enables them to make their own responsible decisions arising out of logical sequence. They must recognise risky and unbecoming behaviour and arrive at a decision on their own

Humility. Humans need to learn to be humble. This requires them to learn to live with others and respect them, their property, ideas and opinions. But this humbleness should not mislead them to compromise their positive values

Integrity. The youth need to understand the essence of integrity. This needs to be nurtured and supported by constant practice. This requires their personality to be developed and positive personality traits inculcated in the individual

Loving. The youth must be taught to love and to be loved. Emotions can be destructive if poorly handled and constructive if adequately managed. They must also have the ability to deal with their own emotions, both positive and negative, effectively

Morality. The youth need to be clearly acquainted with moral values and the acceptable positive social behaviour of society especially the concept of right and wrong. They need to learn the virtues that hold society together

Personality. This requires the individual to manage the self effectively. It arises from critical and creative thinking. This requires them to be clearly focussed on certain actions, the expected outcomes ancf the appropriate actions. They should explore the possibility of performing a task in more than one way. In addition, they should be able to handle especially the difficult situations that weigh heavily on their abilities and capabilities.

They should also be able to cope with stressful situations and find adequate workable solutions to difficult or challenging situations

- Sympathy and empathy. This is the ability to feel for others and the ability to identify oneself with another person. This helps to understand the feelings of others and thus assist and/or advice

Messages and other communication meant for the youth and girls have to compete for attention with others from peers and professionally developed commercial marketing messages. Thus, this information has to be understood, noticed, remembered and most of all acted upon. The seven basic rules that are the seven C's of effective communication have to be applied.

These are:

a) Command Attention: An active message should command attention. Only those messages that are noticed and remembered are effective. For example, in the AIDS initiative, Teenagers Against AIDS (TAA) is very effective in getting the young people to fight the menace

b) Cater for the heart and the head: Most people are moved by reason as well as emotion. A message that arouses emotion is very effective as the people are moved. The emotions also afford an opportunity for people to focus on the facts. For example, the Egerton University gender-mentoring group has a* BASH - that stands for Be Assertive Supportive Homies. This is likely to cater for most youngsters as they tend to associate with each other (homy means friend).

c) Clarify the Message: A message should only convey a single most important point. It should be brief and very clear according to the targeted audience. It should not be clustered with too much information, as this tends to obscure the message. For example, "AIDS is not Witchcraft", "Men Can Make a difference" and others.

d) Create Trust: People will act on a message/s from a person, people or source whom or which they trust. For example, teachers, parents, church leaders, counsellors, elderly persons, books/publications etc. Thus parents, teachers and church leaders must be at the forefront in equipping the youth especially girls with positive life skills.

e) Communicate a Benefit: People need to know that what you communicate to them is beneficial to them and that they will gain from it. For people to change their behaviour, they must be motivated. For people to adopt appropriate behaviours, the message must be positive. For example, "Be Faithful to Your Partner Always".

f) Call to Action: The audience are often anxious waiting for the message to inform them exactly what to do or the next course of action. Guidance and counselling and the messages to the girls and the youth must not leave them in a vacuum. In particular, the youth have a lot of energy that must be tapped and diverted to purposeful use. For example, sports, clubs and societies must be encouraged in schools so that pupils and stOfdents are effectively occupied. This way, they will spend their leisure time more constructively

g) Consistency Counts: Repetition is for emphasis. The continued repetition of a message is very essential. But the same or similar message must be repeated and though it can be varied, the basic theme should be retained. This way, it becomes familiar and it is recognised.

For example, the ABC of sex

A - Abstain

B - Be faithful to your partner, and if you must have sex

C - Use a condom always:

A much better alphabet for the young adolescents is for them to BE WISE:

W is for Wait or delay
I is for If you choose not to wait or delay, then
S is for Stick to one partner,
E is for Every time you have sex

7 CHALLENGES

Challenges in regard to HIV/AIDS in Kenya include:

- There are inadequate health education interventions at grass root level with more emphasis on curative services rather than preventive measures
- Majority of World population are people aged 13-19 years
- A third of the people infected with HIV/AIDS are young people aged 14-24 years
- AIDS is increasing most rapidly among young people during their adolescent
- Many infected people continue to infect others through the "I will never die alone syndrome"
- There are many myths about HIV/AIDS and sex. These are often misleading and the youth are misinformed
- Girls are sexually active at an early age (12-13 years)
- Most young people and girls in particular are ignorant of the extent of the AIDS menace and if informed, they like the older generation often ignore precautionary measures especially abstinence
- By the year 2000, gender parity had been achieved at Primary school level with gross enrolment at 49.4% and 50.6% for girls and boys respectively. However, gross enrolment at secondary level stood at 47% and 53% for girls and boys respectively. Though female admission in Public Universities has increased steadily over the years, it is still low at 30%. Besides, there are regional disparities. Still,

gross net enrolment at primary level stood at 49.6% and 50.4% for girls and boys respectively meaning that only a half of the children, both girls and boys, are in school. Indeed, the net enrolment in secondary level stood at 20.9% and 23.5% for girls and boys respectively thus implying that only one in every five of the children, boy or girl, was in school

- The number of street children, both boys and girls is alarming. This population continues to increase
- Most people, including sexually active young boys and girls have multiple sexual partners
- Young girls continue to be lured into sexual friendship by older men
- Most of the children in Africa and in Kenya come from poverty stricken homes and therefore are unable to afford school

8. INTERVENTION STRATEGIES

Strategies and intervention measures have been put in place in Kenya to curb the AIDS menace. It is notable that these initiatives have resulted in over 85% HIV/AIDS awareness levels especially in schools and post secondary educational institutions. It is envisaged that this will lead to reduced cases of infection.

Intervention strategies include:

> On 25th November, 1999, his Excellency the President declared HIV/AIDS a national disaster. He pronounced a government policy to fight the disease through a multi-sectoral approach

> In a bid to ensure that legal issues are addressed, the Attorney General established a Task Force on legal issues to HIV/AIDS through Gazette Notice No. 4015 of 22nd June, 2001

> All Government policy documents fully support health education and communication. These include the Sessional Paper No. 4 of 1997 on AIDS (SPA) and the National Implementation Plan (NIP)

> A National AIDS/STD Control Programme (NASCOP) has been established

> The Sessional Paper on AIDS enunciates the GoK policy on AIDS. In particular, AIDS related strategies would be translated into action. The policy lays strong emphasis on prevention as the key intervention in AIDS control. The SPA was adopted by parliament on 25th September, 1997

The policy document attributes the problem of AIDS prevention to exacerbated unsafe sexual behaviour by the sexually active population of Kenya. With this recognition, the policy sets out the role of Health communication as follows:

- Improving and strengthening the information going out to sexually active individuals
- Advocating for the protection of youth against anti-social behaviour such a premature sex, drug abuse, teenage pregnancy and school drop out
- Strengthening the capacity of teachers, parents and communities to educate the youth on prevention measures

DEH, 1998:8

> AIDS education has been introduced in schools. It is to be integrated and infused in the curriculum

> Guidance and counselling services are a must in all schools

> Statistics on HIV/AIDS are well disseminated and available to allow for publicity and information

> The radio is widely used and has been found effective in reaching millions of listeners both literate and illiterate at any one time

> Working with individuals and other agencies has been adopted as essential

> The Health Policy Framework refines the MOH policies and elaborates the strategies for achieving required goals. The policy encompasses all the avenues for achieving the required goals. In particular, investments in the health sector will promote good health rather than focusing on treating diseases, that is, focus will be preventive rather than curative. In this regard, the MOH will intensify and expand the coverage of preventive measures and promote health

care through health communication to enable individual's care for their own health. Programmes to be supported and intensified include the Kenya Expanded programme on Immunisation (KEPI), Family Planning (FP), AIDS/STDs and vector control

- Health issues have been clearly articulated in National Development Plans. For example, the eighth National Development Plan (1997-2001) focuses on rapid industrialisation for sustainable development and recognises good health as both a basic right and a prerequisite for rapid social-economic development
- Initiatives have been undertaken by Non governmental organisations to help curb the menace. For example, the Population Communication Africa devoted two of the Ukweli editions Numbers 40 and 41 to AIDS issues and topics that Kenyan adolescents need to know to cope with the epidemic

HIV/AIDS has had a great impact on education. There are many orphans both in urban and rural areas. These are often forced to drop out of school. In addition, teachers, pupils and students spend a lot of time especially on Fridays attending funerals.

Strategies and interventions by the MOE include:

- The HIV/AIDS education project by UNICEF based at the Kenya Institute of Education (KIE) aims at integrating HIV/AIDS in the school curriculum. As a result, a number of resource materials were prepared (see Appendix I)
- HIV/AIDS Education and awareness has been included as part of the Kenya Education Staff Institute (KESI) syllabus for training education managers including head teachers
- The Ministry of Education, Science and Technology has . set up an . AIDS Control Unit (ACU) at the Ministry headquarters
- The MOE is strengthening guidance and counselling services in schools
- The MOE creates HIV/AIDS awareness through such fora as National, Provincial and District Drama and music festivals, essay competition, Art exhibitions and parent and prize giving days
- MOE collaborates with other Government ministries, NGOs and other stakeholders
- Workshops have been held on HIV/AIDS by the MOE and the Teachers Service Commission on HIV/AIDS awareness
- Educational Institutions such as the University of Nairobi and Kenyatta University have introduced HIV/AIDS teaching programmes

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9. RECOMMENDATIONS

The following is recommended:

- Family Life Education must be emphasized in school
- The youth must be equipped with living and life skills. This paper highlights on them
- HIV/AIDS education must be intensified in schools
- STDs must be moved up the list of health priorities
- HIV voluntary and confidential counselling and testing should be encouraged and made readily available and accessible
- Guidance and counselling clubs and other related activities such as Peer Counselling and Straight Talk should be established and strengthened in schools
- The guidance and Counselling programme should include youth reproductive health and guidance and counselling services to young people infected and affected by AIDS/HIV
- Peer Education and Counselling should be encouraged at all times
- Emphasis on HIV/AIDS must be on prevention and primary health care
- Reproductive health and primary health care must be well established priorities to reduce infection
- Knowledge and information must continue to be provided that will promote positive social behaviour and enhance self-protection. This will lower infection.risks
- Government must strive to provide education to equip the citizens with skills, attitude and information to curb the spread of AIDS

Empowering the youth and girls is the only chance of turning them into adolescents and adults who are able to make informed and independent choices

Training in administration and management in such institutions such as the Kenya Institute of Administration (KIA), Kenya Education Staff Institute (KESI) and others should include HIV/AIDS. Particular emphasis should be made on the need to provide education to the youth

Guidance and Counselling should be an important component in educational management in teacher training institutions and in-service training. HIV/AIDS, gender issues in education, drug abuse, and living and life skills should form important aspects of this training (see Appendix II and III)

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APPENDIX II

Kenya Institute of Education (KIE) AIDS Education Materials

1. Lets Talk About It Book 1 An AIDS Education Activity book for pupils in classes 1, 2 and 3

2. Lets Talk About It Book 2 An AIDS Education Activity book for pupils in classes 4 and 5

3. Lets Talk About It Book 3 An AIDS Education Activity book for pupils in classes 6, 7 and 8

4. Good Health Magazine A Comic book for pupils in Classes 6,7 and 8

5. Facilitators Handbook A teachers resource book for AIDS education in and out of schools

6. Bloom or Doom - Your Choice A resource book for teachers and youth educators of students in and out of secondary school

7. AIDS Education Syllabus

APPENDIX II

GUIDANCE AND COUNSELLING TRAINING PROGRAMME

- Guidance and Counselling
  - The concept of guidance
  - The concept of counselling
- Guidance and Counselling in schools
  - Qualities of a Good Counsellor
  - The Guidance and Counselling programme
  - Setting up a Guidance and Counselling department
  - Challenges Facing the Teacher Counsellor
- HIV/AIDS and other STIs
- Integration of HIV/AIDS in the Curriculum
- Basic Counselling Skills
- Peer Counselling
- Drug and Substance Use and Abuse
- Gender Issues in Education
- Living Values and Life Skills
- Motivation and Setting Up Realistic Goals
- Special Education Needs (SEN)
- Disaster Preparedness and Management
- Stress Management
- Career Guidance
- Good Study Habits and Skills
- Discipline and Punishment
- Mentoring
- Conflict and Conflict Resolution
- Adolescent Reproductive Health
- The Cult of Devil Worship

APPENDIX III

GENDER AND EDUCATION TRAINING PROGRAMME

- Sex and Gender
- The Gender Socialisation Process
- Gender Issues in Education
- HIV/AIDS and other STIs
- The Vulnerability of Girls and Women to HIV/AIDS
- Integration of HIV/AIDS in the Curriculum
- Living Values and Life Skills
- Career Choices and the Choice of Subjects
- Performance in Science, Mathematics and Technical (SMT) subjects
- Mentoring
- Gender Analytical Skills
- Gender Advocacy
- Adolescent Reproductive Health