

**CONSTRAINTS FACED BY PRIMARY SCHOOL HEAD TEACHERS IN
IMPLEMENTING HIV/AIDS PROGRAMMES IN KAMUKUNJI
DIVISION NAIROBI NORTH
DISTRICT KENYA**

BY

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DECLARATION

I, Kipkorir Josphat do declare that this research report is my own work and that it has not been presented to any other university for a similar award.

Signed.....

Student


Date.....15TH DEC 2009.

DEDICATION

From the core of my being, I dedicate this work to my beloved wife Emmy and son
Kipruto Nathan

APPROVAL

I certify that , Kipkorir Josphat carried out this research under my supervision.

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.....
15th DEC-2009.

MR. TINDI SEJE

DATE

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In the first place, I highly acknowledge the almighty God, for all he has done in my life up to this level of academic epitome. I also extend my heart felt gratitude to my beloved parents, who helped me to appreciate the sweetness of education.

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May God richly bless in you.

ABSTRACT

The purpose of the study was to investigate the problems faced by primary school head teachers in implementing HIV/AIDS programme in schools in Kamukunji Division, Nairobi North District. The research questions focused on the methods and techniques used in teaching HIV/AIDS programme implementation, head teachers' and pupils' attitude towards HIV/AIDS programme implementation, and the problems the head teachers face while implementing HIV/AIDS programme in primary schools.

Literature review focused on the background to the situation of HIV/AIDS, its impact on economic development, to the learners, implementation of HIV/AIDS education programme, teaching techniques and the teachers role in HIV/AIDS education programme implementation. The study employed survey research design. The sample was all the 26 headteachers and Teachers Living With Aids (TLWA) and Teachers Against Aids (TAA) in the division. Data was collected from headteachers in public and private primary schools in the division.

Findings revealed that lack of training on the part of the headteachers on HIV/AIDS has hindered the implementation of the programme. It was also revealed that schools used methods and techniques discussions, resource persons, lecture and also used electronic methods such as videos and handling the programme according to the levels of learners in teaching the programme. Schools also had special programmes in their schools concerning HIV/AIDS for pupils which included videos and drama; having banners and

artistic work on walls as a way of sensitization. Schools however did not have specialized teachers to handle the programme. It was also revealed that the headteachers had a positive attitude towards the programme. Findings further revealed that the headteachers faced problems with infected and the affected pupils. This was due to absenteeism of the pupils, lack of proper nutrition due to the prevailing poverty levels in the division which affected pupils learning in high schools. It also revealed that headteachers faced challenges which included lack of resources both physical and financial which hindered proper implementation of the programme.

Based on the above findings it was also recommended that the government through the Kenya Institute of Education suggest and avail the necessary and adequate teaching and learning materials for easier implementation of HIV/AIDS programme. It was also recommended that the government through the Constituency Development Fund (CDF) should come up and assist infected pupils with basic necessities so that they are able to participate in the schools.

The study suggested that a study on the impact of HIV/AIDS on academic performance in primary schools should be conducted. Another study on the attitude of teachers and students on HIV/AIDS in primary schools should be conducted, lastly since this study was carried out in Kamukunji Division of Nairobi Province which is an urban set up, there is need to carry out a similar research in other districts preferably rural to establish what challenges faced in those areas.

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LIST OF ABBREVIATION AND ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
CDF	Constituency Development Fund
HIV	Human Immuno Deficiency Syndrome
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
MTCT	Mother To Child Transmission
NACC	National Aid Control Council
NCDP	National Council for Population Development
STD's	Sexually Transmitted Diseases
TAA	Teachers Against Aids
TLWA	Teachers Living with Aids
UNAIDS	United Nations Aids Programme
UNESCO	United Nation Education Scientific and Cultural Organization
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

AIDS disease was first reported in USA in 1981 where doctors noted frequency of unusual form of pneumonia and rare form of cancer known as kaposi's sarcoma, which is a skin disease. In this case, patients' skin becomes itchy and turns dark which indicate there is something unusual. Patients were dying, as their immune system could not fight against this disease or other common illness. The first name for this disease was Gay Related Immune Deficiency Syndrome (GRID), which was named so due to homosexual practices amongst gays (Tocalli, 1989).

Global estimates of Human Immune Deficiency Syndrome and Acquired Immune Deficiency Syndrome (HIV/AIDS) from the United Nations Aids Programme (UNAIDS) and the British Medical Journal report (2001) indicates that the number of deaths from HIV/AIDS in North Africa, New Zealand, Western Europe and Australia was 75, 500 with the total population of 731 million. In sub-Saharan Africa, the number of deaths was 2.3 million with a total population of 593 million. This suggests that comparing Western and African races, for every one person in Western, 40 Africans died. The figure rose in 2003 where 127 Africans died for every one European. In the global village, the sub- Saharan Africans are referred to as small minority full of problems (Thairu, 2001).

In 2004 Global estimates of those affected by HIV/AIDS from the UNAIDS reports were, North America – 1 million, Caribbean – 440,000, Latin America – 1.7 million, West and Central Europe - 610,000, Sub-Saharan Africa - 25.4 million, East Asia - 1.1 million, South and East Asia – 7.1, Oceanic countries – 35,000. (Lamprey, 2002). These statistics show that people in the world living with AIDS are 39.4 million. About 90% of the figure lives in under developed and developing countries. An estimate of 25.4 million alone live in sub-Saharan Africa which is about 10% of the world's population and yet 60% of the disease already a burden. The situation is made worse by the fact that most vulnerable group is young women. Statistics indicate that 3 out of 5 people living with AIDS in Africa are females. In the meantime HIV/AIDS infection rate, continue to rise at a rate of about 13,500 daily. An estimated 4.9 million people were newly infected in 2004 and 3.1 million died of AIDS in the same year. It is argued that the search infected for a vaccine has taken a back seat to the search for new AIDS drugs and thus not enough money is being invested in a vaccine (Republic of Kenya, 2005)

According to Association for the Development of Education in Africa (ADEA,2001), education system in Africa is not spared by HIV/AIDS. The pandemic has hit supply and demand for education as well as the general functioning of the system. A meeting held in Arusha, the Biennial for African countries discussed concrete methods of fighting HIV/AIDS where it was realized that Africans have not yet changed their sexual behaviours or use of safe sex. The objective of the discussion was to identify promising approaches and practices, which were to be implemented by African education system to deal with pandemic through dissemination of information knowledge and values. All African leaders of the consequences

Brought about by HIV/AIDS . Therefore, there is need for development of HIV/AIDS education in their respective countries which seems to be only the cure found to fight the epidemic in Africa. This is to be done by integration of HIV/AIDS education in school programme. There is no disaster that has hit Sub-Saharan Africa so hard like HIV/AIDS. It has been able to selectively eliminate African race faster than any other disaster experienced in the past like slavery and colonization, past epidemics or civil wars. If the figures continue to rise, we will have to accept that the scourge threatens African population. Africans should therefore be the most vigilant people in the world to fight against HIV/AIDS and heterosexual transmission of HIV/AIDS must be addressed urgently and comprehensively for the sake of survival (Thairu, 2001)

According to Kenya Demographic and Health Survey, statistics shows adults living with HIV/AIDS are 1.1 million while children who are infected are 150,000. The number using Anti- Retroviral (ARV) is 240,000, while the number needing ARV is 200,000 (KHDS, 2004). African government has not really been in control of the HIV/AIDS responsibly. The first case of HIV/AIDS was diagnosed in 1984 and the victim was from Rwanda. The were two immediate reaction by Kenyans was that HIV/AIDS was a foreign disease. There were two reasons for this, the patient was non-Kenyan and again the denial of existence of the epidemic in Kenya and some countries in Africa. The policy on declaration of HIV/AIDS a national disaster in Kenya by the former President Daniel Toroitich Arap Moi was initiated by the world bank as an offer to any African country willing to receive the 50milluion dollars AID loan. The declaration was not gazetted thus there in no official declaration of HIV/AIDS as national disaster in Kenya . The shows

How the Kenyans and the government have taken highly the idea of HIV/AIDS. Again the HIV/AIDS disaster has been left to the charity of external government for funding until early 2006 when the government offered ARV to the affected people. (Republic of Kenya, 2002a).

Most people do not declare the caused of their relative's death; instead, they say one suffered from the other diseases like Typhoid. Tuberculosis or Pneumonia. On the other hand, Kenyans are not willing to visit Voluntary Counseling and Testing (VCT) to know their status, which would make them change their behaviour if the status is known. Kenyans believe that HIV/AIDS is for others and not for themselves. (Suda,1993).

The risk of a person becoming infected with HIV/AIDS or contracting other STD's depends on what they do, how they do it and with whom the do it. Ones behaviuor and lifestyle place him/her at risk of HIV/AIDS infection. Those who engage in behaviours which expose them to HIV/AIDS infection, are, classified as a high –risk group, Kenyan adolescents and young adults do not consider themselves at a risk of getting HIV/AIDS they have developed a syndrome of a do not care attitude (Johnson,1999).

Kenyan adolescents have engaged in unprotected sexual intercourse, yet think their risk of infection to be exceptionally low. Their perceptions are one thing and the reality risks are another. Adolescents very commonly deny that risk behaviour has occurred, fail to recognize the risk and comprehend that changing circumstances do not necessarily change the level of risk. This therefore makes them perceive themselves not vulnerable. (Johnson,2000).

One of the reasons given for the spread of HIV/AIDS is the failure by the individual to perceive themselves to be at risk of infection. Studies of HIV/AIDS shows that the high level of awareness and knowledge about HIV/AIDS do not imply that young people have changed their behaviour in order to avoid infection, sickness and health consequences. Numerous African youth have contracted the virus due to lack of sex education and proper guidance. Thus, they search for information from other sources like peers, pornographic literature and the media. Ignorance, curiosity and peer [pressure has resulted into premarital sex, unwanted pregnancy, homosexuality and abortions which at times lead to death (Chukwu,2000).

Some parents, children and members of the society do not have information related to HIV/AIDS and sometimes contract the virus due to lack of knowledge. Other parents and religious sects reject sex education in schools and they argue that it will lead to rampant sexual immorality and spread of Sexually Transmitted Diseases. HIV/AIDS is difficult topic as it particularly discusses sexual matters. Teachers are more concerned with examinable subjects which may help the learner to attain marks for selection to the next level is more emphasized in schools thus ignoring other subjects like guidance and counseling and HIV/AIDS. Schools administrators and inspectors emphasize on achieving high grades. Again HIV/AIDS is not a subject on its own but an integrated programmes (Republic of Kenya,1997c).

Ministry of Education (MoE) has developed a syllabus for teaching HIV/AIDS in schools; VCT centers are also available, and National Aids Control Council (NACC)

have set up guidelines and policies of dealing with HIV/AIDS. Printing press and media play a big role in dispensing information about HIV/AIDS. In schools teachers should identify the children with special needs, for example orphans to be encouraged to stay in school to avoid dropping out of school. Teachers should also introduce such children to Non Governmental Organizations (NGO's), churches and other organizations, which are willing to assist them. Teachers should encourage students to practice abstinence, which is a sure way of avoiding contracting of HIV/AIDS. Recommendations on session paper on HIV/AIDS infection by equipping the knowledge of skills required to fight the pandemic. HIV/AIDS has been integrated in both primary and secondary schools curriculum as well as in Teachers Training Colleges. There are general aims, which have been stated in the syllabus for teaching HIV/AIDS in all levels of education as follows:

To make own decision related top personal and social behaviour that reduces risk of HIV/AIDS and STD's.

To acquire necessary knowledge and skills on HIV/AIDS and STD's.

To identify appropriate sources of information with HIV/AIDS.

How to relate with those infected and affected with HIV/AIDS.

To engage in activities that help in prevention of HIV/AIDS and STD's infections.

Discuss issues freely which are related to HIV/AIDS and STD's .(Republic of Kenya 1977c).

The Ministry of Education published a policy document in May 2004 formulating the rights and responsibilities of every person involved directly or indirectly in the education sector with regard of HIV/AIDS. This followed the UNGASS declaration of commitment on HIV/AIDS that set the target of reducing infection among 15 – 24 age bracket by 25% by 2010 globally and called upon governments to develop strategies for providing supportive environment for orphans and children who are infected and affected. The policy addresses the threats posed by the pandemic on gains made by the services. The supply formalizes the rights and responsibilities of every person involved directly or indirectly in the education sector with regard to HIV/AIDS. These include the learners, their parents guardians, education managers, administrators, support staff and civil society.

1.2 Statement of the problem.

HIV/AIDS pandemic in Kenya poses a serious threat as a whole and to students in particular. The situation is critical in that the majority of the infected persons are in 15 – 49 age bracket, (Johnston, 2000) Some children in primary schools are infected with virus through childbirth or through sexual behaviour. Most programmes concerning fight against HIV/AIDS are recent. Training teachers on information about desired change of behaviour. Therefore many teachers are ill equipped to handle the challenges posed by the disease (ADEA, 2002).

Children from slums are more vulnerable to the pandemic and this has a big effect to the education sector (Chukwu, 2003). The method that is currently used in primary schools to handle HIV/AIDS education is integration into all subjects which is not adequate. The programme was introduced in schools for implementation without proper preparations for teachers like training or in-service. (Muasya, 2007).

In Kamukunji division teachers have shunned from teaching the programme due to stigmatization. Teachers who are infected are discriminated from most of the schools activities other than classroom teaching (Teachers Living With Aids, TLWA, Kamukunji). It is therefore difficult for the teachers to courageously teach topics related to HIV/AIDS. In a workshop organized for Nairobi teachers living with Aids at Kasarani Complex in Kasarani Division on 3rd November 2006, teachers expressed that they are stigmatized in the schools. Therefore, unless the government intervenes they are not ready to discuss or teach anything related to HIV/AIDS, (TLWA). Therefore the study seeks to investigate constraints faced by primary school headteachers in the implementation of HIV/AIDS programme in schools.

1.3 Purpose of the study

The purpose of the study was to investigate the problems faced by primary school head teachers in implementing HIV/AIDS programme in schools in Kamukunji Division, Nairobi North District. The study also suggests solutions to problems encountered while implementing the programme in primary schools.

1.4 Objectives of the study

The following objectives were formulated to fulfill the purpose of the study.

- 1 To determine the methods and techniques used in teaching HIV/AIDS programme implementation.
- 2 To examine head teachers attitude towards HIV/AIDS programme implementation.
- 3 To identify the problems the head teachers face while implementing HIV/AIDS programme in primary schools.

1.5 Research questions

The study addressed the following questions.

- 1 What methods and techniques are used in teaching HIV/AIDS programme implementation?
- 2 What is the headteachers attitude towards HIV/AIDS programme implementation?
- 3 What problems do head teachers face while implementing HIV/AIDS programme in primary schools?

1.6 Significance of the study

Studies are needed to anticipate needs and significance for the head teachers as they implement HIV/AIDS programme in schools. Cooperation is recommended from other stakeholders like school committee members, deputy and senior teachers, other teachers in the school, support staff parents and the surrounding community. The study will help teacher trainers with information necessary concerning HIV/AIDS for use in their teaching program that in turn will be used by the teachers in the schools after the training. Findings of the study may also be of benefit to teachers to gather courage while handling the lesson regardless of their HIV/AIDS status and conditions. The head teachers as well may strive at all times to create a friendly HIV/AIDS environment in the school so that implementation of the programme is done at all levels of learning.

The result of this study will be important in encouraging teachers who are both infected and affected from shying off from the programme. It will also highlight some of the constraints faced by the head teachers while implementing the programme. It is therefore hoped to bring an increased awareness about teaching HIV/AIDS in primary schools. Others who might use the study are K.I.E. ,T.S.C., Teacher Training Colleges, Economic Planners, School Inspectors and NGO's who have already played a role in implementation of HIV/AIDS programme in schools.

1.7 Limitations of the study

The study will used Questionnaire to obtain the data required. By using questionnaire technique, the researcher exhausted the merits associated with technique like giving respondent time to internalize the question and give the correct answer.

1.8 Delimitations of the study

The study was confined in Kamukunji Division, Nairobi North District. Data was gathered from the headteachers only. This implies that the study findings would be generalized to other areas with caution as schools in Kamukunji Division are located amongst diverse communities and also in a cosmopolitan area.

1.9 Basic assumptions

The researcher assumed that:

- i. The headteachers and other respondents are aware of the challenges faced in implementing HIV/AIDS programme implementation in primary schools.
- ii. All the respondents to the questionnaire will give honest and accurate information.
- iii. That conditions for the study will remain conducive and favourable throughout the research period.

1.10 Definitions of significant terms.

AIDS is an abbreviation for the Acquired Immune Deficiency Syndrome. It is the last stage of the HIV/AIDS infection characterized by weight loss, diarrhea prolonged fever and other opportunistic infections.

Attitude denotes feelings and opinions of teachers towards HIV/AIDS.

Awareness refers to how well opinions of teachers towards HIV/AIDS.

CD4 is a marker found on human cells that allows the HIV/AIDS to link with the human cell.

Discrimination is an exercise of power over people or a person by marginalizing or excluding a person or group from certain activities due to HIV/AIDS status.

Epidemic is a term used to describe a disease that is infectious and spreads fast through a large swathe of territory or population.

Heterosexual means a person sexually attracted to and perhaps involve with one of the opposite sex.

HIV is abbreviation for the Human Deficiency Syndrome Virus. This virus causes AIDS.

Integration is the technique of teaching HIV/AIDS in schools by correlating different subjects in the course of study.

Kaposi's sarcoma is Cancer of the skin or internal organs characterized by bluish to black lesion on the skin. They make one take on the leopard spots' look if extensive areas are affected.

Opportunistic Infections (OIS) is infections that arise because a person's immune system is very weak.

Stigmatization is a process of devaluation of the people living or associated with HIV/AIDS.

1.11 Organization of the study

This study is organized into five chapters. Chapter one, the introduction gives the context of the background of the study, statement of the problem, purpose of the study, and objectives of the study. It also provides research questions, significance of the study, limitations, delimitations and assumptions of the study.

Chapter two, the literature review, outlines what has been discussed by the various authors and suggestions about the implementations of HIV/AIDS education programme. Impact of HIV/AIDS to the learners and HIV/AIDS interventions. The role of education

in fighting HIV/AIDS and implementation of HIV/AIDS education programme in primary schools.

Chapter three, the research methodology, contains research design, target population, sample and sampling procedures, research instruments, instruments validity, instruments reliability, data collection procedures and data analysis technique.

Chapter four outlines analysis of the data collected which gives the background of the information and interpretation of the results, while Chapter five contains summary and conclusions of the study. It also gives recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section covers the background to the situation of HIV/AIDS, impact of HIV/AIDS education on economic development. Effects of HIV/AIDS to the learners, HIV/AIDS interventions, the role of education in fighting HIV/AIDS , implementation of HIV/AIDS education programme, teaching techniques and in serving of teachers. Headteachers role in HIV/AIDS education programme, instructional materials for HIV/AIDS programme, attitudes towards HIV/AIDS and the Conceptual framework for the study.

2.2 Background of the situation of HIV/AIDS

AIDS is an infectious disease spread by a virus called HIV. The virus attacks white blood cells called CD4 cells, which protect the body from infections thus weakening the human body defense mechanism. As a result, a person is unable to fight other diseases and becomes susceptible to typhoid, common cold, thrush diarrhoea and other opportunistic diseases (Tocalli, 1989).

Statistics show that the chief mode HIV/AIDS transmission in Kenya is through sexual contact accounting for 85% of the infections. Other modes of HIV/AIDS transmission includes Mother To Child Transmission, (MTCT) contracted during birth process or during lactation period and accounts for 10% of the cases while remaining 5% of the

infections occur during blood transfusions and organ transplants. Sexual behaviours include penetrative and unprotected sexual contact, having multiple sexual partners, oral deep kissing as well as having casual partners. Chances of becoming infected through sex with an infected person increases with the number of acts (Republic of Kenya, 1997).

In Africa, doctors were also coming across patients with unusual symptoms. In 1980 in Kigali, Rwanda and Kinshasa in Zaire there were outbreaks of crypto-cal meningitis which is a disease by bacterial and whose symptoms include severe headache and stiff neck and afterward death. In Rakai district of Uganda, a disease was diagnosed where young people lost weight and died which the locals referred as slim disease. In 1983, the same disease together with skin cancer was reported in Zambia, which seems to be as AIDS (Hubley, 1993).

However, the exact origin of HIV/AIDS remains a mystery though scientists have advanced AIDS related theories, particular facts and scientific explanations. No matter what the genesis of the pandemic, and the horrifying reality is that almost every country in the world is affected particularly African countries including Kenya. It is said that African vulnerability to heterosexual transmission of HIV/AIDS must be addressed urgently and comprehensively for the sake of our own survival (Osewe, 2002).

The HIV/AIDS prevalence rate among youth aged 18- 24 years was highest among girls at 4.5% while for the boys was at 0.8%. Statistics shoes that girls, women and children are

most vulnerable group to HIV/AIDS infection (Kenya Daily Nation, 12th October, 2006).

HIV/AIDS in Kamukunji Division has a lot of impact in education. Quite a good number of schools in the division are located near slums that are hit by the pandemic. Majengo slum is catchments area for some schools in the division. Children from the slums have been affected by HIV/AIDS in that some care for their ailing parents, others are infected while others are orphans. Majority of such cases do not concentrate with learning activities neither do they attend school regularly which affect their performance.

There are also private cum charity schools in the division that care for the children from affected families, such schools depends on NGO's and well wishers to feed the children. Like St. John education center, child survival primary school which is located at the heart of Majengo slum. The pandemic trauma has affected children such that when the teacher mention the term HIV/AIDS they become psychologically affected. Most of the children in Kamukunji division live in slums like Majengo, Kiambiu, Kinyago, Kitui as well as low class estates like Bahati, Shauri-Moyo and Muthurwa where majority of the residents are hit by poverty and this encourage spread of HIV/AIDS in the course of survival.

2.3 Impacts of HIV/AIDS on economic development in Kenya.

Economically HIV/AIDS has adversely affected individual household and national economic performance. The pandemic affects the economy by causing illness and death. It causes reduction in size and experience of labour force, increased health care expenditure, raising the cost of labour and reduces savings and investments. The

pandemic affect people in their most productive stage. Economic effects HIV/AIDS is felt first by individual and their families and later trickles to firms and businesses as well as macro-economy. There is greater health costs and loss of income as members of the family engaged activities become less productive and eventually die. In areas with high rate of infected people, families are driven into poverty pool. For example poverty in drought prone region where people live on one meal a day or no at all, young girls drop out of school and go to street for survival (Republic of Kenya, 2005).

Africa already has the lowest education and literacy in the world and HIV/AIDS is threatening to further darken the gloomy picture. Children with HIV/AIDS at birth do not enroll in schools; also, many are forced to drop out of school by the pandemic thus; education is highly affected by HIV/AIDS. Therefore, if the program will be implemented in schools, it will help to save life particularly for the young boys and girls who will be taught ways of preventing the spread of HIV/AIDS as they are future parents. The government of Kenya declared HIV/AIDS is a natural disaster. This means that the disaster has caused a lot of damage to the country like loss of money, land and property, jobs and young people and has made it difficult for the country to run properly. Statistics shows that about 700 people die of IDS each day. People in Kenya are now expected to shorter lives due to pandemic. Many dollars have been lost because young people who are expected to work are affected or infected. It is becoming more difficult to fill certain jobs because skilled people are victims of the pandemic and if offered the job the, some do not have the energy to perform the job. The dramatic

increase in the number of AIDS orphans creates enormous social and economic problems for the extended relatives. Families have become poor because parents who are infected can no longer earn to support their families. Others take care of their relatives who are ailing, while on other cases children whose parents have died take responsibility of raising younger siblings. The children also take responsibility of caring for their parents (Murah and Kiare, 2001).

The nutritional and health status of these orphans is expected to deteriorate. Their emotional and psychological status is expected to suffer due to trauma of losing their parents and other difficulties they face. These orphans mostly grow up lacking suitable guardians that hinders their general development. Most of these difficulties have long-term impact to both the affected family and the community at large. Psychological turmoil for these orphans lead to personal distress due to stigmatization of prejudice, suspicious and isolation. In this case, some orphans are forced by circumstances to drop out of school. Others get accommodation in children's home like Mama Fatuma children home. It is estimated that about four million orphaned children are found in Sub-Saharan Africa and among them, a large number is affected with HIV/AIDS (Ngugi, 1998).

In rural areas, the impact has not been pronounced as in urban areas where poverty has contributed the spread. Among the sectors that are most severely affected include demographic impact, education and health as well as economy as a whole due to increase of AIDS orphans, poverty and global inequality, HIV/AIDS has had and will continue to have significant and adverse impact on key demographic indicators like

life expectancy, infant and adult mortality and age structure and population growth, HIV/AIDS is expected to significantly reduce the population growth in many African countries including Kenya due to reduced number of people who are productive by 2030. In this case Kenya will have a shortfall of labour supply due to reduced energetic population (Barnet, 1992).

2.4 Effects of HIV/AIDS to the learners

HIV/AIDS pandemic in Kenya poses a serious threat to society as a whole and to students in particular. The situation is critical in that majority of the infected persons are in 20- 40 age brackets. This brings out an important aspect that the infected persons may have acquired the virus during their teenage school population (NACC, 2001).

The relationship between early sexual intercourse and school attendance may reflect the fact that the schools promote the meeting of young people of opposite sex in an environment that is not controlled by their family. Curiosity and peer pressure have been proved the reason for early sex. Children and youth are today reaching sexual maturity early due to improved health care, nutrition and the general living conditions (Crooks, 1987). Young people have poor access to health and lack enough information on sexuality. Majority of Kenyan teenagers have heard about HIV/AIDS but a few who possess information about behaviour change and practice that would protect them from the risk of HIV/AIDS, often lack the social skills to do so (KDHS, 1998).

Equality, few Kenyans adolescent have accurate perceptions of what constitutes the reality risk of HIV/AIDS infection. In addition to those who are sexually active, pitifully few have changed their behaviour in the face of the epidemic to either prevent or protect themselves from protection. Many people are anxious and embarrassed of sex. This is because many societies themselves are anxious about HIV/AIDS. Even young people who know how to protect themselves against HIV/AIDS lack social skills to do so. Again, many people are afraid to ask their sexual partners about their sexual history for fear that they might endanger their relation. Thus, they prefer to consider themselves safe rather than face the discomfort of rejection (Ngugi et al, 1998).

2.5 HIV/AIDS Intervention

HIV/AIDS pandemic is one of the most critical and urgent public health challenges facing the world. Adolescents are at center of the pandemic in terms of transmission, impact and potential for changing the attitudes and behaviour that underline this disease. The main modes of preventing HIV/AIDS infection include complete abstinence from sexual intercourse, being faithful to one partner, avoidance of having sexual contacts with prostitutes and casual partners (WHO, 1994).

In order to tackle HIV/AIDS menace properly the present efforts supported by the NACC should continue. The government should however institute new and effective measures aimed at effectively stopping the pandemic. Kenyan highly trained health and managerial personnel should implement and recommend on development on HIV/AIDS control and management. The government should step ahead and sponsor strategic research on HIV/AIDS by Kenyans to provide the government with the necessary

information it requires for the survival of the nation now and in future. Since our fight against HIV/AIDS is for own survival, it is therefore has to be understood as liberation war HIV/AIDS, must be attended by all government sectors (Thairu, 2003).

All learning institutions have a responsibility to address HIV/AIDS through education by developing skills, values and changing attitudes to promote positive behaviour that would combat the scourge. Curriculum should be sensitive to cultural and religious beliefs that are appropriate to age, gender, language, special needs and context on HIV/AIDS so that it conform part of education for all learners at all levels. Local communities, religious groups and leaders, parents, caregivers and guardians to be mobilized to support and ensure success of HIV/AIDS prevention and control programs within the learning institutions and home. Teachers' education curriculum, pre-service, must prepare educators to respond to HIV/AIDS within their own lives and as professionals to build positive attitudes and skills for HIV/AIDS prevention and control among their learners (TSC policy).

Life skills and HIV/AIDS education should be incorporated into the existing curriculum and co-curricular activities at all levels. Such activities include drama groups and sports events, which are important opportunities for HIV/AIDS education. All institutions should encourage support and recognize the role and importance of peer education in the education sector where educators and learners should be given the opportunity to develop peer education skills and have access to relevant and appropriate training and

materials to support their commitment to peer education at every level. The ultimate responsibility for the behaviour of leaders rests with their parents, guardians or caregivers, individual learners as well as related educators. Therefore, parents together with educators, employees and learners themselves should take an active role in acquiring up to date accurate knowledge and skills on HIV/AIDS (ADEA, 2001).

2.6 The role of education in fighting HIV/AIDS

Most programs concerning fight against HIV/AIDS are recent. It is thus difficult to evaluate the impact of the disease since it involves analyzing behaviour change. It is also difficult to assess the impact of educational programs addressing behavioural change and that of external programs or factors that are defined with varying degrees of precision. In addition, training of teachers' information on HIV/AIDS is too fragmented and does not prepare them adequately to bring about the desired changes of behaviour, (ADEA, 2001).

Identifying effective responses to HIV/AIDS should be initiative of fighting epidemic in schools. Promoting approaches and practices implementation in schools should be highlighted to ensure the ongoing development of a sector hit hard by HIV/AIDS and halt the spread through dissemination of information, knowledge and values to the learners. Whenever the introduction of formal sex education in public schools has been attempted to reduce teenage sexuality related problems in both developed and developing countries, fiery controversies have ensued. In developed countries, such as America and Europe such programs have been implemented with parents who are

totally against their children receiving sex education being allowed to exempt such children from attending the lesson (Nyatuka, 2000).

HIV/AIDS needs to be included in schools programs to involve young people, parents and religious figures. This include primary schools (already integrated in the syllabus), higher education and in continuing Teacher education programs. Media should be utilized to reach to as many people as possible. Teachers should be trained to provide HIV/AIDS information and counseling in collaboration with the Ministry of health. Peer education can be effective and popular among teenagers and this form of anti-HIV/AIDS education program should be run simultaneously with information rich communication programme (NACC, 2001).

Well developed networks contribute to the spread of ideas, information and experiences. For example in South Africa there is Television program entitled, Soul City, which is specifically aimed for young people and was extended to several countries in Southern African. Most African countries have adopted programme aimed at bringing about changes in individual behaviour. These programs are to be proposed to students before they become sexually active. There is also need to accept broadly the need to break down the wall of silence surrounding the disease and the issue of sexuality, which is gaining ground in Africa. Every opportunity should be taken to give the students information pertaining to HIV/AIDS pandemic, ensuring that they know it is a disease like any other and any one can be infected. They should be taught lifestyles that enhance chances of being infected and that minimize chances of infections. Peer counseling should be introduced so that it becomes easier for them to discuss HIV/AIDS issues

freely among themselves and assist each other resolve some basic problems. Clubs should be encouraged where HIV/AIDS awareness is taught, encourage the students to visit HIV/AIDS victims in the hospitals and discuss with them the pandemic as well as giving them hope and reason to continue living on. This will make them appreciate the importance of taking the issue of HIV/AIDS pandemic seriously and the need to serve others whether infected or affected without discrimination or stigmatization as well as handling them with understanding and dignity without relating infected with sinners or immorality (ADEA, 2001).

2.7 Implementation of HIV/AIDS education programme.

As a society, we have a responsibility to read, watch and engage in activities that are helpful to one's personal growth. One has a choice of what to watch or read, although the government has put in place measures that prohibit pornography in society. Professional ethics do not allow medical personnel to reveal patient's medical information unless under special circumstances and upon consent (Ministry of Information and Tourism, 2003).

Ministry of Education has introduced syllabus for teaching of HIV/AIDS in schools and VCT centers are available. NACC has also been set up which provides several guidelines and policies. Print and electronic media also play a big role in dispensing HIV/AIDS information. Teachers should identify children with special need like orphans and encourage them to stay in schools and avoid drop out. They should also introduce these children to NGO's and other organizations that are willing to assist them.

Teachers Service Commission (T.S.C) has not been employing teachers for recent years since 1997 which implies that there is shortage of teachers in most public schools in the country who are expected to handle their subjects as well as HIV/AIDS education (Aduda, 2001). In most schools, public and private, the emphasis in the curriculum are examinable subjects which help the candidates to move to the next level of education. In this case very little emphasis is put in other subjects which do not help the students in passing examinations. HIV/AIDS education is not evaluated and it is with doubt whether it is taught effectively (Republic of Kenya, 1997).

2.8 Teaching techniques and in-servicing of teachers

According to Shiundu et al, (1992) integration of HIV/AIDS cannot be possible without in servicing of teachers. Most of teachers in schools are trained how to handle the subject. It is therefore necessary for them to be equipped with information and skills that enable them to teach the subject. Various communication approaches are required when handling the topic like creating friendly environment by appreciating the learners regardless of their HIV/AIDS status. Teachers are the key players in any curriculum implementation and thus must be well equipped and create positive attitudes towards the programme (Shiundu et al, 1992). Ministry of education insists that 11 teachers at all levels should be involved in implementation of HIV/AIDS education. This may not be applicable unless appropriate in-service teacher training program is emphasized to bring out a clear focus on how the infusion approach is undertaken. Such

training improves performance with regard to techniques and resources utilization (Okumbe, 2001).

2.9 Headteachers role in HIV/AIDS education programme

All the school stakeholders should be involved in HIV/AIDS education programme. Head teachers as the managers of the schools should be at front line trying to help the teachers and the learners to the spread of the pandemic. With support of the school committee, head teachers should formulate good HIV/AIDS school policy, which emphasize on a friendly environment that will help the learners open up and discuss the pandemic freely. They should never force any learner out of school based on their status rather should be encouraged to cope with it. On the other hand, head teacher is the most important factor in creating a friendly HIV/AIDS environment in the school for the learner and should therefore be accommodating especially for the infected so that they accept their status with ease. Head teachers should be keen on what their children do after school. They should encourage them to participate in positive activities like the ghetto programme which is aired on the radio in Majengo on Saturday morning.

2.10 Instructional materials for HIV/AIDS programme.

K.I.E is the body that provides teaching materials for the schools; it should therefore design the required teaching learning materials, which are appropriate for all levels in

primary and secondary schools. These materials include books, mass media programs, and syllabus of in serving teacher-training programs. Assessment and evaluation guides should be provided which help the learners to do intend learning activities. Materials should be designed in a way that teachers will teach towards achieving the required aims and objectives as provided in the content. There should be room for improvisation of materials by both teachers and the learners but the government should bear the burden of extra-added cost of instructional materials beside free primary school education introduced in the year 2003.

The budget allocated does not cater HIV/AIDS programme, only little amount is spared to purchase some resources and training of teachers. This is made worse by the introduction of free primary education that not only affected quality of education but also in-service training of teachers and supply of teaching resources to schools which require to implement the programme successfully. However, implementation depends on the attitude towards the programme. It is in doubt whether the head teachers are able to influence the teachers to implement the programme (Osewe, 2002).

2.11 Attitudes towards HIV/AIDS

Stigmatization and discrimination has increased the spread of HIV/AIDS. We all have deeply held ideas about life and sometimes we may be wrong. We have to be open to having our ideas and prejudices challenged and this requires a high degree of honesty and openness, which is difficult. Infected persons do not disclose their illness neither is

it announced during their burial when they die. Such persons are less likely to seek psychological support as they are convinced that they are more likely to be denied the support if they seek for it and this make them to be traumatized until they die.

Stigmatization has been made worse by the view that HIV/AIDS is self-inflicted through people's choice of behaviour. The pandemic is associated with sexual behaviour that makes the issue hard for discussion in public places, which would otherwise safe some victims. Some teachers have negative attitudes towards the disease and may not be willing to teach topic while others might be infected and traumatized (Chukwu, 2003).

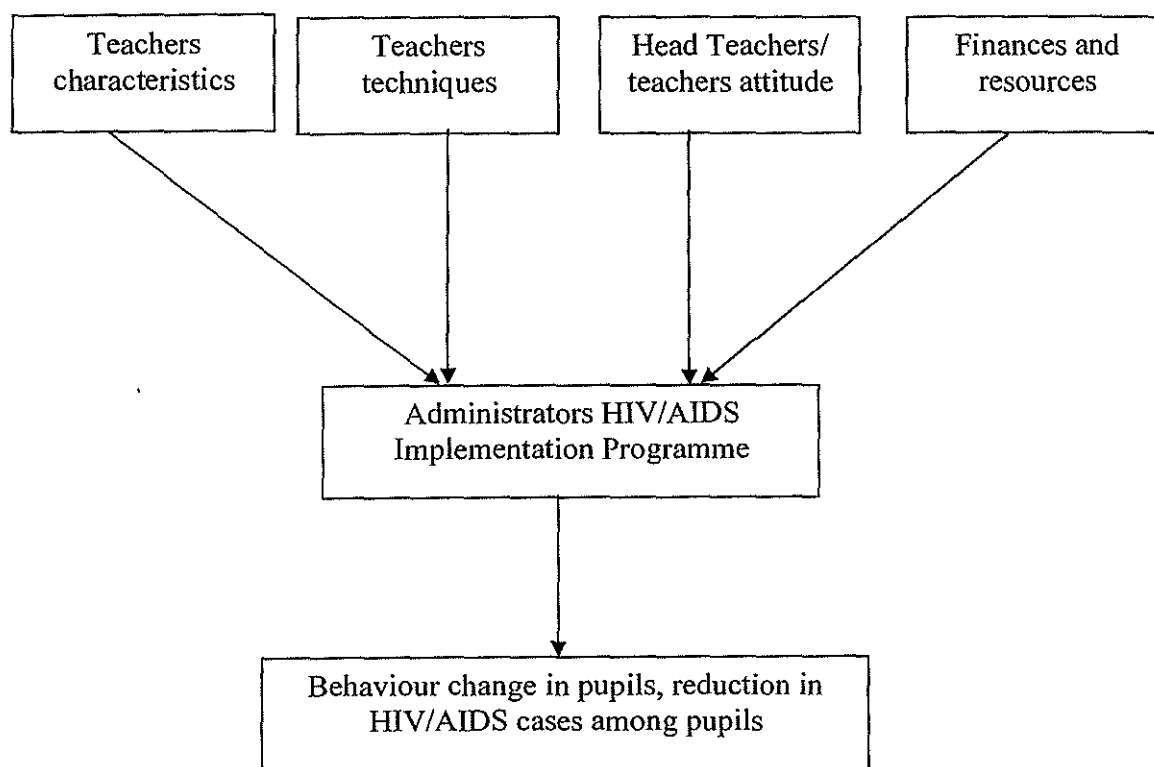
The stigma attached to HIV/AIDS is associated with sinful way of life and has shunned many teachers from discussing it. It is also likely to create a feeling of uneasiness especially to such teachers and learners whose parents and relatives are victims of the disease Children from the slums are more affected than those from well to do areas such that when a teacher mention the term HIV/AIDS they become psychologically affected.

Some care for their ailing parents while others are orphans
(Lampety, 2002).

2.12 Conceptual framework

The researcher emphasizes on the implementation of HIV/AIDS programme and positive attitude toward the programme. Adequate instructional materials are required in order to acquire knowledge, skills and positive attitude towards among the head teachers and teachers. Once these are acquired, the head teachers will be able to influence the teachers to implement the programme with ease. Ignoring the programme due to lack of teaching resources and negative attitude and concentrate on examinable subjects, does not help the learners to overcome challenges associated with the disease and would make them change their behaviours.

Figure 1 Conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The section presents the research methodology used to study the constraints faced by head teachers while implementing HIV/AIDS education programme in primary schools in Kamukunji Division. It describes the research design, target population, sample and sampling procedures, research instruments, validity and reliability of the instruments, data collection procedures and data analysis techniques.

3.2 Research design

This study was conducted using survey research methods. Survey research is defined by Kerlinger, (1973) as a method that studies large and small population or universal by selecting and studying the samples chosen from the population to discover the relative incidence, distribution and interrelations of sociological and psychological variables. He adds that survey research focuses on people, vital facts about people and their beliefs, opinions, motivations and behaviour. It therefore involves systematic collection of data of an entity, or a group of entities or operations and drawing conclusion from the data. The rationale behind the selection of the design was that it allowed the researcher to explore the existing extent of HIV/AIDS pandemic without manipulating the variables.

3.3 Target population

The target population in the study was all primary school head teachers in Kamukunji Division. There were 26 public and private schools in the division. Due to their number all the schools were used in the study.

3.4 Sample and sampling

The researcher used all the 26 headteachers in both public and private schools.

3.5 Research instruments

The research instrument for the study was a structured questionnaire. The questionnaire instrument was used for the head teachers because it gave them time to answer the questions especially when a question required a sensitive answer. It had items which were mostly close ended and few open ended questions.

The head teachers filled the questionnaires which were collected at the agreed date and time.

3.6 Instruments validity.

Content validity was established by conducting a pilot study. About five cases that represent almost the same population were used in a pre-test in adjacent Starehe Division which had the same characteristics with the division under the study. Three headteachers were used for the pilot study. The pilot study helped the researcher to identify the items in the research instruments that were ambiguous. Such items were modified in order to improve the quality of the instruments and its validity.

3.7 Instruments reliability

Reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trial (Mugenda and Mugenda, 1999). After administering questionnaires in the pilot study the researcher used split half method as indicated by (Nachimias and Nachimias, 1976). This involved splitting the Likert Type items into two, one half of even numbers and the other of odd numbered items. The correlated results value provided the internal constituency of one-half that is degree to which the two halves of the test are equivalent or consistent in terms of items. The even numbered item were correlated using Pearson's correlation coefficient formulae, which gave correlation of the half test. To get reliability of the whole test, Brown prophecy formulae will be applied.

$$R = \frac{2r}{1+r}$$

$$1+r$$

Results of the reliability

Reliability Coefficients

N of cases = 5.0

N of items = 16

Correlation between forms = .7169 Equal – length Spearman-Brown = .8351

Guttman Split – half = .8158 Unequal –length Spearman-Brown = .8351

8 Items in part 1

8 Items in part 2

Alpha for part 1 = .8171

Alpha for part 2 = .7728

3.8 Data collection procedure

The reliability sought authority to conduct the research from the Ministry of Education and other relevant authorities like Director of City Education. Permission to conduct research was granted from the schools concerned where the researcher then proceeded to seek audience with the headteacher. A request was made to the head teacher in each school to serve them with questionnaires. The researcher explained the purpose of the study to the head teachers who were the main respondents. Distribution of the questionnaires was done and adequate instructions given to the respondents. Confidentiality of the information provided was assured. Questionnaires were collected from the head teachers on the agreed day and time.

3.9 Data analysis techniques

Orodho (2005) defined Data Analysis as the process of systematically searching and arranging completed research instruments after fieldwork, with the aim of increasing ones understanding them and hence enabling one to present to others. Methods of analyzing the data included tables, bar graphs and percentage tabulation.

After the data was collected, it was checked for completeness and accuracy after which it was transferred and analyzed using the statistics.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter focuses on the return rate of the questionnaires, demographic information of the respondents, data presentation interpretation and discussions of the findings. Data is presented in frequency distribution tables. The presentations were done based on the research questions.

4.2 Questionnaire return rate

Questionnaire return rate is the proportion of the questionnaires returned by the respondents after being given to fill. The sample for the study consisted of 26 head teacher, out of 26 head teachers who were issued with questionnaires to fill, 24 (92.3%) return rate hence; this was deemed usable and adequate for the study.

4.3 Administrative constraints facing implementation of HIV/AIDS programme.

4.3.1 Situation of HIV/AIDS in primary schools

To investigate the methods and techniques used in teaching HIV/AIDS programme, the study sought to find out the situation of HIV/AIDS and the schools. The headteachers were therefore asked whether they were aware of HIV/AIDS programme in schools, all the headteachers responded that they were aware of the HIV/AIDS programme in schools. Majority of them further indicated that there were pupils in their schools who had been infected by the disease in which 17 (70%) said that they were between 1 and 10 pupils, 4 (16.7%) said that they were between 11 and 20 and 3 (12.5%) said they were between 31 and 40 pupils infected by the disease. All the headteachers also said that there were pupils who had been affected. This situation in the schools is one of the reasons

why the HIV/AIDS programme ought to be taught in school in which some of the infected pupils may benefit. Asked whether they had been trained on HIV/AIDS after being appointed to headship, 12 (50%) said they had been trained against the same number who had not been trained.

The study also sought to find out the personal characteristics of teachers handling HIV/AIDS programme implementation in primary schools. The headteachers were therefore asked to indicate whether the teachers in their schools were aware of the programme. Findings revealed that all of them were aware of the programme. Asked whether teachers were trained in HIV and AIDS, 3 (12.5%) said they were against 21 (87.5%) who said teachers had not been trained. The headteachers further said that teachers in their schools had been adequately prepared in handling HIV and AIDS as reported by 87% of the respondents. All the headteachers (100%) further reported that teachers occasionally attended HIV and AIDS seminars.

4.4 Methods and techniques used in teaching HIV/AIDS programme.

The study sought to establish the methods and techniques used in teaching HIV/AIDS programme. The headteachers were therefore asked to indicate whether the programme was taught differently from other subjects, in this item, 3 (12.5%) said it was taught differently while 21 (87.5%) said it was not. Respondents who indicated that the programme was taught differently said that affected pupils were given more attention. All headteachers said that HIV/AIDS had time set for HIV/AIDS programme in the schools.

The headteachers were asked to indicate some methods that were used in teaching HIV/AIDS programme in schools. Data indicated that 11 (45.8%) said they used discussions, resource persons, lecture and also used electronic methods such as videos.

Majority of the respondents 17 (70.8%) said that the programme was handled according to the level of the pupils. This, they said that it was done by grouping pupils according to ages and use of language that pupils could understand. Fifteen (62.5%) of the respondents indicated that they invited resource persons to schools to talk to the school population on HIV/AIDS. The headteachers also responded that there were sensitizations done on HIV/AIDS to the teachers in their schools by some organizations. This was indicated by 13 (54.2%) of the headteachers against 11 (45.8%) who said that such sensitizations were not there. These sensitizations were done each term. A majority of the headteachers 17 (70.8%) said that there were special programmes in their schools concerning HIV/AIDS for pupils. These special programmes were such as videos and drama. However findings showed that majority of the schools did not have specialized people compared to the number of learners in the schools. This was revealed by 15 (16.25%) of the respondents against 9 (37.5%) who said that they had.

4.5 Strategies put in place to facilitate implementation of the programme.

The study also sought to identify strategies put in place in facilitation of the programme in schools. The headteachers were therefore asked to indicate whether they had peer programmes on HIV/AIDS for their schools. Data indicated that 21 (87.5%) had against 3 (12.5%) who did not have. The same number of respondents also said that they has guidance and counseling programmes on HIV/AIDS in their schools. Asked to indicate

whether they had strategies for enhancing proper implementation of other programmes that they had in their schools, 15 (62.56%) said they had involved the community who took part in inviting guest speakers to schools. The headteachers further indicated that some individuals and NGO's such as life skills, AMREF, Peer Educators, Guidance and Counseling groups and Youth Against Aids (YAA) were some of the groups that are invited in schools to enhance programme implementation. These findings were reported by 15 (62.5%) of the respondents.

4.6 Headteacher's attitude towards HIV/AIDS programme implementation.

The study sought to establish the attitude of the headteachers towards HIV/AIDS implementation in schools. The headteachers were therefore asked to indicate the extent to which they agreed or disagreed with some statements. Their responses are presented in table 1.

Table 1 Attitude of teachers towards HIV/ AIDS programme

Statement	SA		A		U		D		SD	
	f	%	F	%	f	%	f	%	f	%
AIDS education will assist young people to avoid infection	17	70.8	7	29.2	-	-	-	-	-	-
AIDS education is one of the strategies of curbing The spread of the HIV/AIDS scourge	15	62.5	2	8.3	7	29.2	-	-	-	-
AIDS education is a misplaced subject in school	-	-	3	12.5	-	-	6	25	15	62.5
AIDS education should be allocated time in the school timetable.	9	37.5	15	62.5	-	-	-	-	-	-
There are other ways of influencing behaviour Change among students, other than teaching HIV/ AIDS education	6	25	9	37.5	6	25	3	12.5	-	-
In service courses are important for teaching AIDS education in school	18	75	6	25	-	-	-	-	-	-
HIV/AIDS education should be examinable in the School curriculum	6	25	7	29.2	4	16.7	-	-	7	29.2
HIV/AIDS education is easy to integrate in my teaching subjects	11	45.8	6	25	4	16.7	3	12.5	-	-
Teachers need training to handle HIV/AIDS Education	11	45.8	13	54.2	-	-	-	-	-	-
Time used in to teach HIV/AIDS related issues 45.8	3	12.5	-	-	-	-	10	41.7	11	
Can be used for academic related subjects	-	-	6	25	-	-	11	45.8	7	
AIDS education should be a separate subject in the syllabus 29.2	-	-	6	25	-	-	11	45.8	7	
AIDS education should be taught by trained teachers	6	25	11	45.8	-	-	7	29.2	-	-
There are enough resources for teaching 37.5	-	-	3	12.5	-	-	12	50	9	
HIV/AIDS										
HIV/AIDS is a waste of time and resources	-	-	-	-	-	-	6	25	18	75
The syllabus is already congested there is no need for introducing programme	-	-	-	-	-	-	6	25	18	75
There are many other ways of educating the 45.8	-	-	-	-	6	25	7	29.2	11	
Pupils on HIV/AIDS without implementing it in schools										

Responses on the headteachers indicated that majority 17 (70.8%) strongly agreed that HIV/AIDS education will assist young people to avoid infection, 15 (62.5%) strongly agreed with the statement that stated that HIV/AIDS education is one of the strategies of curbing the spread of HIV/AIDS scourge, they also they also agreed that AIDS education should be allocated time in the school timetable as indicated that 9 (37.7%) who strongly agreed and 15 (62.5%) who agreed. A majority of 18 (75%) strongly agreed that In-service courses are important for teaching HIV/AIDS education in school. Still a majority of the headteachers 11 (45.8%) strongly agreed and 13 (54.2%) agreed that teachers need training to handle HIV/AIDS Education. The headteachers also agreed that HIV/AIDS education should be taught by trained teachers as indicated by 6 (25%) who strongly and 11 (45.8%) who agreed with the statement.

The headteachers disagreed with the statement that HIV/AIDS is a waste of time and resources as indicated by 12 (50%) who disagreed and 9 (37.7%) who strongly disagreed with the statement. The same number of headteachers disagreed with the statement that stated that syllabus is already congested there is no need for introducing HIV/AIDS programme and majority also disagreed with the statement that there are many other ways of educating the pupils on HIV/AIDS without implementing it in schools as indicated by 7 (29.2%) who disagreed and 11 (45.8%) who strongly disagreed. These findings show that the headteachers had a positive attitude towards the programme.

4.7 Problems faced by headteachers while implementing HIV/AIDS programme in primary schools.

The study also aimed at identifying the challenges that headteachers faced HIV/AIDS implementation in the schools. The headteachers were therefore asked whether there were challenges that affected the infected and/ or affected pupils in the schools. All of them (100%) indicated that there were. Asked to indicate some of the challenges that they experienced, 7 (29.2%) reported that there was a lot absenteeism, 9 (37.5%) said that the infected or the affected pupils suffered stigmatization, low self esteem, lack drugs and poverty, 8 (33.3%) of the headteachers said such pupils lacked proper nutrition and poor concentration in school. All these factors affected the pupils learning in schools.

The headteachers were also asked to indicate whether the school management was involved in the HIV/AIDS programme. In this item, 21 (87.5%) said that they were involved in provision of materials, physical and human resources. Asked to rate the involvement of the government in facilitating the programme implementation, 3 (12.5%) said it was involved, 10 (41.7%) said that they were just involved while 11 (45.8%) said the government was slightly involved.

Some of the challenges that the headteachers encountered in the programme implementation were lack of materials, lack of syllabus and lack of other resources. Headteachers also indicated that they lacked adequate time for teaching, lacked finances and also negative attitude among the teachers. It was also reported that there was lack of personnel for proper implementation of the programme. These findings are presented in Table 2.

Table 2. Challenges faced by headteachers

Challenges	Frequency	
Percent		
Lack of materials, lack of syllabi, lack of resources	3	12.5
Lack of time, finances and negative attitude	3	12.5
Lack of trained personnel	3	12.5
A combination of above challenges	15	62.5
Total	24	100.0

The headteachers were also asked to give suggestions for effective implementation of HIV/AIDS programme implementation. They suggested that there was need for provision of necessary, resources, such as books and personnel. It was also suggested that there was need to allocate more time in the school timetable, need to make the subject examinable, there was also need to have in-service for teachers, availability of training and having workshops and seminars for pupils and teachers on HIV/AIDS.

4.8 Summary of the findings

Findings have revealed that schools in Kamukunji Division had a problem of HIV/AIDS disease where some pupils in the school were affected. Majority of the teachers according to the responses of the headteachers had not been trained on HIV/AIDS programme and had not been adequately prepared to handle the programme in their schools.

The findings have also revealed that the programme was taught differently from other subjects, in using discussions, resource persons, lecture and also used electronic methods such as videos and handling the programme according the levels of learners. Videos, drama and having banners and artistic work on school walls were used for sensitization.

Schools however did not have specialized people to handle the programme. Findings also revealed that the headteachers had a positive attitude towards the programme. The headteachers saw the programme as beneficial to the pupils and the whole school.

Findings have also revealed that headteachers faced some challenges in the implementation of the programme. These challenges included lack of resources both physical and financial, such as lack of books, electronic gadgets, brochures related to the programme. Other challenges included lack of support from some teachers and others not taking the programme seriously since it was not examinable.

CHAPTER FIVE

SUMMARY OF RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter focuses the summary of the findings of the study and conclusions. It is also concerned with recommendations and suggestions for further research.

5.2 Summary of the findings of the study.

The findings of the study revealed that lack of training on the part of headteachers on HIV/AIDS hampered the implementation of the programme. The findings also manifested that the schools used, discussions, resource persons, lectures and electronic methods such as videos to implement the programme. Drama and having banners and artistic work on school walls were used for sensitization.

The findings revealed that the headteachers had positive attitudes towards the programme. It was also revealed that headteachers faced challenges in the implementation of the programme. The affected and infected pupils posed a challenge to the headteachers. Other challenges included lack of resources both physical and financial. For example schools did not have adequate resources such as books, electronic gadgets, brochures related to the programme.

The findings further revealed that schools did not have finances to pay for guest speakers or even for hiring public addresses system and electronics for whole school shows. Lack of support from other teachers, taking the programme seriously since it was not examinable, was another challenge encountered by the headteachers in programme implementation.

5.3 Conclusions

From the research findings in challenges faced by administrators in implementing HIV/AIDS programme in primary schools in Kamukunji Division it can be concluded that head teachers were faced with numerous obstacles in the proper implementation of HIV/AIDS programme. It was also concluded that primary schools in Kamukunji Division were not fully prepared for the implementation of the HIV/AIDS programme. This was brought about by the fact that majority of the head teacher and teachers had not received training on HIV/AIDS .Training is an essential component for any implementation of a programme. This could be a major hindrance in the proper implementation of the HIV/AIDS programme.

The study also concluded that schools did not have adequate teaching and learning resources. This included some schools not having the syllabus which is a very essential component of teaching and learning .Schools that do not have the syllabus may not teach what is required. The study hence pointed for a need to have the basic elements put in place such as availing the necessary resources needed for the implementation of the programme.

Lack of finances hindered schools from organizing seminars for teachers and pupils. Whole school shows on HIV/AIDS, payment for resource persons and acquisition of basic necessities for the programme. The study also revealed that the attitude of the respondents was positive. This means that HIV/AIDS programme was seen as an important component in the school programme. Attitude plays a major role in teaching and learning.

5.4 Recommendations

Based on the above findings it was recommended that:-

1. Based on the findings that head teachers had not been trained, the study recommended that the government through the Ministry of Education should put in place the necessary strategies for the implementation of the HIV/AIDS programmes in primary schools. This should include training the head teachers and teachers who are the programme implementers in the school.
2. Based on the finding that schools did not have necessary teaching and learning materials, the study suggested that the government through the Kenya institute of Education should suggest and avail the necessary teaching and learning materials for easier implementation of the HIV/AIDS programme.
3. Based on the finding that schools did not have specialized teachers in the area, it was recommended that there is need for institutions that train teachers, to prepare and equip them with necessary skills for proper implementation of the HIV/AIDS programme.
4. Bases on the finding that schools did not have finances, the government through the constituency Development Fund (CDF) should come up and assist schools financially to enhance programme implementation.

5.5 Suggestions for further research

Taking the limitations and delimitations of the study, the following were suggested for further study.

1. An investigation on the impact of HIV/AIDS on academic performance in primary schools. This is expected to bring out findings on the effect of HIV/AIDS on academic performance.
2. A study on the attitude of teachers and students on HIV/AIDS in primary schools. The findings of such study would be important identifying how attitudes affect implementation of HIV/AIDS programme.
3. This study was carried out in Kamukunji Division of Nairobi province which is an urban set up. There is need to carry out a similar research in other districts preferable rural to establish what challenges are faced in those areas.

REFERENCES

1. ADEA, (2001, October – December). *The Virtues of Policy Dialogue. Vol.13, No.4*
2. Aduda, D. (15th February, 2001). *Economics indicators against employment of more teachers*, Daily Nation. Nairobi.pg.8. Nairobi: Nation Media Group.
Africa. Effectiveness of condom promotion and health education among the prostitutes. Lancet.
3. Barnet T. and Blaikie. P. (1992). *AIDS in Africa; Present and Future Impact.* Toronto; John Willy and Sons.
4. Chukwu, C. N. (2003). *Applied ethics and HIV/AIDS in Africa; "A Philosophy Discourse."*
5. Hubley, (1993). *Communicating Health. An action Guide to Health Educational and Health Promotion.* London: Macmillan.
6. Johnson et al, (1998). *Heterosexual Transmission of HIV/AIDS . (Supplement 2).*
7. Johnson, T. (1999). *Adolescents High Risk Behaviour. The HIV/AIDS Risk. Population Communication Africa*, November issue No. 21.
8. Kerlinger, F. N .(1967). *Foundation of Behaviour Research.* New York University Chicago Press.
9. Kijabe Printing Press. Nairobi, Kenya.
10. Lamprey, P. (Ed.). (2002). *Facing HIV/AIDS Pandemic, Population Bulletin.* New York Raven Press Limited. Vol.57. No. 3.

11. Muasya F. (2007). *Challenges faced by Administrators in Implementing HIV/AIDS Curriculum in Secondary Schools in Central Division of Machakos District, Kenya*: Unpublished M. Ed Research Project, University of Nairobi.
12. Murrah, W. and Kiarie, W. (2001). *HIV/AIDS Facts that could change your life*. Nairobi: English Press Limited.
13. NACC, (2001). *How do parents and children talk about HIV*. Office of the President.
14. Nachimias, D. and Nachimias, C. (1976). *Research methods in social sciences*. St. New York: Martins press.
15. Ngugi, E.N. et al. (1998). *Prevention of transmission of Human Immunodeficiency Virus in*
16. Nyakuta, B. (2002 June 3rd). AIDS studies, yet to take roots in schools.
17. Okumbe, J. (2001). *Human Resource Management. An educational perspective*. Educational Development and Research Bureau, Nairobi, Kenya.
18. Osewe. P. (25th March, 2002). "Government Order on HIV/AIDS." East African Standard, Nairobi. Pg.11. Nairobi: Standard Group Ltd.
19. Republic of Kenya, (1997). *Ministry of Health. Sessional paper No.4*. Nairobi: Government Printers.
20. Republic of Kenya, (2002). *National Development Plan 2002 – 2008*. Nairobi: Government Printers.
21. Shindu, J. and Omulando, S. (1992). *Curriculum And Practice In Kenya*. Nairobi Oxford University Press. Eastern Africa.

APPENDIX B

QUESTIONNAIRE FOR THE HEADTEACHERS

This questionnaire is aimed at collecting information about the constraints faced by headteachers in implementing HIV/AIDS programme in Kamukunji Division. The information you give will be of benefit to the researcher in accomplishing her academic goal. Please respond to the items to the best of your knowledge and as truthful as possible.

The information you give will be held in total confidence and used for the purpose of the study.

Constraints Faced in Implementation of HIV/AIDS programme.

1. Are you aware of HIV/AIDS programme in schools?

Yes ()

No ()

2. a). Do you have some pupils infected by HIV in your school?

Yes ()

No ()

b. If yes, roughly how many

1-10 pupils ()

11-20 pupils ()

21-30 pupils ()

31-40 pupils ()

41-50 pupils ()

51 and above ()

Not applicable ()

3. After your appointment as a head teacher were you given any induction on HIV/AIDS education implementation?

Yes ()

No ()

4. Are the teachers in your school aware of the programme?

Yes ()

No ()

5. a). Are your teachers trained in HIV/AIDS programme?

Yes ()

No ()

b.) If yes, do you think they are adequately prepared to handle HIV/AIDS

Yes ()

No ()

6. Do your teachers occasionally attend HIV AIDS training and seminars?

Yes ()

No ()

7. What do you think are the attitudes of the teachers towards the HIV/AIDS programme?

Positive ()

Neutral ()

Negative ()

8. a). Do you think the HIV/AIDS is taught differently from other subjects in your school?

Yes ()

No ()

b). If yes please explain

9. Is there time set for HIV/AIDS programme in the school timetable?

Yes ()

No ()

10. What are the methods used to teach HIV/AIDS programme in schools?

Discussion ()

Demonstration ()

Use of resource person ()

Lecture ()

Field visits ()

Any other please specify _____

11. How do you think HIV/AIDS programme is taken by teachers since it is not examinable like other subjects?

12.a). Do you receive resource persons in your school to talk to the school population on HIV/AIDS?

Yes ()

No ()

b). If yes, how often do you receive them?

Weekly ()

Monthly ()

Termly ()

Annually ()

c). How many of them come on each visit _____

14 a). Are there any sensitizations done on HIV/AIDS to teachers in your school by any organizations?

Yes ()

No ()

b) If yes, how often are they done ?

Weekly ()

Monthly ()

Termly ()

Annually ()

13. a) Do you have special programmes in your school concerning HIV/AIDS for the pupils?

Yes ()

No ()

b) If yes, give examples _____

14. Do you have Guidance and Counselling programme on HIV/AIDS for the pupils?

Yes ()

No ()

15. a) Is the programme handled according to the levels of the learners?

Yes ()

No ()

16. a) If yes please explain _____

b) Are there challenges facing the affected or infected pupils by HIV/AIDS in your school?

Yes ()

No ()

c) If yes what are some of these challenges

17. Does your school have an AIDS Syllabus?

Yes ()

No ()

18. Do you have adequate instructional materials in your school for the teaching of the programme?

19 a) Is the school management involved in the HIV/AIDS programme implementation?

Yes ()

No ()

b) If yes, how does the school management committee assist in the implementation of HIV/AIDS education programme?

20. a) Are there individuals ,groups or any Non- Governmental Organization addressing the challenges faced by the learners who are either infected or affected?

Yes ()

No ()

b) If yes please list them down

21 a) Do you have the necessary financial resources for the HIV/AIDS implementation?

Yes ()

No ()

b) Please explain

22. How do you rate the government involvement in facilitating the programme implementation?

Very involved ()

Involved ()

Slightly involved ()

Not involved at all ()

23 a) Please indicate the extent to which the programme is beneficial to the pupils

Not beneficial at all ()

A little beneficial ()

Moderately beneficial ()

Beneficial ()

High beneficial ()

b) Please explain your answer

24 Indicate the adequacy of the following resources in your school towards teaching HIV/AIDS education.

Resources	Adequate	Not adequate	Not available
Electronic equipment			
Audio visual aids			
Magazines on HIV/AIDS			
Brochures on HIV/AIDS			
Posters on HIV/AIDS			

25. Following are statements regarding the teaching of HIV/AIDS. Please indicate whether you agree, disagree or are neutral to the statement.

KEY:

SA Strongly Agree

A Agree

U Undecided/Uncertain

D Disagree

SD Strongly Disagree

Statements	SA	A	U	D	SD
1. HIV/AIDS Education will assist young people to avoid infection					
2. HIV/AIDS Education is one of the strategies of curbing the spread of the AIDS scourge					
3. HIV/AIDS Education is a misplaced subject in school					
4. HIV/AIDS Education should be allocated time in the school timetable					
5. There are other ways of influencing behaviour change amongst students, other than teaching HIV/AIDS Education.					
6. In service courses are important for teaching HIV/AIDS Education.					
7. HIV/AIDS Education should be an examinable subject.					
8. HIV/AIDS Education is easy to integrate in my teaching subject.					
9. Teachers need training to handle HIV/AIDS Education.					
10. Time used to teach HIV/AIDS related issues can be used for Academic subjects.					
11. HIV/AIDS Education should be a separate subject in the syllabus.					
12. HIV/AIDS Education should be taught by trained teachers.					
13. There are enough resources from teaching HIV/AIDS Education in school.					
14. HIV/AIDS is a waste of time and resources.					
15. The syllabus is already congested there is no need for introducing HIV/AIDS programmes.					
16. There are many other ways of educating the pupils on HIV/AIDS without implementing it in schools.					

26. What challenges do you face as a head teacher while implementing HIV/AIDS in your school?

27. What do you think should be done to effectively implement HIV/AIDS in primary schools?

Thank you for your cooperation.