

THE EFFECT OF TRAINING OF TEACHERS ON THE IMPLEMENTATION OF HIV AND AIDS EDUCATION IN SECONDARY SCHOOLS IN HAMISI SUB-COUNTY IN KENYA

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ABSTRACT

So far, HIV and AIDS has no cure and no vaccine, but education has been termed as a 'social vaccine' due to the important role it can play in the fight against HIV and AIDS. This is so because education empowers individuals with appropriate skills and knowledge that can fight HIV and AIDS. According to United Nations joint programme on HIV and AIDS (UNAIDS) released in July, 2008, Kenya had been dropped from the list of most successful countries in Africa in controlling the spread of HIV and AIDS. The purpose of the study was to establish the effect of training on implementation of HIV and AIDS education in secondary schools. Descriptive survey research design was used in this study. The sample of 19 teachers and 122 teachers was selected through stratified and purposive sampling techniques. Data was collected by use of questionnaires. Data from questionnaire was analyzed using descriptive statistics where frequencies and percentages were used. The findings revealed that most teachers had undergone HIV and AIDS training. The study recommends that the Ministry of Education and the Teachers Service Commission should facilitate more training of teachers on the management and control of HIV and AIDS, hence improve the provision of HIV and AIDS education.

Introduction

Kenya has marked more than a quarter of a century since the first HIV and AIDS case was detected in the country, those who came out early and initiated efforts to create awareness about the disease are looking at those moments and sharing their views. As a country, we have a huge opportunity to make a difference. All that is needed is coordinated leadership upholding the

culture of inclusion and bring together everyone on board– including the government, NGOs, private sector and the community (Ouma, 2010).

Kenya's fight against HIV and AIDS epidemic has recorded a boost arising from the increase of funds the country has attracted to help in financing HIV and AIDS control, prevention and management over the years. According to the Kenya Country Report prepared by the National Aids Control Council (NACC) to the 2010 United Nations General Assembly Special Session on HIV and AIDS (UNGASS), the amount of resources available for the national response has been increasing in the recent years. The increase in funding was noted after a comprehensive Kenya National Aids Spending Assessment (KNASA) conducted by NACC to track actual HIV and AIDS spending from public, international sources – including bilateral, multilateral and private sources. The report, which indicates that bilateral donors contributed over 70 percent of the funds coming in to aid the country in the fight against HIV and AIDS, states that data collection covered public, external and private spending including funds channeled through the government budget system. The NACC report to UNGASS states that the proportion of distribution of spending by intervention over the past three years has not recorded any significant changes. It states that HIV and AIDS care and treatment still takes the highest proportion of funds (about 55 percent) followed by prevention at about 25 percent with programme management taking about 10 percent while interventions targeting orphans and vulnerable children (OVC) taking about 7 percent (ibid). HIV and AIDS has continued to kill people at their most productive age leaving in its wake helpless children, many of whom have now assumed parental responsibilities over younger siblings. The World Health Organization (WHO) had anticipated that the number of infected people in Kenya would rise to 2.6 million by 2005, up from 2.2 million in 2000, before going to 2.9 by 2010 (Mbaria, 2008).

Education has a key role to play in preventing HIV and AIDS and in mitigating its effects on individuals, families, communities and society. Children and the youth have been disproportionately affected by the epidemic. Levels of infection are at peak in the 15 to 24 years age group and the impact on families, households and communities is often even harder in young people. In Kenya, the pandemic is a major challenge and that is why it was declared a national

disaster in 1999. The pandemic has impacted adversely on the education sector and affects quality, access, equity, supply and demand for education services (Republic of Kenya, 2004).

Some 2.4 million pupils have become victims of HIV and AIDS and are orphaned after their parents die of the disease. Most of those orphaned are now tasked with taking care of their homes and some have dropped out of schools due to challenges they faced including stigma and discrimination and poverty. A high number of girls and women are the most affected due to HIV and AIDS pandemic and unless quick measures are taken most of them would quit schools because of the responsibility of taking care of their siblings. A report compiled by Ministry of Education spells gloom for orphaned children. The study “HIV and AIDS Impact on Education Sector In Kenya” noted that quality service delivery in schools is affected by mortality and high rate of teacher absenteeism and reduced morale due to stigma (Daily Nation, 2012).

For the education sector to respond effectively, there is need to develop a policy framework for addressing HIV and AIDS issues because they affect the entire education and training systems. It is also estimated that more than 4,302 teachers in public schools are dying annually. This is half the number of teachers leaving the profession by natural attrition every year (Ngare, 2007).

Hamisi Sub-County has one of the highest HIV and AIDS prevalence rate at 10.5 percent (NAAC, 2007). The high prevalence puts the secondary school students at greater risk of infection, since they are sexually active and fall within the most vulnerable group, which is age 15 – 49 years. The teachers are supposed to implement HIV and AIDS education in schools, yet policy makers are not sure of their knowledge and understanding of the tasks ahead

Cottrel (2001) observed that teachers must bring with them their experiences and establish opportunities for the students by giving advice, guidance and support. They are also better placed to offer alternatives to the students identifying priorities, setting targets and time-scale in order for them to achieve their goals. They must be able to manage motivators and inhibitors and organize resources for eventual success of the students in the education cycle. It is therefore imperative to understand the role of teachers in prevention and control of HIV and AIDS in secondary schools.

Another report on UNAIDS has shown that anti-retroviral drugs, which dramatically slow down the effect of HIV and AIDS for years and can prevent mother-to-child transmission are now available to nearly 50 percent of all the people across the East African region. There has also been a dramatic increase in the number of health clinics available to diagnose HIV and AIDS prevalence across the region. Overall the joint UNAIDS, UNICEF and WHO report says that more than 4 million people in low and middle income countries were receiving Anti-retroviral Therapy (ART) at the close of 2008, representing a 36 percent increase in one year and a ten fold increase over 5 years (Paul, 2009).

HIV and AIDS-related illness is the leading cause of death and disease among women of reproductive age in Africa. Globally, unsafe sex is the single leading risk factor contributing to death, a World Health Organization report says. The report titled: “Women and Health: Today’s Evidence, Tomorrow’s Agenda”, states that in a multiplicity of areas in Africa, female health is neglected. It adds that the neglected areas must be addressed urgently (Mangoa, 2009). According to Hind (2010), stigma and discrimination has made people wary of being tested in Africa leading to only 10 to 14 percent of the 400,000 people infected with HIV and AIDS in North Africa get treatment. The epidemic remains a touchy subject in the region’s conservative societies due to its correlation with unprotected premarital and extramarital sex, men having sex with men without condoms or prostitution and intravenous drug use.

All efforts must be geared towards ensuring that HIV and AIDS infection does not continue to paint a gloom picture on the African continent. With HIV and AIDS, an entire generation will be wiped out. According to UNICEF report (2006), all efforts including community organizations must be strengthened to help care for children and fight stigma of HIV and AIDS which pushes many infected and affected children to the lowest margin of the society, at the moment of their greatest need. The surging number of HIV and AIDS orphans in Africa will become even harder for serving parents or extended families to care for them. Therefore, greater help from the local and international community is needed (Kahura, 2006).

Despite the major strides that have been made in prevention and control of HIV and AIDS, the pandemic still has a solid grip in the country. The government knowing that the war against the

HIV and AIDS pandemic is yet to be won, continue to lead the fight. One goal was to reduce the prevalence rate to less than 5 percent by 2010 (NACC, 2005). HIV and AIDS in Kenya has provided Kenyans with insights into the complex, two way relationships between HIV and AIDS and development and has deepened our understanding of its exceptional nature as both a short term emergency and a long term development issue. The Medium Term Plan 2008 – 2012, the first in a series of successive five year medium term plans to implement vision 2030 whose vision is to make Kenya a middle income country, providing high quality life for all its citizens by the year 2030, acknowledges that HIV and AIDS continues to pose a serious health and socio – economic challenges (Mohammed, 2009).

According to Mohammed (2010) KNASP III: 2009 and10 – 2010and13, has four pillars covering: Overall policy co-ordination, strategic information and accountability; Health sectors HIV services; community based HIV programmes; sectoral HIV mainstreaming and cross cutting issues. First, the health sector HIV and AIDS Service Delivery Pillar will ensure that ministries responsible for health play a key role in delivering universal access to prevention, care and support services and that all the HIV and AIDS programmes among health sector partners are coordinated under one framework. Second the sectoral mainstreaming of HIV pillar will mainstream HIV and AIDS in public and private sectors by addressing both the root causes and effects of the epidemic. Third the community based HIV and AIDS Programme will enhance community capacity towards universal access and strengthen the social transformation into HIV competent society.

As Kenya moves towards achieving Vision 2030 and with the new constitution in place, all efforts must be directed towards reducing stigma and discrimination. A recent study by Action Aid in 430 households in three districts in rural Western Kenya, found that 74 percent of respondents felt that, people living with the virus got a punishment for immoral behavior. Extent and impact of stigma and discrimination on women and children infected or affected by HIV and AIDS, the survey found more than 50 percent of the participants were unwilling to share a meal or eat food cooked by HIV and AIDS positive person. Others said they were not ready to share household utensils. A report by The Kenya Demographic and Health Survey (KDHS) 2008 – 09 discovered that, women were found to harbour less accepting attitudes towards people living

with HIV and AIDS compared to men (Okwemba, 2010). It is hoped that proper implementation of HIV and AIDS education in the secondary school curriculum can be used to address some of these concerns about stigma and discrimination.

Objectives of the study

- i) To establish the level of training of teachers in secondary schools.
- ii) To find out the status of training of teachers on HIV and AIDS education.
- iii) To establish the effect of status of training of teachers on implementation of HIV and AIDS education in schools.

Methodology

The study used descriptive research survey design. Descriptive research studies are designed to obtain pertinent and precise information concerning the current status of phenomena and whenever possible to draw valid general conclusions from the facts discovered. Survey design is recommended in educational research because it gathers data from a relatively large number of cases at a particular time and is essentially cross-sectional (Kothari, 2003; Kerlinger, 2004, Lokesh, 2004). Descriptive research survey design was appropriate because it led to collection of data on teachers' level of training and how this would affect implementation of HIV and AIDS education in secondary school curriculum. The study used questionnaires for data collection.

The study was conducted in secondary schools of Hamisi Sub-County. The target population was 35 principals and 349 teachers in 35 secondary schools. The sampling unit was the school and the individual (teacher and principals). This is an acceptable practice in sampling design for social sciences (Kothari; 2003). A total of 122 teachers (34%) were sampled by simple random sampling for each school that took part in the study. Nineteen schools representing 54 per cent of the population were selected to be involved in the study. The sample size was based on Fraenkel and Wallen (2009) recommendations of a minimum of 100 respondents to be used for descriptive studies involving less than 1 000 study population.

Using simple random sampling, the study involved a sample of 12 mixed schools, 3 boys' schools and 4 girls' schools

Construct and content validity of the questionnaires were determined by experts in the area of study. Pearson Product-Moment Correlation Coefficient(r) was used to test reliability of the questionnaire, as it is the most often used and most precise. The computation gave co-efficient of correlation(r) as 0.77. This correlation coefficient (r) of halves was correlated by Spearman-Brown Prophecy formula. The total reliability for the teachers' questionnaire was therefore 0.82. This was high and within the acceptable standards and therefore the teachers' questionnaire was reliable instrument to use. For easy analysis of data, Statistical Package for Social Sciences (SPSS) version 21 was used.

Findings and discussion

Findings and the discussions derived from the study are presented in this section.

Academic Qualification of Teachers

The study undertook to discover the type of teaching force in Hamisi Sub-County based on academic qualification. This is indicated in Figure 1 below.

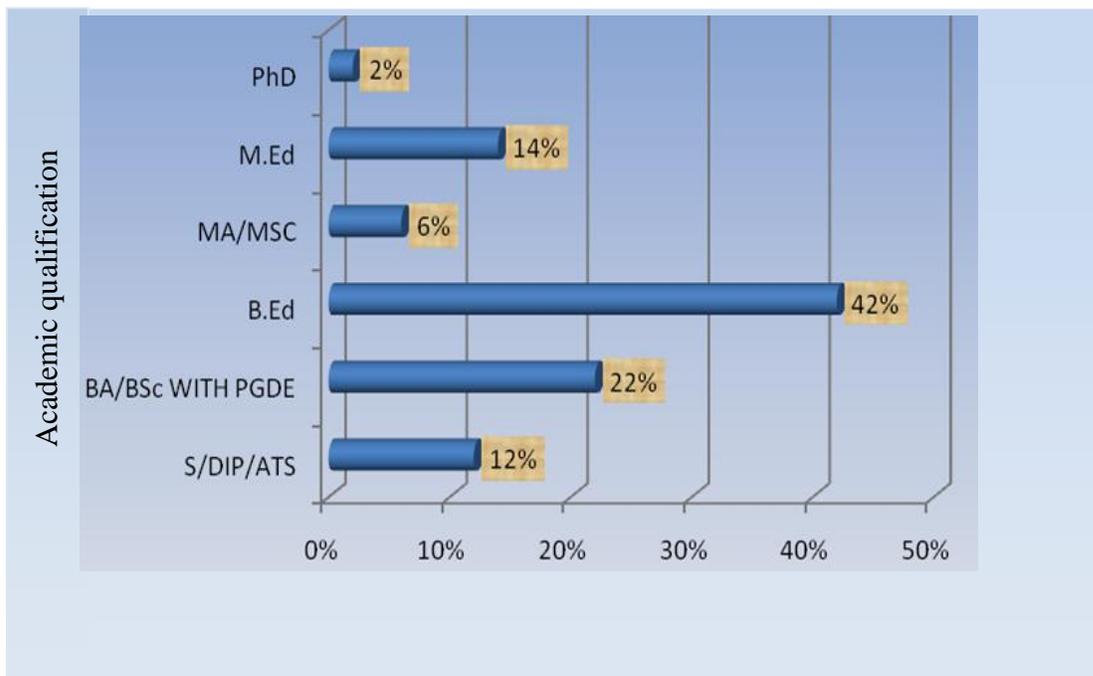


Figure 1: Highest Academic Qualification of Teachers

From Figure 1, the lowest academic qualification of the teachers is PHD at 2% (3 teachers) and followed by masters in Science at 6% (6 teachers). Notably, most of the teachers had bachelors of education degrees at 42% (51 teachers).

It is evident from the academic qualifications of the teachers that the implementation of HIV and AIDS education in school curriculum should be done without a lot of problems. It is hoped that most of the teachers had come across issues dealing with HIV and AIDS either from the training or by interacting with their peers in various levels.

Seminar Attendance and Induction

The teachers were asked to indicate if they had attended any seminars on HIV and AIDS education while the principals were to indicate if they had been inducted on HIV and AIDS education. Teachers' and principals responses on seminar attendance are discussed under.

Seminar Attendance by Teachers

Responses of teachers on seminar attendance is summarized in Figure 2, interpreted and discussed below.

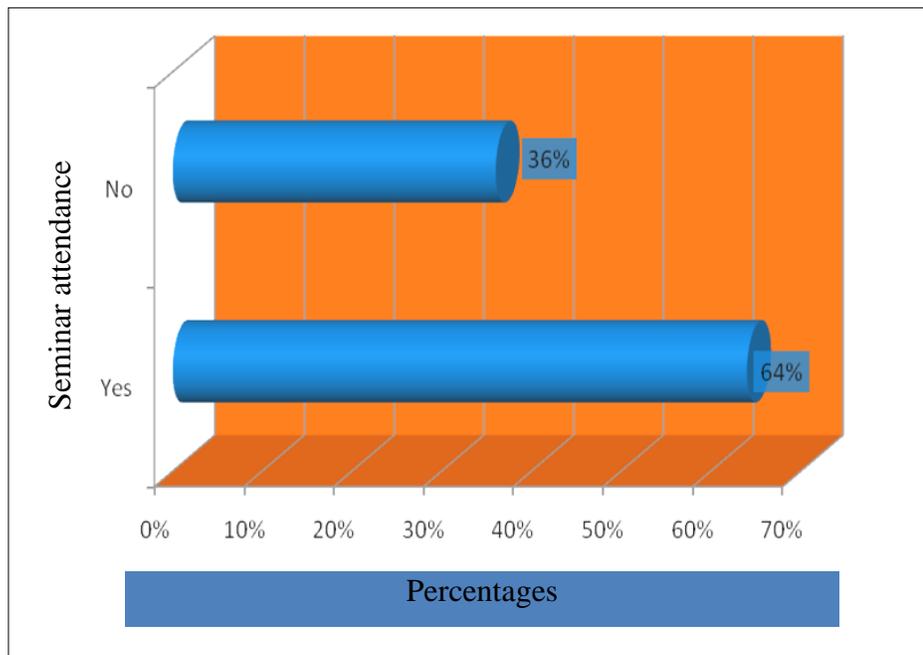


Figure 2: Attendance of Seminars by Teachers

On attendance of seminars, sixty four percent (78 teachers) had attended, while 36 percent (44 teachers) had not attended. Non – attendance of seminars was due to a number of reasons ranging from personal to administrative issues. Most of the teachers had been given certificate of attendance or participation. Ministry of Education should intensify provision of seminars, thereby enhancing teachers understanding of HIV and AIDS and its effects on the education sector.

Induction of Head teachers on HIV and AIDS Education

Induction of principals on HIV and AIDS education is summarized in Figure 3, interpreted and discussed below.

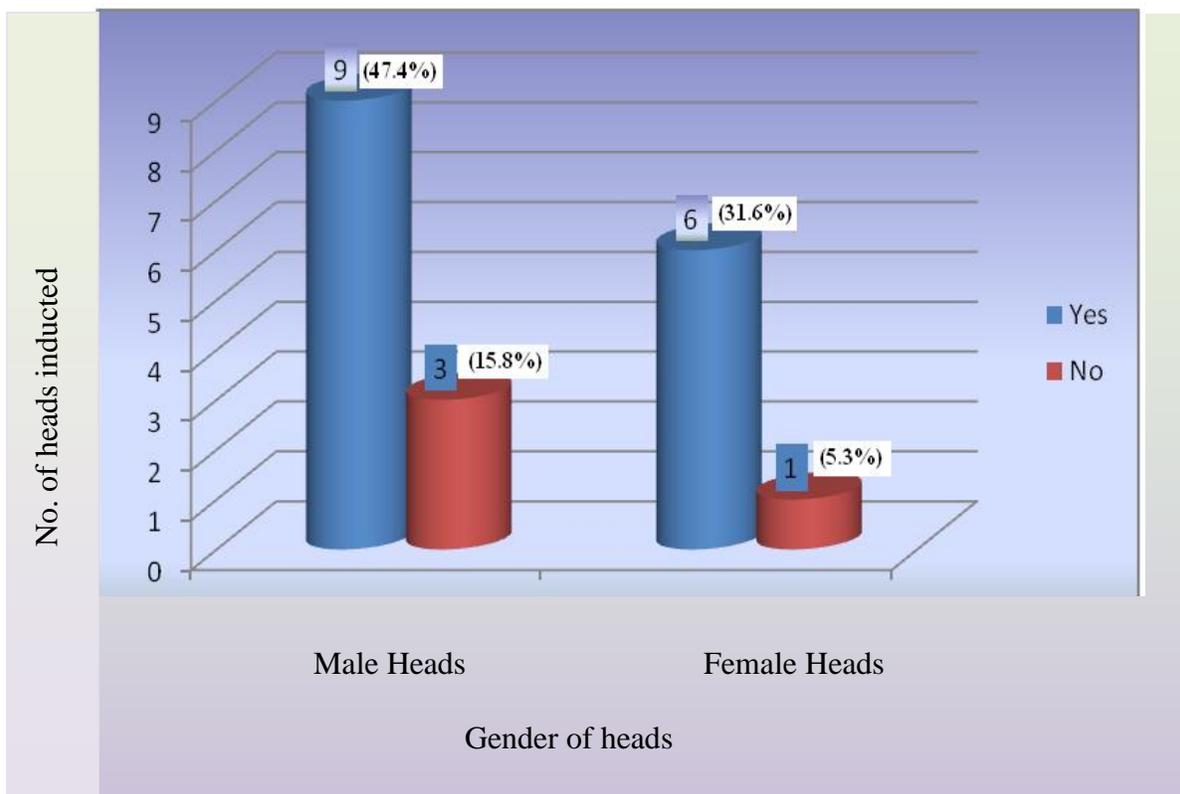


Figure3: Induction of Head teachers on HIV and AIDS Education

As revealed in Figure 3 on induction of principals, 9 of them (47.4%) were males while 6 (31.6%) were females. On non – induction, 3 of them (15.8%) were males while 1(5.3%) was female. The male respondents were significantly more than the females. This could be an indication of more men heading schools and willing to share information on HIV and AIDS.

From the findings above, not all principals captured in the study had attended induction courses on implementation of HIV and AIDS in school curriculum. Such induction courses should be made compulsory because principals play a big role in ensuring the success of HIV and AIDS curriculum in secondary schools.

4.4.3 Duration of Seminars

The teachers were required to indicate how long the seminars took. Their responses are summarized and indicated in Figure 4.9 below.

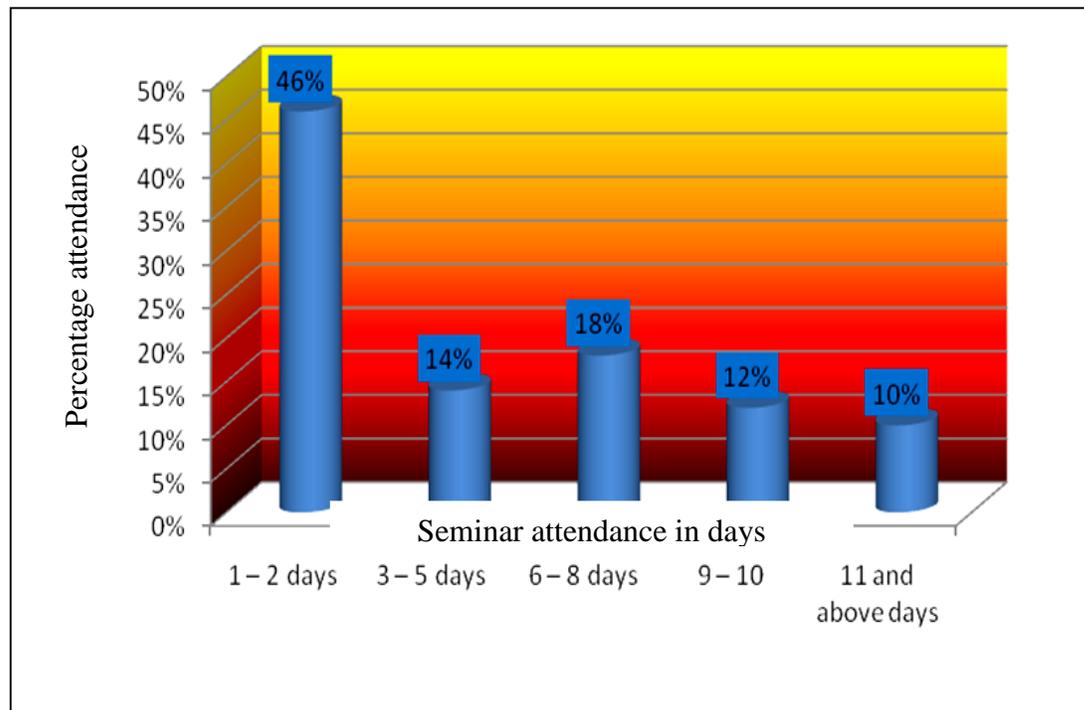


Figure 4: Duration of Seminars

As indicated in Figure 4, 46% of the seminars took 1 – 2 days, 18% 6 – 8 days, 14% 3-5, 12% 9-10 and 10% took 11 and above days. The findings reveal that most of the seminars took 1 – 2 days representing 46%. This clearly shows that the training for teachers on the teaching of HIV and AIDS education was inadequate. The teachers required more training which is hoped would shape their attitude aimed at reducing the spread of HIV and AIDS. Proper training will empower the teachers and perhaps develop into them positive attitude. Eggen and Kauchak (2001) see positive attitudes being fundamental to effective teaching and

learning. Ehindero and Ajibade (2000) view teaching as a process of continuous self discovery and hence the importance of training.

CONCLUSIONS AND RECOMMENDATIONS

The study established that:

- i. Most of the teachers had attended training on HIV and AIDS related issues.
- ii. Most of the principals had attended seminars on the management and control of HIV and AIDS.
- iii. The teaching of HIV and AIDS education could be hampered by lack of training among the teachers. Only 78(64%) teachers had attended training, while 44(36%) teachers lacked training on HIV and AIDS education.
- iv. Some teachers did not have training on HIV and AIDS

The study recommends that:

- i. There was need to ensure that all teachers have knowledge on HIV and AIDS which could be passed to students hence mitigate against the effects of HIV and AIDS.
- ii. The Teachers Service Commission and the Ministry of Education to ensure that all teachers and students have the current information on the management and control of HIV and AIDS and its impact on the education sector.
- iii. The Teachers service commission and school sponsors need to take a leading role in provision of training on the management of HIV and AIDS both to the teachers and learners.
- iv. The period of training for teachers should at least be a week. This would enhance effective training for proper implementation.

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