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TEACHERS AND EDUCATIONAL ADMINISTRATION PREPAREDNESS FOR IMPLEMENTATION OF THE INTEGRATED HIV/AIDS EDUCATION IN PUBLIC PRIMARY SCHOOLS IN KISUMU TOWN, KENYA

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ABSTRACT: *The purpose of this study was to investigate Teachers and Educational Administration Preparedness for Implementation of the Integrated HIV/AIDS Education in Public Primary Schools in Kisumu Town, Kenya. The study adopted an expost-facto survey study design. The study area was Kisumu Municipality with the target population being 114 public primary schools. Thirteen schools (13) representing 10% of public primary schools in the municipality were sampled for the study. The Municipal Education Officer, Quality Assurance and Standards Officer, head teachers and the Teacher in Charge were selected each purposively for the study. Teachers who participate in the implementation of the programme were simple sampled randomly; two (2) from each school giving 26 (50%) teacher respondents. A ratio of 10% percent was used to arrive at the number of pupil respondents in each school. Data were gathered through questionnaires, interview schedule and observation checklist. Quantitative and qualitative data analysis techniques were utilized. Data from questionnaires were analyzed in frequencies and percentages using SPSS. The major findings of the study indicate that a majority 28 (53.8%) of the respondents claimed that they had not undergone training in HIV education and 40 (76.9%) of the respondents said that they had never attended a seminar on HIV/AIDS. The study recommends careful selection of media among the available resources for effective teaching and learning process in HIV/AIDS education.*

KEYWORDS: Preparedness, Implementation, Integrated HIV/Aids Education

INTRODUCTION

The subject of HIV/AIDS continues to draw the attention of policy makers and all people infected or affected by it. Among the people affected are children and youth. Whiteside and Sunter (2000) note that by 1999 there were more than 2.6 million deaths from HIV/AIDS and that about 50% of all people who acquire HIV become infected before they turn 25 and typically die before their 35th birthday. In Africa, it was estimated that at the beginning of 2000, 23.3 million people would have HIV/AIDS in Sub-Saharan Africa. Whiteside and Sunter (2000), however, argue that there are plenty of things that can be done to prevent it from spreading further and ameliorate the impact of increasing sickness and death among those already infected. In Kenya, the first case of HIV/AIDS was reported in 1984. Since then, the country's prevalent rate now stands at 10.2 percent of the total population of 30 million people with nearly 2.5 million people already infected with the deadly virus (UNAIDS, 2001). The statistics show that the magnitude and the impact of HIV/AIDS is a major public health problem and a challenging problem.

Moodley (2002) says that, when teachers are trained and have the skills to handle the children with special needs, they normally gain courage in their work. Awareness on various disabilities makes them have positive attitudes towards the learners. Teachers can experience greater job satisfaction and a higher sense of accomplishment when ALL children are

succeeding in school to the best of their abilities (UNESCO, 2004d). Teaching thus becomes a joy, not a chore. A Study by Council for Exceptional children (CEC) in 2003 (CEC, 2003d) in Eastern Europe indicated that most teachers agreed that one of the key areas in ensuring education for CWDs was catered for was to equip the teachers with the basic knowledge and skills on handling the children with special needs. This could be done through training of teachers in special needs education. It was important to find out whether teachers in regular primary schools had acquired this training, as well as to find out their fundamental role towards the inclusion of the children with special needs in regular primary schools. According to the United Nations Development Programme (UNDP) report (2002), the Human Development Index in Kenya is likely to fall by the year 2010 due to HIV/AIDS pandemic. These are dangerous trends to human survival as the deadly bug is likely to deplete and extirpate national resources. Hence there is need to establish a stronger partnership of the government through the education sector.

In the year 2000, 189 world leaders agreed on an eight-point plan for community development known as Millennium Development Goals (MDG's). The sixth point in the MDG's is to reverse the spread of HIV/AIDS, Malaria, and Tuberculosis by the year 2015 (UNAIDS, 2001). HIV/AIDS is to be given the first priority as its infection trend is at an alarming rate (UNAIDS, 2001). Other actions taken towards this are to provide Voluntary Counseling services, Anti-retroviral drugs, and intensifying HIV/ AIDS awareness campaigns. Towards this end, HIV/AIDS Education has been integrated into the primary education curriculum in Kenya with a view to imparting the knowledge, skills and attitudes that may help to promote safer sexual behaviour. According to Kelly (2000), a major policy objective for the integration of AIDS programme in primary education is to use the education sectors potential to slow down the rate of new HIV infections, help its members come to cope and support those among them who have been bereaved by HIV/AIDS.

Whiteside and Sunter (2000) reported that by mid June 1996, 65,647 cases of HIV/AIDS were reported. This is just a quarter of the real number that is 2,000,000. Interestingly, Shilts, (2000) reveals that a large proportion of these cases were reported among the youth aged as early as ten years for the girls and thirteen years for the boys. Thus, children of this age have been found to engage themselves in multiple sex partners (Ibid). It is in the light of such findings that the current study sought to evaluate the effectiveness of the HIV/AIDS education programme in primary schools.

Statement of the problem

The bleak prospect is that "Over the next decade, AIDS is estimated to kill more people in Sub-Saharan Africa than the total number of casualties lost in all wars of the 20th century combined" (UNAIDS, 2001:5). For a social service sector like education, this scenario has massive consequences. What these consequences are can be gleaned from an examination of the potential multiple effects of HIV/AIDS on the education sector, with special attention to the formal school system. This is because those charged with education – teachers, parents and students are falling victims to HIV/AIDS. But equally, education provides reason for hope, education has the potential to stem the apparently advance of the epidemic and assist in coping with its casualties. This research was based on the view that the introduction and effective implementation of AIDS education syllabus especially at primary school level is a good measure to combat the epidemic. The Ministry of Education in Kenya realized the potential in education sector and introduced a syllabus on AIDS education to be taught in schools and colleges as one of the approaches to create awareness of HIV/AIDS among the

young adults. Based on this criterion this study sought to answer the question: Is the integrated HIV/AIDS education programme in primary school syllabus comprehensive and effective enough to create awareness and sensitize the youth on HIV/AIDS in Kisumu Town?

The study objective

The study sought to achieve the following objective

i. To establish the preparedness of the teachers and educational administration for the HIV/AIDS Education programme in public primary school in Kisumu Town.

Research question

The study sought to answer the following research question

i. How prepared are the teachers and educational administration for the implementation of the integrated HIV Aids Educations in public primary school in Kisumu Town?

Study Design

The study adopted an expost-facto survey study design that sought to investigate the study variables without manipulating any of them nor tampering with them in an attempt to understand, describe and explain how well the HIV/AIDS programme is implemented in primary schools and how the implementation affects the pupils' attitudes and sexual behavior. According to Mugenda and Mugenda (1999), this design is a systematic inquiry where the researcher did not have direct control of the independent variables because their manifestation has already occurred.

Target Population

The study targeted public primary schools in Kisumu Municipality numbering 114.

a list of public primary schools was obtained from the M.E.O's office (Appendix xi) The respondents for the study were the education stakeholders in the Town who included one Municipal Education officer (MEO), one Quality Assurance and Standards Assurance Officer (QASO), thirteen Head teachers (13), twenty six Teachers in Charge of the integrated programme and standard eight pupils in the primary schools (78) totaling 132 respondents.

Sampling for the Study

Warwick and Lininger, (1975) argue that, "The main factor considered in determining the sample size is the need to keep it manageable enough. This enables the researcher to derive from it detailed data at an affordable cost in terms of time, finances and human resource (Mugenda et al, 1999). Mugenda and Mugenda (1999) further suggest that for descriptive studies, 10% of the accessible population is considered enough. A stratified random sampling and purposive sampling techniques were used to identify the schools, which participated in the study. Thirteen schools (13) representing 10% of the total public primary schools in the municipality were sampled for the study. A stratified simple random sampling and purposive sampling techniques were used to identify the schools which participated in the study. The public schools were purposively selected and assigned numerals which were then written on a small piece of paper and balloted, as per zone.

MATERIALS AND METHODS

The study adopted an expost-facto survey study design that sought to investigate the study variables without manipulating any of them nor tampering with them in an attempt to understand, describe and explain how well the HIV/AIDS programme is implemented in primary schools and how the implementation affects the pupils' attitudes and sexual behavior. The study targeted public primary schools in Kisumu Municipality numbering 114. The respondents for the study were the education stakeholders in the municipality who included one Municipal Education officer (MEO), one Quality Assurance and Standards Assurance Officer (QASO), thirteen Head teachers (13), twenty six Teachers in Charge of the integrated programme and standard eight pupils in the primary schools (78) totaling 132 respondents. A stratified random sampling and purposive sampling techniques were used to identify the schools, which participated in the study. Thirteen schools (13) representing 10% of the total public primary schools in the municipality were sampled for the study. The public schools were purposively selected and assigned numerals which were then written on a small piece of paper and balloted, as per zone. This ensured that each participant had an equal chance of being selected. This gave an average of 6 pupils sampled randomly in each school leading to a total of 78 pupil respondents.

METHODS OF DATA COLLECTION

This study employed the use of questionnaires, interview schedule, observation and document analysis to collect the required data. The study was both qualitative and quantitative in nature. The tools used were observation, questionnaires, interviews and document analysis. Two questionnaires were designed for the teachers and pupils. An interview schedule was designed and responses were sought from Head Teachers, the Municipality Education Officers, and the Quality and Standards Assurance Officer regarding the teaching/learning of the integrated HIV/AIDS education programme in public primary schools and their input in facilitating the implementation of the programme. These instruments of data collection were utilized because the research approach was descriptive. The method is recommended for data collection through the questionnaires or observation checklist for purposes of seeking information about a given phenomenon (Kerlinger, 1993). In order to test the reliability of the instrument used in the study, the test- retest method was used. The questionnaire was administered twice within an interval of two weeks in a different site in the same setting as the study. Twenty pupils and five teachers from neighboring Busia District were selected for the pilot study. To determine the coefficient of stability the Pearson product moment correlation formula was used. Best and Khan (1989) suggest that product moment correlation (r) is mostly used because of its precision. The value of r was 0.81 according to the correlation while the expected value was 0.67.

Data Analysis methods

Based on the data collection instruments, quantitative and qualitative data analytical techniques were utilized. Data from questionnaires were analyzed in frequencies and percentages using Statistical Package for Social Sciences (SPSS). Qualitative data from the questionnaires were analyzed in themes and categories identifying similarities and differences that emerged. Qualitative analysis included presentation of quotes from different respondents and recording verbatim what some respondents said. The themes emerging from secondary

data were identified to augment the primary data. SPSS was used to generate frequency distribution tables. The tables and descriptions were for four categories of respondents. These were the pupils, HIV/ Aids Education teachers, the head teachers the M. E O and Q.A.S.O. The responses were grouped under themes as shown in the chapter 4.

In each table, the number of responses per item indicated the measures of tendency (mode and means). Their percentages were computed and then used in the detailed analysis in chapter four along side description of the interviews responses. A descriptive statistical method was adopted to calculate the percentages. Chi – square X^2which is a non-parametric test was used to measure data on nominal scales.

Findings, Analysis and Interpretations

The main focus of this chapter is the presentation, analysis and interpretation of the results of the research. This section presents the analysis and data collected from six categories of respondents used in the study. These were primary pupils, the teachers in charge of the HIV/AIDS education programme, the municipal education officer, quality assurance and standards officer and the head-teachers. Data were obtained through observation, questionnaires, interview schedules and analysis of documents.

Respondent's Demographic Information

The researcher found it paramount to establish the gender of the respondents. the majority 30 (57.7%) of the teacher respondents were male. This implies that there are more male teachers in primary schools in Kisumu Municipality than there are females. Concerning the pupils, it was established that there were more boys than girls in most of the schools that were sampled. This could be pegged to either the social- cultural practices of some African communities who do not value girl Education as compared to boys. A significant population 25 (48.1%) of teacher respondents were aged between 26 – 35 years. The findings above clearly indicate that the majority of the teachers are middle aged . This could be because teacher training colleges in most cases take only two years training compared to secondary school colleges which take a minimum of four years. In fact, a significant 15 (28.8%) of the respondents strongly supported the argument above. In addition, admission to primary teacher colleges is not rigorous like for secondary schools. That means that one can join directly after graduating from high school as far as one is qualified. This is directly opposite of teacher education in secondary schools where most candidates have to wait for two years before they are admitted even though they are qualified. This is because of the scarce resources in the university to cater for the booming prospective teachers. This research, however, does not rule out the fact that now-days even primary school teachers are university educated, the point is that in most cases a secondary school teacher will spend more time in college than his/her primary school counterpart. the majority 63 (80.8%) of the pupils population are aged between 11 – 15 years

The majority of the pupils in the age group 11-15 years represent the normal cases but there was a significant 15 (19.2%) of the total pupils population being aged above 15 years. It was established from this gap that some were as old as 20 years. Assuming on normal cases, that a pupil joins nursery school at age five, it is expected that primary pupils from class four to class eight lie between ages 10 – 15 years. Hence the extent of hitting 20 years and still in primary school partly beckons the glaring reality of the damning effects of HIV/AIDS in Kisumu Municipality besides other causes. It emerged that 23 (44.2%) of the teachers were

Diploma holders, 16(30.8%) were P1 teachers while 9 (17.3%) had O-level qualifications. Only, 4 (7.7%) were degree holders. This implies that a significant majority of the teachers are qualified enough to be teaching at the present level. In most cases, primary teacher education includes two years in college before being posted to a school or looking for employment. It, therefore, does not escape the researcher to note that quite a significant number of teachers are properly trained as stipulated by the primary teacher education programme. In addition, some teachers possessed a primary teacher certificate while others had an O-level certificate. This group presents the glaring reality in Kenya of inadequate

Preparedness of Teachers

One of the objectives of this study was to establish teacher preparedness as regards the implementation of the HIV/AIDS education programme. Preparedness of teachers may imply qualification, willingness to participate and experience of the teacher which would go a long way in ensuring effectiveness of the teacher in the classroom. Table 1. Shows the distribution of percentage on the qualification of teachers in surveyed schools. The table indicates the fifty two (52) teachers identified for the present study 23(44.2%) were diploma holders 16(30.8%) had a primary teacher certificate (P1), 4(7.7%) had obtained University education while only 9(17.3%) were untrained o-level school leavers. This shows that almost all the AIDS education teachers were professionally qualified and therefore should have some positive impact on the teaching of HIV/AIDS education programme in primary schools. The researcher went further to establish the type of experience the teachers had in the teaching profession. Table 4.6 shows the distribution on percentage in the teaching experience the teachers had. According to the findings of the study, a significant 39 (75.0%) of the respondents had a teaching experience of 6-15 years. This results are shown in the table below;

Table 1 Distribution of Teachers Responses on Teaching Experience

Teaching experience (year)	Frequency	Percent
below 5	5	9.6
6 – 15	39	75.0
16 and over	8	15.4
Total	52	100.0

This implied that most of the teachers had adequate experience to be placed in the care of pupils. Experience is often termed in the same breadth with responsibility and expertise. As a result, some of these teachers have identified effective teaching strategies and instructional media which can also be applied in the teaching and learning process of the integrated HIV/AIDS education programme. As such, teachers with experience are an asset in the implementation of the programme.

Teaching is a complex task as it is easy. One needs to have the right skills and attitude to make learning take place. Learning is viewed as a two-way approach whereby the contribution of the teacher as well as the pupils is of paramount importance to the teaching-learning process. As a result, the researcher sought to establish if teachers were trained to teach HIV/AIDS education. Table 2 presents information on responses on training The study found out that only 20 (38.5%) of the teacher respondents had undergone training in HIV/AIDS education.

Table 2 Teachers Responses on HIV/AIDS Training

Response	Frequency	Percent
Yes	20	38.5
No	32	61.5
Total	52	100.0

This implies that the government has tried to a large extent to implement the programme by making sure that the main implementers know what they are doing. It should be understood that only properly trained teachers have the capacity to effectively implement the HIV/AIDS education programme in the public primary schools. It was however established that 32 (61.5%) of teacher respondents had not undergone training in preparation for the implementation of the HIV/AIDS education programme. This implies that even though some teachers may be willing to teach HIV/AIDS in their classrooms, they did not possess the right skills to enable the teaching-learning process to take place effectively. It was further established through interview that even those who had attended training had only received information on transmission and nature of HIV/AIDS but not necessarily on the methodology, this becomes challenging given the fact that methodology goes hand in hand with subject matter. Apart from training, teachers are supposed to be well versed with the latest information regarding HIV/AIDS. Therefore, the researcher sought to establish if these teachers do attend in service training and seminars on HIV/AIDS education. From table 4.8 it emerged that, the majority 40 (76.9%) of the respondents had never attended a seminar on HIV/AIDS.

Table 3 Teachers Attendance of Seminars

Attended training	Frequency	Percent
Yes	12	23.1
No	40	76.9
Total	52	100.0

This implies that most teachers in public primary schools may be inadequately prepared to teach HIV/AIDS education in the classroom. Untrained teachers are bound to be inefficient in class and will be of little help to the pupils in matters concerning HIV/AIDS education and creating awareness among pupils. If a bigger percentage of teachers posses the essential training, their teaching would have a positive impact on creating awareness through the teaching of HIV/AIDS.

The researcher was also interested in finding out who the sponsors or organizers of the in-service courses were. The results were as presented in table 4.9 where the majority of those who had attended 12(23%) reported that most of the seminars they attended had been organized by NGOs. The Ministry of Education itself had done little in that only 4(7.7%) responded to that item that the Ministry through the office of the M.E.O had organized for in services training.

Table 4 Source of Sponsorship for In -Service on HIV/AIDS

Sponsor	Sponsor		Freq	Per %
Organizers of In-service	Office of the M.E.O		4	7.7
	KIE		0	0
	NGOs	WOFAK	11	21.2
		World Vision	12	23.0
		SANA International	9	17.3
	Ministry of health		7	13.4
	PSABH		9	17.3

From the above table, it can be concluded hat non-governmental organizations NGOs carried the bulk of 32(61.5%) of the sponsorship of the in-service courses for teachers handling the programme. The Ministry of education on the other hand had done little. Only 4(7.7%) of the seminars and in-service courses had been sponsored by the Ministry. It is possible to deduce from these findings that teachers had a limited number of sponsorship for in-service training sessions. This conclusion coincided with the findings on the availability of teaching materials were donations from other department especially NGOs rather than the core department of the ministry of Education.

After establishing the qualifications and training of the teachers, the study sought to determine the distribution of teaching subject correlating of the teachers of HIV/AIDS education programme. It was noted that in integration approach, a teacher killed two birds using one stone as the topic on HIV/AIDS was integrated and became part and parcel of the corner subject. According to the primary school syllabus and a view of the class text, it was revealed that English, Kiswahili, GHC, Mathematics and Science acted as carrier subjects and had HIV/AIDS education content.

Table 5 shows the responses of teachers on subjects that acted as carriers of the HIV/AIDS Education content.

Table 5 Responses on Carrier Subjects Teachers

Teaching subject	Frequency	Percentage
Mathematics	6	11.5
Language (Eng/Kisw)	16	30.8
GHC	11	11.5
Science	19	36.5
Total		100

The table indicates that a majority 19(36.5%) of the respondents were science teachers. Only 11(11.5%) of the respondents had taught through GHC. The researcher was of the opinion that the HIV/AIDS content could be better taught as an art subject. In carrier subjects like Christian religious education, social studies and other arts oriented subjects than as a science. This explains why it was not being very effective. The subject of HIV/AIDS, according to the researcher has more to do with the social aspects of life as compared to science

As has already been discussed before in the first objective it can be deduced that teachers only had a limited number of in-service training sessions from non-professionals in education except the municipal education officer. This conclusion coincided with the findings on the availability of teaching resources as shall be seen later in this chapter, whereby most of the

teaching/learning materials were donations from other departments rather than the core departments of the ministry of education science and technology. This scenario puts one in dilemma over the research objective two: whether the teachers and educational administrators were adequately prepared to handle the integrated HIV/AIDs Education programme.

The interview schedule revealed that the head teachers, the QASO and MEO who are expected to offer technical advice to the teachers in implementing the HIV/AIDS education were also not prepared before handling the subject. They were inadequately prepared. They too confirmed that most teachers had attended in-service training only once except a few who happened to have been selected on the basis of the position they held in schools and their teaching subjects. The teachers who attended these services were expected to return and brief other teachers of their findings. This can not be regarded as an in-service training.

It is also important to note that in-service courses were not available in time to the teachers leaving them with no support on the implementation of the changes in the new curriculum. This is an observation as can be seen in table 4.11. Where teachers cited their source of knowledge on HIV/AIDS very little if any can be attributed to the Ministry of Education. From the analysis in this section, it can be concluded that there was little in-service of teachers so as to equip them with the necessary skills and knowledge on the new developments on HIV/AIDS in the initial stages.

The educational administrators were also not adequately prepared to handle the integrated HIV/AIDS education. Besides, there are no AIDS education professionals to facilitate effective coordination of the programme. The above scenario may lead to ineffective implementation of the HIV/AIDS education programme. But it should also be noted that teachers on their own part have an extra mile of getting crucial information concerning HIV/AIDS from various sources as shown in Table 6 which should actually be applauded. , The table reveals that majority of teachers had several channels through which they got information on HIV/AIDs that could assist them in teaching as opposed to waiting for the Ministry of Education to provide them with information vital for the teaching of the programme.

Table 6: Teachers' Source of Knowledge on HIV/AIDS

Source	**Percentage**
Films	38.8
News papers	36.4
Posters and billboards	30.4
Peers	25.0
Church/mosques	23.7
School	17.0
Parents	12.7
Radios	8.7
Health-workers	4.7
Experience	2.6

It emerged from the study that the majority 28 (53.8%) of the respondents claimed that they had not undergone training in HIV/AIDS education and 40 (76.9%) of the respondents said that they had never attended a seminar on HIV/AIDS. Vermund et.al (2002) asserted that workers' productivity is increased by learning new skills and perfecting old ones while on the job. Teachers acknowledged that they were not trained to teach HIV/AIDS education. The

teachers were not in-serviced for the implementation of the programme. Only a handful, especially the teachers in charge of the programme, had attended some seminar and was supposed to brief the others upon their return to the station. We cannot call this training and therefore lack of preparedness to handle the programme which culminates to lack of clarity and awareness.

Education certainly is important for all aspects of economic and social development especially for a developing country whose structure of the economy is changing (Fernandez, 2000). The ideal teacher training, among other things, exposes the student-teacher to a variety of current teaching theories and methods. In addition, good teacher training even as regards HIV/AIDS education continues after training. Good training is therefore not a one-time affair but a continuous process in which the teachers' skills are continually updated. The study demonstrates that a majority of teachers were not trained to teach HIV/AIDS education programme in schools. This could be probably an explanation as to why the programme had not had much impact on the pupils' sexual behaviour. The findings revealed that most of the teachers' inadequacy of skills and relevant knowledge prepares the pupils for failure (Achoka, 2003). Achoka argues that, teachers' skills and preparedness towards the subject matter being taught goes a long way in enhancing effectiveness of the teaching-learning environment in the classroom. Therefore, for effective learning to take place teachers must be fully prepared, understand the subject and have the willingness to undertake the task.

CONCLUSION

In conclusion, the teachers were not well equipped for the programme despite the high professional qualifications of HIV/AIDS education teachers, lack of pre-service and in-service training in HIV/AIDs education had greatly hampered the successful implementation of HIV/AIDS education programme. The in-service courses could have become handy because most teachers were inexperienced in handling the programme which was actually a new phenomenon. Those educational administrators especially the MOE through the QASO appear to provide little/no assistance to teachers implementing HIV/AIDS Education programme. This they attribute to the challenges already discussed earlier. That generally both the teachers and pupils had a positive attitude towards the integrated HIV/AIDS education programme and learning these concepts had positively impacted the learners' attitudes towards sex and their sexual behavior.

Way forward

All teachers should be trained on HIV/AIDS awareness campaign as part of their training programme; they should thus be properly prepared through training and in-service courses to handle the programme. Such programmes would offer teachers opportunities to acquire relevant competencies of implementing the designed innovations and the skills required in HIV/AIDS education methodology.

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