

**THE TEACHING OF HIV/AIDS EDUCATION IN SECONDARY  
SCHOOLS IN GEM SUB-COUNTY, SIAYA COUNTY, KENYA: A  
SOCIOLOGICAL PERSPECTIVE**

**BY**

**JENIPHER H. OUMA**

**A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION,  
DEPARTMENT OF EDUCATIONAL FOUNDATIONS IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF  
MASTER OF EDUCATION DEGREE IN  
SOCIOLOGY OF EDUCATION,**

**MOI UNIVERSITY**

**OCTOBER, 2018**

## DECLARATION

### Declaration by the Candidate

I declare that this thesis is my original work and has not been presented or produced anywhere in any university for any degree.

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

**JENIPHER H. OUMA**

**MED/7013/09**

### Declaration by the Supervisors

This thesis has been submitted for examination with our approval as university supervisors;

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

**Dr: Kefa Lidundu Simwa**

Department of Educational Foundations

Moi University, Eldoret

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

**Prof. Isaac Njunguna Kimengi**

Department of Educational Foundations

Moi University, Eldoret

## **DEDICATION**

This research study is in honour of my parents, Pascal Ouma and Veronica Ouma. Thank you for your untiring belief in me. Your prayers and guidance have made me the person I am today. I am eternally grateful for the patience and love.

The study is also dedicated to my beloved husband - Sylvester Wauye. Thank you for your patience throughout this seemingly endless endeavour.

## ACKNOWLEDGEMENT

To my supervisors, Prof. Kimengi and Dr. Simwa thank you for guiding me through the stages of my thesis. Without your direction I could have never achieved my goal.

To my lecturers Mr. Nzau Arthur and Mrs. Okul Margaret, I thank you for your help and encouragement throughout my studies at Moi University.

I am grateful to the Principals, Deputy Principals, of the secondary schools where I collected the data from. Thank you for your cooperation and support. I particularly acknowledge the individuals who participated in the study without whom I would have no research.

To my friends and colleagues, especially Millicent, Paul Ojwang, Amukhuma and Olopi you have taught me great patience as I completed this endeavour. I will never forget the struggles, laughter and good times we shared.

## ABSTRACT

The Ministry of Education has integrated HIV/AIDS education into the school curriculum as a strategy for behaviour change of the learner. The literature reviewed indicates that teachers have not been implementing this curriculum as required. Given the fact that HIV/AIDS is an additional subject that requires an integrated approach, it is in the interest of this study to examine integration within the sociological context with a focus to the social organisation of knowledge. The study sought to find out how teachers teach HIV/AIDS subject in secondary schools in Gem Sub- County, Kenya. The study objectives were: To examine the nature of knowledge organisation adopted by selected secondary schools in Gem sub-County; to examine how HIV/AIDS curriculum is taught in selected secondary schools in Gem Sub-County. It set out to find how HIV/AIDS education was being taught in secondary schools in Gem Sub County, Kenya, in order to develop insights into the nature of the knowledge organisation practised by teachers in the HIV/AIDS curriculum. The study used Basil Bernstein's theory of classification and framing that focuses on the what, how and who in the learning process. The study used a qualitative methodology and adopted interpretive case study design. The target population comprised of form two students and subject teachers. The study population was sampled from 6 well established secondary schools regarding facilities in Gem Sub County. The six schools were selected using purposive sampling during the Piloting stage. A group of students were randomly selected after the lesson for the focus group discussion together with 12 teachers who were purposively sampled. A pilot study was done in one school to establish the authenticity and trustworthiness of the research instruments, whereas the accuracy of the findings was established by using methodological triangulation and presenting the data to the supervisor several times. Qualitative data was collected through a document search, observation, interview and focus group discussion. Data were coded, transcribed, organise into various emerging themes of study and reported. The findings of the study established that most teachers have not been integrating the HIV/AIDS education as required by the HIV/AIDS education policy. The study also revealed that the challenges in implementing the new subject were due to lack of knowledge organisation required to teach the HIV/AIDS curriculum, lack of teacher capacity and challenges resulting from the pedagogical application. The study recommends that the Ministry of Education Science and Technology ensure that the teachers receive capacity building to enable them to implement the required knowledge on the HIV/AIDS curriculum. The Ministry of education should also make sure that knowledge organisation is introduced in teacher training institutions early enough. These would be of importance to subject teachers, and policymakers in understanding what is needed in teaching a new subject area that teachers are not familiar with.

## TABLE OF CONTENTS

DECLARATION .....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENT .....	iv
ABSTRACT.....	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES .....	ix
LIST OF FIGURES .....	x
ACRONYMS .....	xi
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>INTRODUCTION TO THE STUDY.....</b>	<b>1</b>
1.1 Introduction.....	1
1.2 Background of the Study .....	1
1.3 Statement of the Problem.....	6
1.4 Purpose of the Study .....	6
1.5 Research Objectives.....	7
1.6 Research Questions.....	7
1.7 Assumptions of the Study .....	7
1.8 Justification for the Study .....	7
1.9 Significance of the Study .....	8
1.10 Scope and Limitations of the Study .....	9
1.11 Theoretical Framework.....	9
1.12 Conceptual Framework.....	13
1.13 Operational Definition of Terms.....	14
1.14 Organisation of the Thesis .....	15
1.15 Conclusion .....	16
<b>CHAPTER TWO .....</b>	<b>17</b>
<b>LITERATURE REVIEW .....</b>	<b>17</b>
2.0 Introduction.....	17
2.1 HIV /AIDS Education at the Secondary School .....	17
2.2 Integration .....	21
2.3 Sociology of Knowledge.....	26
2.3.1 Notions of Power and Authority .....	29

2.3.2 Recognition and Regulatory Rules.....	30
2.3.3 Classification and Framing.....	32
2.4 Conclusion .....	34
<b>CHAPTER THREE .....</b>	<b>36</b>
<b>RESEARCH DESIGN AND METHODOLOGY .....</b>	<b>36</b>
3.0 Introduction.....	36
3.1 Research Design.....	36
3.2 Area of Study .....	38
3.3 Sampling .....	39
3.4 Research Instruments .....	41
3.4.1 Observation Schedule.....	42
3.4.2 Documents.....	44
3.4.3 Key Informant Interviews .....	45
3.4.4 Focused Group Discussions (FGDs) .....	46
3.5 Authenticity and Truthfulness.....	47
3.6 Piloting.....	48
3.7 Data Collection Procedure .....	49
3.8 Data Analysis Techniques.....	50
3.9 Ethical Consideration.....	55
<b>CHAPTER FOUR.....</b>	<b>57</b>
<b>DATA ANALYSIS, PRESENTATION, INTERPRETATION AND</b>	
<b>DISCUSSION .....</b>	<b>57</b>
4.0 Introduction.....	57
4.1 Organisation of Knowledge .....	57
4.2 Teaching of HIV/AIDS in the Classroom.....	61
4.2.1 Feedback from Teachers .....	66
4.2.2 Student's Feedback .....	70
4.3 Conclusion .....	74
<b>CHAPTER FIVE .....</b>	<b>75</b>
<b>SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS ..75</b>	
5.0 Introduction.....	75
5.1 Summary of the Findings.....	75
5.1.1 Organisation of Knowledge .....	76

5.1.2 Actual Teaching in the Classroom .....	77
5.2 Conclusion .....	78
5.3 Recommendations.....	79
5.4 Suggestion for Further Research.....	79
REFERENCES .....	80
APPENDICES .....	86
Appendix I: The Transmittal Letter .....	86
Appendix II: Consent Form.....	87
Appendix III: Interview Schedule for Subject Teachers.....	88
Appendix IV: Interview Schedule for Students Focus Group.....	95
Appendix V: Focus Group Discussion on teaching and learning .....	96
Appendix VI: Observation Schedule.....	106
Appendix VII: Sample Lesson Observed.....	107
Appendix VIII: Sample Lesson Plan.....	112
Appendix IX: Map of Gem District – Kenya the Bordering Wards .....	114
Appendix X: Research Permit.....	115



**LIST OF TABLES**

Table 3.2.1: Categories and Number of Secondary Schools in Gem Sub-County .....	39
Table 3.2: Summary Analysis of –Documentary Analysis.....	52
Table 3.3: Summary of Analysis- Observation.....	53
Table 4.1: Extract from the English Syllabus .....	58
Table 4.2: Extract of an English Scheme of Work illustrating Integration .....	60
Table 4.3: Lesson Plan .....	61
Table 4.4: Classroom Arrangement .....	62

**LIST OF FIGURES**

Figure 1: Conceptual Framework ..... 13

## ACRONYMS

**AIDS** - Acquired Immuno-Deficiency Syndrome

**CDE**-County Director of Education

**CRE** - Christian Religious Education

**FDG** - Focus Group Discussion

**GOK** - Government of Kenya

**HIV** - Human Immuno-Deficiency Virus

**IBE** - International Bureau of Education

**KICD** - Kenya Institute of Curriculum Development

**KII** - Key Informant Interviews

**MOE**-Ministry of Education

**NACOSTI**-National Commission of Science and Technology and Innovation

**NASCOP** - National AIDS and STI Control Programme

**PSABH** - Primary School Action for Better Health

**SUPKEM** - Supreme Council of Kenya Muslims

**UNESCO** - United Nations Education Scientific and Cultural Organisations

**UNICEF** - United Nations International Children Emergency Funds

## CHAPTER ONE

### INTRODUCTION TO THE STUDY

#### 1.1 Introduction

This chapter presents an introduction to the study. It includes the following sub-sections; background of the study, statement of the problem, purpose of the study, research objectives, research questions, assumptions and justification, as well the significance, scope and limitations of study, theoretical and conceptual framework, the operational definition of terms and organisation of the thesis report.

#### 1.2 Background of the Study

The success of any educational programme at the school level is dependent on how teachers implement it. According to Berman and McLaughlin (1976:33) the bridge between a promising idea and its impact on students is implementation. Research demonstrates that the implementation of effective programmes is unlikely to affect behaviour unless there is careful attention given to the quality of implementation; (Biglan & Taylor, 2000; American Youth Policy Forum, 1999; Lipsey, 1999). The quality of implementation of an educational programme is dependent on several stakeholders of whom teachers are crucial. This therefore requires the teacher who is the implementer, to be involved, right from the early stages of the programme so as to enable one to interpret and implement the programme effectively at the classroom level. This prepares the teacher to familiarize with the new subject since much responsibility is placed on the shoulders of the teacher. Okwara (2000) argues that teachers play an important role in the implementation of any new programme, without their input the programme will meet a lot of challenges. Yet, from the literature reviewed and contrary to this understanding, it seems teachers were left out of the

development stage. This is supported by Gottfredson, Gottfredson and Czeh (2000) who noted that a high-quality implementation of a poor programme may be more effective than a low quality implementation of the best programme.

Ordinarily when a new subject is introduced, Kenya Institute of Curriculum development forms (KICD) a panel for the subject concerned Nzioka, (2007). The members of the panel are recommended by Kenya Institute of Curriculum Development (KICD) and they include a subject specialist from Ministry of Education, a specialist in the subject who knows the curriculum and other experienced teachers. Nzioka (2007) argued that KICD developed a national HIV/AIDS education syllabus for schools and colleges, yet instead of using a panel as is the norm, they used a participatory approach, which brought together a wide spectrum of stakeholders. This included staff of KICD, UNICEF, National AIDS and STDs Control Programme (NASCOP), Supreme Council of Kenya Muslims (SUPKEM), Kenya Catholic Secretariat, The Christian Churches Educational Association and Hindu council, among others.

At no point are teachers mentioned in the production of the syllabus, (Republic of Kenya 1999). This appears to have given other stakeholders room for representation while ignoring teachers' contributions who are also stakeholders especially during implementation at the classroom level. According to Kelly (2006) teachers are instrumental in the delivery of HIV/AIDS education. This could be the reason why (Barasa, 2005) observes that teachers in Kenya are rarely involved in curriculum development, and it is taken for granted that they will be able to adapt to the new changes immediately and implement the needed programs. This approach creates weak links between design and delivery and hence the need to examine how teachers implement this subject.

HIV/AIDS education was introduced as a new subject in schools in the year 2000. According to the MOE syllabus for HIV/AIDS education in secondary schools, the aim was to aid the students acquire the necessary knowledge, skills and attitudes that would enable them to avoid being infected with HIV/AIDS (GOK, 1999). Yet the HIV/AIDS policy was introduced in 2004, five years after the introduction of the subject. This speaks volumes about the level of preparedness of the policymakers. During the first five years, a stand-alone strategy was adopted for the implementation of the curriculum, with HIV/AIDS education being taught as a separate subject and was non-examinable (Ndambuki, 2006)

This initial strategy of teaching HIV/AIDS had to be reviewed since it faced several challenges: First, it was a stand-alone subject, and majority of teachers felt they lacked the knowledge and skills, which negatively affected the quantity and quality of the implementation of the national HIV/AIDS curriculum (Nzioka, 2007). Secondly, the time HIV/AIDS curriculum was launched it was not an examinable subject, which meant it was not given importance in teaching, yet all teachers were expected to implement the HIV/AIDS curriculum in their subjects. Some teachers did not teach it but instead used the time to teach other subjects that they considered important in achieving success in the national examinations (Ndambuki, 2006). In response to these challenges, the MOE changed the implementation strategy and introduced the integration strategy in 2003 whereby HIV/AIDS content was included in the regular subjects taught in schools.

The HIV/AIDS Education policy expected to emulate the Primary School Action for Better Health programme (PSABH) yet according to UNESCO (2007) certain things were done in primary schools and not secondary schools, such as PSABH inducted teachers on teaching HIV/AIDS education in selected primary schools. The

HIV/AIDS was a new subject in which teachers had no pre-service training. It is difficult for the teachers to know their role and the student's role within the subject and how to transmit the content. If they are not trained, then it is likely to affect the programme. This situation fits in with what Tijuana (2004) suggests, that teacher training is fundamental to the successful delivery of HIV/AIDS education in school because the teachers are the gatekeepers of knowledge and skills for the large number of young people. This is also in agreement with the Republic of Kenya (2005) Report on HIV/AIDS and STDS which states that most of the in-service training seems to have taken place in primary schools. From the reviewed literature, (Nzioka, 2007) argues that teachers have not been adequately trained to handle the new subject. This situation then poses a curious curricular phenomenon in what ways teachers implement the new subject at the classroom level.

Teacher preparedness is an important component to the success of any new subject. Ward and Doutis (1999) argue that teachers' professional development is central to subject reform, whether as part of a continuous cycle of focused staff improvement, including induction programs, in-service workshops or further education. Hayward and Jerome (2010) argue that pre-service and in-service training are essential in determining the success of the implementation of a new subject.

Also, Diesenbury and Falcon (1995) argue that teacher training is essential to promoting successful implementation of HIV/AIDS curricula. The manner of implementation of a new subject is very important. As Kelly (2006) noted, the HIV/AIDS education was rapidly introduced into the school programmes, yet the teacher preparation and development programmes had not kept pace with these advances. Thus, to him, it was evident that schools were endeavouring to integrate the

subjects of HIV/AIDS and Life Skills into their curriculum before anything similar had been introduced in teacher preparation institutions.

Further, Kelly (2006) and UNESCO (2008) confirm the level of unpreparedness by teachers to implement any form of anti-Aids campaigns or teaching at school level. In effect, what is needed is what Mulama (2006) emphasises of teachers. There is a need to improve on both the in-service and pre-service programme for teachers who are and will be involved in the implementation of the in HIV/AIDS in educational institutions.

According to Harden (2000) in an inter-disciplinary integration of subject, the emphasis is on the themes as a focus for the learning of and to the common ideas across the subjects. There may be no reference to the individual subjects just as much as such subjects not being timetabled.

In a study conducted in Kenya, UNESCO (2006) observed that the HIV/AIDS education sector policy lacks clear and detailed interpretation and implementation guidelines. After going through the context of preparation, strategy, the manner of implementation, and social organisation of knowledge, it follows that the teachers who implement the subject have taken a variety of ways in actualising what they surmise to be expected by HIV/AIDS education policy. In short, this situation calls for an examination on how the teachers assigned to this subject have interpreted and implemented the policy. Nyiva (2007) concurs with this view in the recommendation that research should be conducted to find out the nature of classroom level implementation of the integration strategy of HIV/AIDS education in schools.

Only a small fraction of teachers has been inducted on how the HIV/AIDS curriculum ought to be implemented over the last 11 years of its existence at secondary school



level. This is despite the curricular reality that requires such a school subject to have a specific implementation model. In the absence of effective implementation of the HIV/AIDS education, the programme is unlikely to affect behaviour change as anticipated in the objectives for the subject. It is, therefore, necessary to investigate how a new subject that does not fall in any of the existing (established) academic departments is implemented at the classroom level.

### **1.3 Statement of the Problem**

Over the years, policy on classroom teaching has shown that secondary school teachers are trained to teach two subjects which are stand-alone. However, HIV/AIDS education is a recent addition to the secondary school curriculum in Kenya. According to the curriculum policy for the subject, teachers are encouraged to adopt an integrated approach in the implementation of the subject at the classroom level. Because the HIV/AIDS education is an additional curriculum that has also tasked teachers to adopt the integrated approach in its implementation, yet the teachers are used to teaching stand-alone subjects, it is, therefore, the interest of this study to examine integration with a focus on the social organisation of knowledge. This study addresses the following main research question: What is the nature of the organisation of knowledge for HIV/AIDS education at the classroom level.

### **1.4 Purpose of the Study**

The purpose of this study is to find out how teachers teach the HIV/AIDS subject in secondary schools in Gem district, in order to develop insights on the nature of the knowledge organisation practised by teachers in the teaching of HIV/AIDS curriculum.

### **1.5 Research Objectives**

The objectives of this study were:

- i) To examine the nature of knowledge organisation adopted by secondary school teachers for the HIV/AIDS curriculum.
- ii) To examine how HIV/AIDS curriculum was taught at secondary school level.

### **1.6 Research Questions**

The following questions guided this study:

- i) What was the nature of the knowledge organisation adopted by secondary school teachers for the HIV/AIDS curriculum?
- ii) How is HIV/AIDS curriculum taught at the secondary school level?

### **1.7 Assumptions of the Study**

This study began from the assumption that HIV/AIDS Education is taught in all secondary school in Gem District. This was important because this would help the researcher in the selection of the schools. The study also assumed that all teachers who participated in the research were professionally trained to teach their respective subjects. This study also assumed that the MOE had provided materials for dissemination of HIV/AIDS education.

### **1.8 Justification for the Study**

When the HIV/AIDS curriculum was reviewed, teachers as one of the stakeholders were not adequately prepared on the teaching of the new curriculum (Nzioka, 2007). This being a new concept it requires a different way of knowledge organisation. Teachers are used to teaching single isolated subjects. Boler & Aggleton, (2005) observe that though there are notable exceptions, most teachers in Kenya maintain

very traditional teaching styles, where the speaker addresses several learners and interruptions are not encouraged. Teaching in most classrooms tend to be didactic, non-participatory, inflexible and assessment driven. Yet reviewed literature indicates that there have been numerous studies that adopted theoretical approaches in educational instruction, planning and management, (Harden, 2000; Wallace, 2007; Hayward and Jerome, 2010) yet there are no local studies that looked at the implementation of the school curriculum from a perspective of the sociology of knowledge.

It is therefore important to examine the existing programmes because it is not useful to continue providing programmes whose outcome we know little about. A lack of systematic assessment of existing HIV/AIDS programmes leads to the perpetuation of ineffective educational efforts. This will improve the effectiveness of delivery of the subject. Therefore, this study will look at the HIV/AIDS curriculum through the perspective of the sociology of knowledge.

### **1.9 Significance of the Study**

This study on the teaching of HIV/AIDS is important, and its findings may be of significance to various stakeholders in the education sector. The findings may give the teachers an opportunity to reflect on their practices at the classroom level. It will help them understand how learning is influenced by the social organisation of knowledge. The study may also help reveal useful information for policymakers in the ministry of education on the successes and challenges of implementing a new curriculum so that unsuccessful programmes would be modified or discontinued. Successful implementation of a new curriculum is dependent on, among others, teacher's conception of how knowledge is organised within their subjects. It is hoped that this research initiates a need for further research on the organisation of knowledge at all

levels of education especially in Kenya where it is yet to attract research (Nyiva, 2007). Of importance to note, though, is that efforts in the introduction of new subjects in schools over the years (even when such subjects were relevant and timely) have hardly had an impact on learners or society in general. For example, the Social Education and Ethics subject, which was introduced as a self –standing subject at the secondary school level, the subject did not have its specialist teachers, and its content was drawn from some existing subjects (Social Education and Ethics syllabus, 1985). This subject has partly come back as Life Skills (Nzioka, 2007). While the notion of utility is important in the introduction of a new school subject, this ought not to override other equally important considerations such as how to teach a new subject area that teachers are not familiar. Through the notion of the social organisation of knowledge, the study is hoped to add a worthwhile dimension to the understanding needed by all who participated in the initiation, development and implementation of new school subjects.

### **1.10 Scope and Limitations of the Study**

This study was concerned with the teaching of HIV/AIDS Education as an integrated programme in secondary schools in Gem District. It was conducted in six well established public secondary schools in terms of facilities. It covered the subject teachers and students.

### **1.11 Theoretical Framework**

The researcher examined the nature of knowledge organisation in HIV/AIDS at the secondary school level. This study involved an examination of teachers' implementation of the HIV/AIDS education policy at the classroom level. Thus, this was a study about the organisation of knowledge. According to Bernstein (1996), the social organisation, of educational knowledge often, affects what is selected in

schools, and how it is organised i.e. taught and learned. In other words, Bernstein's construal of knowledge organisation would mean that the social organisation of knowledge for HIV/AIDS influence, among other things, what content will be taught? How will such content be taught? Who will teach it? How will the content taught be received (by learners) and, how will content be examined? More specifically the notion of the social organisation as delineated through the concepts of classification and framing as explained below.

Classification refers to the degree of boundary maintenance between subjects. In this case, subject content is taught in isolation, and there is a clear demarcation between subjects. In such a clear distinction of school subjects, the classification is identified as being strongly bounded.

In schools, this subject distinction is most evident in examples such as English, Mathematics, Physics, History, and Geography. On the contrary, classification can also take on a weak attribute. This occurs when the boundary between two subjects is not conspicuous. For example, in teaching of reading skills in Language, one could use a literature set book or teaching spelling (Language) using poetry (Literature), learners may not be aware of whether they are learning English or Literature. Hence such integration brings little awareness of the theme as a distinct entity from the host subject. In short, the notion of classification can be used to clarify the nature of knowledge organisation within a school subject as well as among the various subjects of a school curriculum

Framing is the degree of control that teachers and students have over the selection, organisation, pacing and timing of knowledge transmitted and received in a learning situation. It also refers to the relationship between the teacher and the learner and the

degree of freedom each person has in the relationship regarding what the learner should learn when content is taught and how that content is prioritized. Framing also refers to the timing of curriculum content, what content is taught, when, and what takes priority over the other. Where the framing is strong the teacher has control over the selection, sequencing and pacing criteria of knowledge, Students, therefore, learn what questions to ask, and when, and what is more valuable within the lesson.

On the other hand, where framing is weak, the student rather than the teacher has more control over the learning process. Therefore, classification deals with the theoretical aspects of the subject, while framing, deals with the practical aspect of its teaching. Ordinarily, host subjects are strongly classified and hence are taught using strong framing. On the other hand, HIV/AIDS education policy engenders the adoption of weak classification and framing in its implementation.

The policy states that the teaching of HIV/AIDS content is done in an integrated form, but it does not indicate how this integration should take place. It does not give the role of the teacher, or the role of the student in this interaction yet the expectation of the policy is learner behaviour change. If the policy then is not detailed, teachers will treat the subject casually and hence its teaching does not result in learners changing their behaviour.

In this conception of the social organisation of the knowledge offered at school, the varied school subjects are organised in the following ways; they have a programme of study, they have a place in the timetable, and they have specific means of assessment. What this means is that the introduction of the HIV/AIDS curriculum requires teachers to organise this knowledge area in a certain way. Teachers are required to integrate HIV/AIDS content into the host subjects they teach. In order to examine this

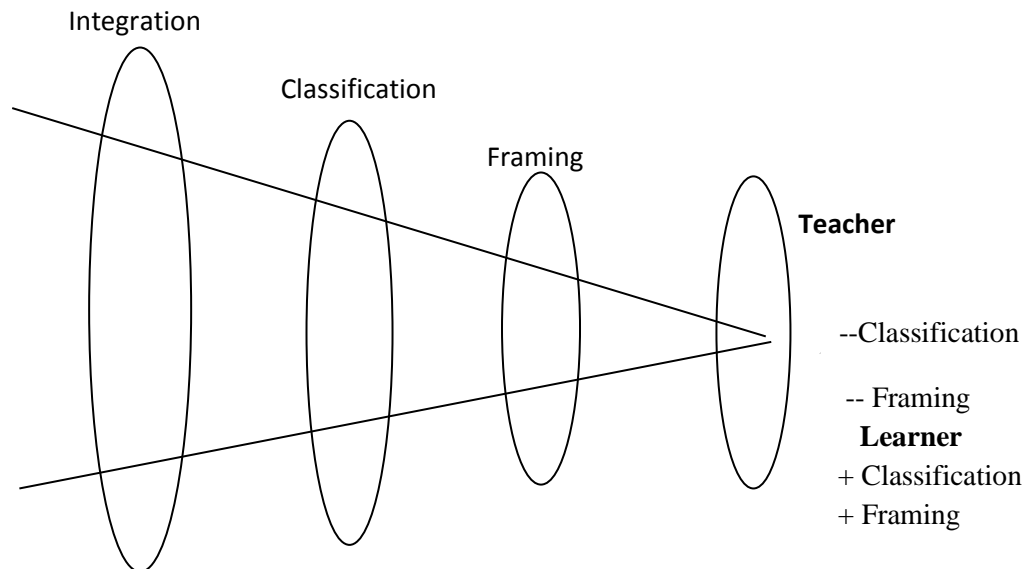
organisation, this study adopted Bernstein's (2000) notion of classification and framing.

The researcher used the theory to examine the nature of the interaction between the teacher and the learner since the policy focused on the learner more than anything else. In such an arrangement, the learner has more control over what is learnt, how it is learnt and when it is being learnt. It, therefore, meant that framing ought to give the learner more control and in turn teachers of the subject ought to have known this. This was what the researcher attempted to capture during observation in the classroom and the interview of teachers. In Bernstein's terms whether HIV/AIDS education was taught with strong or weak framing, since how knowledge is organised affects how knowledge is taught and learnt. The researcher also used the theory to understand the nature of HIV/AIDS as a subject in schools. The researcher examined the nature of boundaries and lack of them and the effects that were generated from such demarcations.

In the light of the implementation of HIV/AIDS curriculum in public secondary schools in Gem District, the concepts of classification and framing as key tentacles of Bernstein's construal of the social organisation of knowledge, it is hoped they would guide the researcher in examining how teachers had interpreted the relevant policy and put it into practice. In the next sub-section, through a conceptual framework, I tease out the key concepts used in delineating the social organisation of knowledge for an integrated school subject according to Bernstein (2000).

## 1.12 Conceptual Framework

### CONCEPTUAL FRAMEWORK –INTEGRATED CURRICULUM



**Figure 1: Conceptual Framework  
Enactment of Teaching**

#### **KEY**

C-- Classification weak

F- - Framing weak

C + + Classification strong

F + + Framing strong

According to Bernstein (2000), the success of transmitting educational knowledge is dependent on a set of rules, which facilitates logical communication. Each of these rules has specific roles to play in the communication process. The social organisation of educational knowledge affects what is selected in schools and how it is taught and learnt. The social organisation of knowledge for HIV/AIDS influences what will be taught (content) how and it will be taught as well as who will teach it and how it will be received by learners. Therefore, an integrated curriculum is influenced by both the



classification and framing rules. Classification rules pre-suppose boundary maintenance between subjects. This is where subjects are taught either in isolation (C++) or with blurred boundaries (C--). In the school situation when the demarcation of the boundary between two subjects is visible, the teacher focuses on a specific subject guided by the principles of the subject and it is referred to as strong classification.

On the other hand, there are framing rules which demarcate the teacher and the learner, and conditions under which learning takes place. For instance, within the school context, it means that the subjects are taught according to the principles of a subject's order such as those relating to selection, sequence and pacing.

HIV/AIDS engenders the adoption of weak classification and framing in its pedagogic communication. This kind of curriculum ought to give the learner more control over what is learnt (F++). This implies that the teacher has less control over what is taught and learnt in the classroom (F--). Therefore classification and framing rules select not only what but also the how of the theory of instruction

### **1.13 Operational Definition of Terms**

**Classification** -Refers to the nature of *bounded-ness* of subject matter knowledge. Knowledge or content (information) of a subject is either structured/packaged in isolation (as distinct) or joined/mixed with that of a different or another subject to become one. Thus, in the former representation (structural organisation) a subject is termed as having a 'strong classification' and in the latter, a 'weak classification'.

**Framing** - Refers to the conditions for presentation by the teacher and the positioning of learners as participants in a teaching and learning moment/event. A strong framing

gives a teacher a dominant and authoritative position. Conversely, a weak framing gives a learner more central participative role in a teaching and learning event.

**Integrated Knowledge** - Describes a curriculum that has less emphasis on the role of the subject area and it transcends beyond the subject boundaries with a focus on the themes.

#### **1.14 Organisation of the Thesis**

There are five chapters in this thesis. The first chapter presents the background of the study on the HIV/AIDS educational policy, the strategy anticipated, and the implementation challenges thereof. The chapter also covers an explication on, among other things, the statement of the problem, purpose, objectives and questions of the study. Besides the theoretical and conceptual frameworks of the study, the chapter elaborates on aspects of the definition of terms and organisation of the thesis report.

The second chapter covers a presentation on a review of related literature. As a study centred on the organisation of educational knowledge, the focus of this chapter is on a review of relevant literature on the characteristics of knowledge organisation, especially in the integrated curriculum orientation.

In chapter three, the focus is an exposition of the methodological approach used in the study. There is a deliberate effort to detail the procedures of data collection, data management and the subsequent data analysis. The fourth chapter dwells on a presentation of the research findings and the attendant discussion. In the fifth and last chapter of the report, Chapter Five, a summary of the study that involves an explication of the conclusion, recommendations, areas of further research is made.

### **1.15 Conclusion**

In this chapter, I have looked at the background of this study, the statement of the problem, the purpose of the study, research objectives and questions, the assumption of the study, the significance of the study, the theoretical and conceptual framework. From what has been revealed from the background information the next chapter will dwell on the social organisation of knowledge.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter dwells on a review of the extant literature, specific studies (researches), on the organisation of school subject knowledge. This endeavour is hoped to clarify for the researcher the basic tenets in the delineation of the social organisation of knowledge for the HIV/AIDS subject at secondary school level in Kenya. Specifically, the chapter is structured under the following sub-sections: HIV/AIDS policy, curriculum Integration, sociology of knowledge, classification and framing, and teacher/ subject identity. The chapter concludes with highlighting the main features of the notion of the social organisation of knowledge as a springboard on which the methodology chapter finds its anchorage.

#### **2.1 HIV /AIDS Education at the Secondary School**

The Ministry of Education's response to the fight against HIV/AIDS scourge introduced the education policy on HIV/AIDS to provide an operating framework which covered directives and recommendations meant to shape the behaviour of students. The Kenya Institute of Education developed a national curriculum on HIV/AIDS education through which HIV/AIDS messages were transmitted to students.

Translating any educational initiative into classroom reality involves a range of managerial, financial and pedagogical hurdles with the potential for misunderstanding and reinterpretations (Hayward and Jerome, 2010). Following the introduction of The Education Sector Policy on HIV/AIDS in 2004 to act as a guideline for effective

prevention, care and support within the education sector, (Republic of Kenya, 2004)

The policy envisioned education of HIV/AIDS to be taught through integration strategy that would generate behaviour development and change that was appropriate to the youths' stage of development, which would help in HIV/AIDS prevention and control (UNESCO, 2006). In secondary schools, the teaching of HIV/AIDS education was reviewed and integrated into various subjects, with HIV/AIDS education content integrated into host subjects (GOK, 1999). The policy did not indicate how this integration would take place and how competence would be addressed. It was therefore left to the teacher to produce the criteria of the best practice of teaching HIV/AIDS Education. Yet the expectation of the policy has implications both for what is chosen as valid content for HIV/AIDS and the way such knowledge is presented to learners. Therefore, Policies need to be disseminated, implemented and enforced depending on whether the policies are understood by those that are to implement them (Gordon & Turner, 2003). Therefore, as evident here different individuals implement policies differently depending on how they engage with the practice, what they regard as important and meaningful and what values and ideas shape their actions and judgments (Ngarari, 2010).

The HIV/AIDS syllabus in Kenya was based around life skills approach that is an approach that focuses on relationship issues and social side of HIV/AIDS as well as simple scientific facts about infection. The national curriculum also provided for practical information about HIV/AIDS that covers content that promoted awareness. It addressed risk behaviour such as drugs, pre-marital sex, alcohol and ways of avoiding such behaviour. Together with that, the curriculum also looked at: facts about HIV/AIDS and other STIs, mode of transmission, practices that promote the spread of HIV/AIDS and prevention and control of HIV/AIDS (HIV/AIDS syllabus,

2005) Therefore, the HIV/AIDS education policy and AIDS education syllabus were used to help understand the intention of Ministry of Education, to provide HIV/AIDS education in schools. At the secondary school level, the HIV/AIDS education policy anticipated integration into various traditional subjects. This was done through a multi-disciplinary approach (Republic of Kenya, 2004).

The Ministry of Education (MOE) envisioned a curriculum that would identify links of HIV/AIDS content within different subjects. The MOE'S curriculum committed one period a week to teaching HIV/AIDS. In addition, teachers were to work in groups to plan where, in their respective subjects, HIV/AIDS links can be found. Identification of links enabled incorporation of MOE HIV/AIDS syllabus into classroom teaching throughout the curriculum with teachers determining the methodology to be used to teach each topic identified (Ndambuki, 2006).

The revised syllabi have integrated HIV/AIDS content, information and messages in most subjects, which ensures that such content will be taught and examined in 'host subjects'. The revised curriculum also contains most of the HIV/AIDS content from the old stand-alone subject KICD syllabus (1999). Life skills was also introduced to be a critical link between information and behaviour change. Teachers are expected to teach learners how to be assertive, how to negotiate, how to be creative and critical in challenging circumstances. Skills on self-awareness and risk assessment are also included (UNESCO, 2008). In addition, teachers were issued with the syllabus and a handbook to help them introduce the subject (UNESCO, 2008). The policy indicates of an integrated curriculum but does not indicate the role of the teacher, the role of the student, and how this integration should take place. Without addressing the three arms of curriculum i.e. curriculum, pedagogy and evaluation that ought to be attended to. This then means the 'new' subject was introduced not by due consideration of

curriculum imperatives, that is, what is required of an integrated subject as espoused by Harden (2000) and Bernstein (1999, 2000), but for non-educational circumstantial reasons that were directives from the ministry. It is therefore left to the teacher to produce the criteria for the best practice of teaching HIV/AIDS education. Yet the expectation of the policy has implications both for what is chosen as valid content within HIV/AIDS and the way such knowledge is transmitted. Currently, HIV/AIDS is being taught within the traditional subjects. Moore (2000) argues that the achievement of interdisciplinary forms of the curriculum may be more challenging at the intellectual and social level than policymakers give credit. In essence, this situation fits into what Aduda (2010) argues that, although most of the teachers have the basic qualification to teach in secondary schools, they do not seem to have the right competencies to tackle the new syllabus introduced in 2003 which included integrating HIV/AIDS content into host subjects.

The MOE felt there was a critical missing link between information and behaviour change. To fill that gap, the subject of Life Skills was introduced in schools. It was felt that with life skills, young people would easily translate the information they have to actual behaviour change. However, according to (UNESCO, 2007) the implementation of the life skills programme in the MOE was hampered by a lack of a clear policy on whether to teach it as a separate subject or integrate it into the school curriculum. UNESCO (2007) on the implementation of HIV/AIDS policy also observes that induction of the teachers has hardly taken place. In order to understand how to implement the HIV/AIDS curriculum, it is important to delineate, what is expected of a teacher and the learner in an integrated curriculum?

## **2.2 Integration**

Integration is a new idea in the Kenyan curriculum. Harden's (2000) describes integration as a curriculum where there is less emphasis on the role of subject area and it transcends beyond the subject boundaries. They focus on themes as a focus for learning of common ideas across the subject. Curriculum integration refers to a way to teach around common problems (Zerniak, 2004). Similarly, Meier et al. (1998) argue that curriculum integration is an opportunity for students to understand the world they live in by examining real-world problems that are not bound by subject. Ross and Hogaboam-Gray (1998) report on curriculum integration as the organisation of content around a problem. For each of these researchers, curriculum represents either a method or way of organizing instruction. According to IBE, (2007) one of the main challenges facing most countries including Kenya, who have introduced HIV/AIDS education in schools is how to integrate HIV/AIDS education within the curriculum so that it is taught in a way that it makes a difference in knowledge, attitudes and behaviour of learners. The HIV/AIDS policy in Kenya indicates that the content should be done in an integrated form but does not indicate how this integration should take place. The strategy required in the implementation of the HIV/AIDS education is integration, notwithstanding the inadequacy that emerges from lack of training on the same; teachers are still expected to cover the curriculum through integration strategy. This concurs with what Papai (2000) observes that few teachers have experience with curriculum integration, as teachers' preparation programs typically do not give it much attention. Kwetho (2009) in their study noted that teachers had poor attitude towards HIV/AIDS education because they lack the knowledge on how to organize this content. They argued that teachers are the technocrats on the ground since they are the ones who do the teaching of HIV/AIDS education, they determine



to a great extent the success or failure of HIV/AIDS education, and therefore needed to have a positive attitude. Considering that most teachers have not been adequately prepared on their roles and the content, the effectiveness and quality of the curriculum are undoubtedly being compromised (Ndambuki, 2006). Teacher training enables the teachers to recognize and address curricula and pedagogic approaches in the classroom, (Mensch, 2001).

This lack of clarity on implementation can be addressed by the teachers understanding the social organisation of knowledge as espoused by Bernstein (2000). This would be one way in which the shortfall could be addressed. Pittman and Gachungu (2006) asserts that the integration approach could be more effective in the teaching of HIV/AIDS education especially if teachers were involved in the development of HIV/AIDS curriculum so that as implementers they could feel part of the programme and own it. Papai (2000) observes that, teachers become anxious when asked to implement something new in their classrooms, regardless of the grade or subject area they teach. Considering that teachers were left out at the development stage, how then are they interpreting and teaching HIV/AIDS.

According to Harden (2000) curriculum integration assists students to identify the links, not only between ideas and processes within a single field, but also between ideas and processes in separate fields and in the world outside the school. Different Studies have been done on integration. Most of these studies have been based on integration of English Language and Literature in Kenyan secondary schools, since there are hardly any local studies dealing with integration of different subjects.

Omollo (1990) discussed the problems and techniques in integrating the teaching of English Language in secondary schools within Kisumu District. She investigated the presence and absence of integration, the attitude of teachers towards the integrated syllabus, and finally the problems affecting its teaching. The findings were that teachers did not favour the integration because they lacked information on integration and that most teachers were using lecture methods. Unlike Omollo's study that focused on lack of and problems in integration, this study looked at the actual teaching of an integrated lesson and the classroom interaction of an integrated subject. It adopted an approach that focused on the social organisation of knowledge with a hope that the different conceptional orientation would provide more discussion on the possible curricular knowledge affordances that teachers may need when dealing with new school subjects, especially those with an integrated knowledge inclination.

Another study done by Ozden Ozer (2010) investigated the trans-disciplinary approach of an integrated curriculum. The study set to examine the teacher's beliefs and perspectives about an applied trans-disciplinary approach of integrated Early Childhood Development Curriculum (ECDE). The findings were that working with a single subject teacher to carry out roundtable discussion was difficult. The findings also revealed that the teachers teaching an integrated curriculum needed in-service training. This study used a theory on progressive education philosophy by Freeland and Hammons (1998), which emphasised a child-centred approach on creativity, as well as real-world outcomes and above all their experiences. This study adopted Basil Bernstein's theory of classification and framing. In another study by Sheryl Mac Math, (2011), on Teaching and Learning in an integrated curriculum setting, the study sought to find out the perspective of teachers and students on their understanding of integration and the challenges teachers faced while integrating. The findings of the

study revealed that integration to them just meant working together and nothing more. Unlike this study that only used interviews and observation, this study used document analysis, observation, interviews and focus group discussions. Okwara, Shiundu and Indoshi (2009) investigated the implementation of an integrated approach to teaching English in secondary schools in Busia district. The findings revealed that stakeholders perceived the integrated approach in conflicting terms and teachers found difficulty in teaching the integrated curriculum since they had not been trained. This study sought to find out how then the teachers conceived integration. Unlike Okwara's study that looked at the integration of two subject areas that were related. This study examined the integration of two different subjects and how subject teachers conceived integration in such circumstances. It also included how subject teachers integrated a knowledge area which was fundamentally not their usual teaching area. Harden (2000), as well as Bernstein (2000), explained further what integration was all about.

Harden (2000) identified eleven models of integration that were designed to be used as aids to plan, implement and evaluate curriculum. The integration ladder was to help teachers and curriculum developers to know where on the continuum between the two extremes, which are full integration or discipline-based teaching, they should place their teaching.

The first model according to Harden (2000) was fragmentation, where subject teachers organise their teaching independently without consideration of other subjects. Each subject looked at the curriculum content regarding areas to be covered, the depth of coverage together with sequence and timing. The slot on the timetable was labelled by the subject name which was then taught by a teacher specially trained to teach the subject. For instance, English was taught in isolation from Kiswahili. Related topics are not co-related. Each of the two subjects was an entity on its own. English was

taught by specialists in English and the same for Kiswahili. The timetable specifically indicated the lesson as either English or Kiswahili. That implied that no attention was paid to other or related subjects which contributed to the curriculum. Isolation was very common in traditional subjects. According to Bernstein (2000), this was a strong framing. The boundaries were strongly separated.

On the other hand, Harden (2000) described two other types of integration that Bernstein considered as weakly framed. That was interdisciplinary and trans-disciplinary. In the interdisciplinary approach, there was more shift of emphasis to themes as a focus for learning of common ideas across the subject as they relate to the themes. There may be no reference to individual subjects and subjects were not identified as such in the timetable. For instance, in school, using sustainable development as a theme, students could pursue learning outcomes from Geography, English, Agriculture, among others. Students could also explore the theme of communities in History and connected it to examining communities of small, crawling and flying animals in Biology. The second example was trans-disciplinary integration. In this type of integration, the curriculum transcended individual subjects. The focus was on students-initiated questions and projects. It emphasised world contexts. In that type of integration knowledge and skills were interconnected and interdependent. There was less emphasis on the subject area. Knowledge and skills on different subject areas were the focus of student-initiated projects. The students' initiative, imagination and creativity were enhanced. For instance, in a school, a nutrition poster could lead to an exploration of foods for human beings while a newspaper story on explosion would turn a class project of examining chemicals that caused explosion. This was what Bernstein referred to as weak framing where students determined what was to be learnt, that which implied that the teacher had

weak control over what was to be learnt. Students could even determine when to submit assignment; here the teacher had weak pacing. Considering that HIV/AIDS education fell under the multidisciplinary approach, it was necessary to investigate how teachers were teaching it.

Bernstein (2000) described integration as a curricular notion that described how knowledge was organised in terms of classification and framing. Though Bernstein's notion of classification and framing a clarification was made on how knowledge organisation should be understood by the teacher and learner resulting in an influence on how the two ought to relate.

From the studies above, it was observed that in the context of Kenya no research directly dealt with the organisation of knowledge. It was, therefore, important to understand types of knowledge and how they were relayed using Bernstein's (2000), sociological analysis of curricula as expounded in *Sociology of Knowledge*.

### **2.3 Sociology of Knowledge**

It investigates the social nature of knowledge, how knowledge was acquired, and the use of various types of knowledge by society and specific social classes, groups and organisations (Bernstein, 1996). The essential idea was that knowledge itself, how it was defined and constituted, was a cultural product shaped by social context and history. In this view, knowledge could not be treated as a thing in itself or an objective, or a body of facts and theory but was understood in the social context in which it originated. For us to understand the social context in which knowledge was transmitted, it was important to understand its history. To understand the organisation of knowledge it was necessary to understand Bernstein (2000), sociological analysis of curricula. This helped in understanding the type of knowledge that existed

sociologically and how such knowledge was organised. The framework was to help provide a language of description from which to make explicit the ways in which curriculum, assessment and pedagogy within an educational organisation was relayed and ways in which such could work to construct and determine what was to be learnt, how content was to be learnt and when certain subject content were learnt.

The success of a new subject is determined by how that knowledge is transmitted (Bernstein, 1996). It then becomes important to understand the different types of knowledge and how they are transmitted since the principle of power and control regulate what is taught in a subject and how it is taught. He proposes two broad categories of curriculum organisation that can be identified as the integrated and the collection, types of knowledge. In the integrated type of knowledge, subject area boundaries are not readily marked out. Topics or problems which either require knowledge from multiple areas, or which have no clear subject areas are indicators of curricula which is integrated. The subjects are not isolated from each other, and the boundaries between them are blurred. On the other hand, collection type of knowledge is separated or divided in such a way that specific set of knowledge and skills are unique and distinct from each specified school subject area. This is as a result of variations in framing and classification. In this type of knowledge a learner goes through selected content in order to satisfy criteria of evaluation. Subjects that have strong boundaries separating each other include Mathematics, physics, History among others. The subject boundaries in this case, can easily be identified. As observed in social organisation of knowledge there is power, and this influences how knowledge is communicated, these are recognition and realization rules, classification and framing.

Teacher identity is a very important component in the introduction of a new subject. Bernstein (1996) asserted that strong classification pre-supposes strong boundary maintainers and strong sense of membership within a subject that is specific subject identity. Van Maanen and Barley (1984) on occupational communities, Siskin (1998) on school academic departments, Lave and Wenger (1998) on communities of practice, all observe that teachers identify themselves as teachers of their subjects. For example, for teachers of English, their pre-service training gives them a sense of purpose as to what is important in their subject, for instance how it should be taught. It also makes them experience the subject in a way that fosters the development of an appropriate 'lens' with which to view and analyze the world, (Hayward & Jerome, 2010). It is not clear what the appropriate lens for HIV/AIDS was. Teachers training institutions and universities are the socialization setting for processing of individuals for teaching profession (Siskin, 1998). Training involves socialization into subject loyalties. Teachers in a departmental community identify themselves primarily as teachers of a subject. Socialization into subject loyalty can influence how a teacher will handle a new subject (Maanen, 1984). The socialization of teachers who are expected to teach the additional subject areas needs to be investigated.

Subject identity is a very important aspect in the success of a new subject as attested by Hayward et al, (2010). Subject identity helps in establishing a specific discourse and teaching methods. HIV/AIDS education is not a stand-alone subject. It cuts across different traditional subjects which are highly defined, with clearly articulated programmes of study. In host subjects students can distinguish between subjects, such as English from History by the different teaching methods, which establish a unique set of what, how and when it should be done. It gives the discourse permitted in the teaching and learning. In traditional subjects students are very clear on what subject

they are experiencing, and the sort of knowledge and skills involved (Hayward & Jerome, 2010). HIV/AIDS has no defined subject status. Therefore, as a result it is important to understand how HIV/AIDS works within schools, which are ordinarily organise around subjects.

### **2.3.1 Notions of Power and Authority**

Power relations are responsible for the creation of boundaries between different categories of school subjects. The power relation is what is defined by the word classification. These power relations are commonly seen in collection type of knowledge. Harden (2000) refers to collection type of knowledge as isolation, where subjects organize their teaching without consideration of other subjects. Each subject looks at the curriculum content in terms of areas to be covered together with the depth of coverage, sequence and timing. It is taught by specialists in the subject and is timetabled and assessment is subject based. The student is familiar with what, when and how of each subject. Bernstein (1996) argues that in school, power relations are essentially translated into principles of classification which then determines the degree of boundary between which things are kept apart and the degree which they are kept together. He also adds that the positioning of subjects, teachers and students, and on the type of curriculum to be adapted and implemented portray power relations and eventually determines what methods of instructional pedagogy are adopted by the teacher.

De Brabander (2002) while investigating the conceptions that teachers hold regarding the knowledge, they are transmitting also noted a difference in both status and power between the types of knowledge. He referred to high-status knowledge or hard knowledge, to the knowledge that was academic and specialized characterized as



testable, objective and established, while the low-status knowledge was characterized as not easily testable, subjective and relatively open to debate. For instance, high-status knowledge in the school would consist of host subjects such as English, Math's, among others while low-status knowledge will include HIV/AIDS and Life Skills, which implies that HIV/AIDS subject would be a weakly framed subject.

On the other hand, in an integrated type of knowledge is comprised of contents that stand in open relation to each other, the subjects are not isolated from each other and boundaries between them are broken down and relationships are drawn between them. It is hence classified as weakly framed. The integrated type of curriculum identifies some connection between the idea, logic and theme as external to the subject. This can be found in the field of practices such as in policy and syllabus. Considering the power relations that exist between the HIV/AIDS curriculum and the host subject, it is important to understand the social organisation of knowledge to enable the teachers to teach the subject effectively.

### **2.3.2 Recognition and Regulatory Rules**

Bernstein (2000) describes recognition rules as rules that regulate what goes with what; what meanings may be legitimately put together, that is, what is 'allowable'. Within a strongly classified subject area, recognition rules are usually more explicit to both the teacher and the learner. Morais (1992), in her research determined that the possession of appropriate recognition rules was highly correlated to pedagogical practices. This would either reflect whether it would take the strong/weak classification and framing. This is important because the HIV/AIDS curriculum incorporates integration which consists of weakened values of classification and framing. On the other hand, regulatory rules gives the learner the necessary skills to

communicate within the subject area of study this would help the learner to know the 'how' of the subject area. According to Bernstein, (1996) this is the basic root of the framing issues. The learner would be able to know his or her role in the learning process. With recognition and regulatory rules, it enables the learners to know their roles in the subject area.

Bernstein (2000) observes that teachers have a strong sense of membership within the subject drawn from well-bounded ideas of what constitutes valid content within a subject. Therefore, teachers need to plan jointly from different subjects and agree on the objectives and details on content and method of assessment. The teachers should also look at some connection between ideas.

According to Bernstein (1996) staff from different disciplines unites in a common endeavour under the integrated curriculum. These relationships across subjects may result in complex patterns of power and authority. Bernstein (2000) observes that for the success of an integrated curriculum there must be consensus about the integrating idea between departments. Apart from this there must be guides which regulate and coordinate the behaviour of the individual teacher with new guidelines socializing the teacher into the code. He further observes that it needs a feedback system which helps to guide teachers and students and provide a further agency of socialization of the code. Finally the integrated type model can establish itself if it has an evaluation criterion in line with the goal of the program in question where an agreement is found on what counts as valid knowledge, why and how it is recognized in the context of the program. This study therefore seeks to understand how the teacher plans and teaches HIV/AIDS education in line with Bernstein's interpretation of types of curriculum.

It is important to understand how these two types of knowledge are organised and transmitted for teachers to teach HIV/AIDS content effectively. Considering that HIV/AIDS education is an integrated curriculum, it is important to understand how knowledge is organised.

There is barely any study on curriculum implementation that has captured how knowledge is organised in Kenya. This study endeavours to do just that. Studies have been done on instruction, planning and management among others, but no local study has looked at the implementation of curriculum from the perspective of the sociology of knowledge organisation.

A study done by Omollo (1990) on integrating English and Literature captured the challenges by teachers teaching an integrated syllabus but did not touch on how knowledge is socially constructed. The introduction of HIV/AIDS curriculum requires teachers to understand how knowledge is organised. In order to understand this organisation, it is important to understand Bernstein's (2000) notion of classification and framing.

### **2.3.3 Classification and Framing**

According to Bernstein (1996) classification is the degree of boundary maintained between subjects. Where classification is strong, the degree of boundary maintenance is strong, meaning that the contents of a subject are well demarcated from one another, such as English from Mathematics. Conversely, where the degree of boundary maintenance is weak, thus classification leading to reduced insulation between contents of subjects such as English and HIV/AIDS education. Classification can also be referred to within the subject areas. For instance, classification can be described as weak where a teacher focuses on different reading

skills at the same time such as scanning and intensive reading. Strong classification rules may occur in class where a teacher assesses different reading skills as separate skills. Classification can therefore vary within a context of one lesson. This study intends to investigate the degree of classification used in the classroom while teaching HIV/AIDS as a strategy in finding out how knowledge is socially organised.

Framing on the other hand, refers to the degree of control over the rule of communication that the teacher and pupils possess over selection, organisation, pacing and timing of the knowledge to be transmitted and received in a teaching learning relationship. This refers to relationship between the teacher and the students which determines what learners have access to, when content is taught, how that content is prioritized. This includes the physiological and environmental factors in which the learning takes place (Bernstein, 2000). Through this, learners learn what questions to ask, when and what to ask, when and what is more valuable than the other. In a classroom, when students are only allowed to speak at certain times, the framing degree of control is regarded as strong, while when students can speak throughout the lesson and determine what is being learnt, then framing is weak. In a strong frame, the authority of relations and manner of conduct are with the teacher. In a weak framing, the authority of relationship between the teacher and the student is hidden by devices of communication that is, the student has freedom within the interaction. Bernstein (2000) observed that in strong framing, how the topics are arranged and when they are to be taught, depth of coverage and pacing is captured in the syllabus. In this case the teacher makes the students aware of the legitimate expectations and the teacher is in charge. While in weak framing, rules are numerous and diffuse, and teachers take over the role of a facilitator rather than a teacher.

Classification therefore deals with the organisation of subject content. Framing deals with the manner of transmission of the content and the nature of interaction between the teacher and the learner. The two relate in terms of the value that classification has. This means that strong classification directly translates to strong framing, where the teacher is in control of manner of transmission/ teaching; pacing, timing among others. The converse is also true that weak classification will mean weak framing where the teacher is not exactly in control and thereby manner of teaching, pacing and timing, is shared with learners. This, in part, is what an integrated curriculum theoretically requires of teachers if they are able to implement policy appropriately.

Overall, this conception of social organisation of knowledge fronts a number of items that need to be looked for in a context of curriculum implementation such as, what characterizes the nature of knowledge organisation? What are the boundaries of the knowledge for this subject? Who has control over the lesson?

## **2.4 Conclusion**

Literature was reviewed showing the expectation of the HIV/AIDS education policy in terms of integration. This being a new curriculum, it calls for a different type of knowledge organisation which was examined, the power relations that exist between the subjects. Literature was reviewed showing the importance of understanding how knowledge is organised in terms of power and authority, recognition and regulatory rules and classification and framing, and finally the pacing, timing and how meaningful they are to the HIV/AIDS education in the classroom.

From the literature reviewed, there is a gap in knowledge on how curriculum integration in schools should be implemented in secondary schools especially new subjects. This then required the researcher to go to class and see the interaction in

class, talk to the teachers on their experiences. This will be the concern of chapter three-research design and methodology.

In the next chapter the researcher will focus on the methodology and research design adopted in the study

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the research design and methodology used in gathering data employed by this study in order to answer the research objectives. The subsections in this chapter include: location of study, research design, study population, sample size and sample selection, data instruments and data collection procedure and data analysis procedure.

#### **3.1 Research Design**

The aim of this study was to examine critically how HIV/AIDS education was taught in secondary schools in Kenya. It specifically looked at the organisation of knowledge used in the HIV/AIDS as an integrated curriculum to establish if or how it dealt with the requirements of an integrated curriculum. Aspects of interest in the HIV/AIDS education included its curricular organisation; how HIV/AIDS education was communicated; the power and authority; recognition rules and regulatory rules; pacing and timing; to find out if they had a meaningful relationship in the description of what went on in the HIV/AIDS education classroom. To be able to understand this phenomenon the researcher felt that it would be best understood within the natural setting and unique context (Denzin & Lincoln, 2005) in which it was taught practically. It had to be experienced in the classroom in order to understand how it reconciled with the HIV/AIDS curriculum. This included; what the roles taken by the teachers and students during the lesson, how the teachers planned and taught; how they created a framework and how they related to the students in class.

An interpretive case study design (Cohen, Manion, 2007; Merriam, 1998) was chosen for studying the six schools on the HIV/AIDS education curriculum so as to enable the researcher to inductively describe interpret and theorize how forms of communication used to teach HIV/AIDS were consistent with the expectations of HIV/AIDS education policy. The design was influenced by the nature of what the study sought to understand. Therefore, it was used because the researcher wanted to be in class, talk to the students and teachers to clarify what happened in class, so as to understand the classroom organisation. It was also deemed important since numerous implementation questions on HIV/ AIDS education needed to be explored in real world setting, together with exploring the policy implementation process. Thus, as noted by Stake (2000) and Creswell (1998), the key component of a case study is a detailed description of the case and its setting. The boundaries of the study are determined by the concept or event under investigation. Case study as a methodology focuses on stretching out to cover every boundary resulting in a broad data base .Stake (2000) adds that the methodological freedom of case study with its focus on the question rather than the use of specific methods provided the freedom to examine multiple types of data. Further, this orientation of the study was reiterated by Burns (2000) who sees case studies as endeavours that are focused on circumstantial uniqueness. Hamilton (2011) describes a case study design as one often used to build a rich picture of an entity, using different kinds of data collection. Merriam (1998) argues that qualitative research approach is categorized by five characteristics: use of participants' insights and perceptions; interaction between the researcher and the participant; field work; grounded theory; and descriptive reporting. The study aimed at examining documents used for teaching and learning, talk to the teacher and students and collaborate the same in class. Therefore, this study used multiple



methods of data collection including observation, interviews and document analysis to enrich the quality of the data. These methods are discussed in section 3.5

### **3.2 Area of Study**

The study was carried out in Gem Sub-County, Siaya County, Kenya. Gem Sub-County covers a total of 1520 square kilometres. It borders Emuhaya and Butere Sub-Counties to the North, Kisumu County to the West, Ugunya Sub-County to the East and Alego Sub-County to the South. It has two administrative divisions namely; Yala and Wagai. The administrative headquarters is at Nyangweso market some 1 kilometre from Muhanda market off the Kisumu-Busia road. The population of secondary school going age group in the year 2014 was 34,534 males and 32,524 females. The total urban population was 20,457, while the rural population was 346,276 with 159,103 males and 187,173 females (GOK, 2016). Gem was chosen for it was ideal since it had a high number of youths between the ages of 10-19 years infected with HIV/AIDS as provided by NASCOP (2005). It was also convenient for the researcher to conduct the research there since the researcher was familiar with the area and therefore it would help the researcher to gain acceptance. Nsubuga (2000) observed that familiarity of environment helps the researcher in gaining acceptance. The area has 39 secondary schools with varying characteristics such as boys 'boarding, girls' boarding, mixed day and mixed day and boarding and girls boarding as shown in table 3.1

**Table 3.2.1: Categories and Number of Secondary Schools in Gem Sub-County**

<b>Category</b>	<b>Frequency</b>
Boys' Boarding	3
Girls' Boarding	3
Girls' Day	1
Mixed Day	30
Mixed day/ boarding	2
<b>Total</b>	<b>39</b>

**Source: Ministry of Education Statistics (2015)**

### **3.3 Sampling**

The study was conducted in six secondary schools, a selection based on the schools being well established in terms of teaching and infrastructure and enough teachers since the study was concerned with the teaching of HIV/AIDS education, it was important to limit any challenges that may emerge from lack of resources. The study population comprised of 12 subject teachers and 96 Form 2 students, from 6 well established public secondary schools in Gem Sub-County with regard to availability of resources, both human and infrastructure required to effectively implement the curriculum due to their potential relevance to the study objectives. According to the Gem sub- County Ministry of Education Enrolment Statistics (2015), there are a total of 900 Form 2 students in these 6 public secondary schools in Gem Sub-County.

There were two categories of participants in the study. These were Form two students and subject teachers in the secondary schools as discussed in section 3.3. The researcher employed a blend of stratified and purposive sampling techniques in selecting sampled groups.

The stratified sampling was used to ensure that both teachers and students were represented in the sample proportion. This was because the researcher was interested in issues of both teachers and students. Purposive sampling was used because the researcher was interested in selecting a population that was rich in information related to the central issues of what was being studied. Sampling involved a three step process, where six secondary schools were purposively selected for inclusion into the study. This was followed by stratification of participants into teachers and students. Finally there was purposive selection of teachers and students from the selected six secondary schools who generated study sample. It was convenient in the qualitative research such as mine, which stressed on in-depth investigation into a small number of communities. Purposive sampling, according to Oso & Onen (2005), reaffirmed that it is the best sampling method when the researcher is interested in a particular group. With a focus on the classroom level of curriculum policy implementation, both the teachers and students (learners) became centre of interest in the study. Teachers were selected to participate in Key Informant Interviews (KIIs), while students participated in Focused Group Discussions (FGDs)

Being a qualitative research, which stressed on in-depth investigation in a small number of schools, the researcher used purposive sampling because the emphasis was on quality rather than quantity; the objective was not to maximize on numbers but to exhaust the detailed information on the topic (Padgett, 1998). A sample size representative of the study population was selected from the 6 public secondary schools in terms of required resources to ensure efficient and effective curriculum implementation within Gem Sub-County. The researcher purposively sampled two subject teachers per school for the 6 schools to enable the researcher to cover lessons across different subjects. This gave a total 12 teachers for Key Informant Interviews

and 8 students for every Focus Group Discussion. The researcher picked 8 students because in accordance to Balch and Mertens, (1999) focus group are guided discussions among a small group (6-12 participants), in which the interviewer serves as a 'moderator' in total the sample size was 108 participants including teachers.

### **3.4 Research Instruments**

This section presents the methods of data collection and their relevance to the study. The researcher used four instruments to collect data from the selected sample. A blend of the selected tools and methods of data collection were used in this study to attain an inclusive description of the activities of the HIV/AIDS education. As a study that focused on the enactment of practice, it became necessary not only to observe the classroom activities but to also seek clarifications from participants. The study utilized observation, document analysis, Focused Group Discussions (FGDs) and key informant interviews (KIIs) using unstructured and open-ended questions as tools to collect primary and secondary data from participants. Secondary data sources included relevant documents like subjects' syllabi, ministry circulars and memos and resource materials like schemes of work, lesson plans and teachers' records of work available in the schools. This was to establish the nature of knowledge organisation adopted by secondary school teachers for the HIV/AIDS curriculum. Observation schedules were used to record data on the processes and activities taking place during actual class lesson presentations. The data collection utilized on in-depth open-ended interviews, as guided by interview schedule. The use of interview guide provided a systematic structure to the interviews, even though they were treated as conversations where the interviewer drew out detailed information and comments from the participants. Additionally data collection was done through non-participant observation of the classroom sitting arrangement, interaction between the teacher and

students during the process of teaching. Focus Group Discussion was done with the students to make inferences on the teaching of HIV/AIDS. All this was done to establish how HIV/AIDS curriculum was being taught as an integrated curriculum at the secondary school level.

### **3.4.1 Observation Schedule**

The non-participant observation method was used to gather data throughout the study. The researcher sat through class observation. The researcher sought answers to the question: How knowledge is organised in the classroom? Bernstein (2000) distinguished two types of knowledge were considered central to teaching. This include the integrated and collection type of knowledge. Integrated type such as one anticipated by the HIV/AIDS education policy. Integrated type of knowledge gives the learner more control over what is being learnt, the pacing and timing of the lesson. Thus, on the basis of that conception, the researcher was able to identify the knowledge type used in the classroom. The researcher observed twelve lessons over a period of three months each lasting about 40 minutes with a bit of interruptions in between. The researcher took down notes during the lesson. She also used the notes to seek clarification from both the teachers and the students during interviews. In one of the interviews posed after a class observation, on what was being learnt in class, this is what was observed:

‘Actually the teacher introduced the topic on probability and mentioned an example of discordant couples; the rest was mathematical concepts on probability. We quickly got the idea that the lesson was on mathematics and nothing to do with HIV/AIDS content’

On this account, the researcher was able to pick out that the lesson used strong framing from the teacher and weak framing on the students. Observations were made of the classroom environment to make inferences whether there was freedom in the class or the class sitting arrangement was structured in a way that the teacher becomes the centre of authority. This clarified how HIV/AIDS curriculum is taught as an integrated curriculum at secondary school level. Observations were also made of any charts that would show students expressions, student behaviour inside the classroom was also observed, the nature of teaching that took place in the classroom, the nature of relationship between the teachers and students in the classroom were also observed. This helped in establishing the degree of knowledge classification and framing as ways of social organisation of knowledge. This was done during the actual lessons to assess how teachers implement HIV/ AIDS education in class. To do this an observation schedule was used to visit different schools and classrooms to look out on physical environment and how it influence the level of freedom in the classroom, classroom interaction, teaching methods and use of professional records in planning and monitoring of lessons. This helped to complement existing evidence hence increased the validity of the research. Observation enabled the researcher to draw conclusion on the level of control and freedom that both teachers and learners had during the lesson interaction. It also helped establish the level of teacher-subject identity.

There were 12 lessons observed: Biology two lessons, CRE two lessons, English two lessons 2, Geography one lesson1, History one lesson1, and Kiswahili two lessons 2 and Mathematics two lessons. The compulsory subjects were selected because they are done by all students and are taught daily and all students have a chance to get the HIV/AIDS curriculum. Biology, Religious Education and Geography have many

topics where HIV/AIDS can be integrated. It is in these traditional subjects that HIV/AIDS education policy envisioned integration of the content into their syllabi. Non-participatory observation was employed where the researcher conducted systematic observation without interacting with the class and this helped the researcher to concentrate on the lesson without distraction. Each lesson took 40 minutes as allocated in the timetable. The data was collected taking notes and memos along the way. From what the researcher observed notes were made which enriched the information collected from the interviews, as discussed in the next sub-section.

### **3.4.2 Documents**

Document analysis formed an important dimension of this research. According to Oso & Onen (2005), document search and analysis is the critical examination of public or private recorded information related to the issue under investigation. Since teachers deliver contents to students guided by policies embedded in the syllabus, document analysis gave an insight on how HIV/AIDS curriculum was being handled by both the MOE and the teachers. This formed part of secondary data necessary to qualify some of the findings from what was observed in the class and the interviews. It involved checking how the scheme of work, lesson plans, records of work and text books. The researcher used the documents to establish the nature of planning and implementation done by the teacher. It was necessary to establish whether HIV/AIDS contents were really integrated into the host subject curriculum. Findings from the document analysis were used during the interviews with key informants in the study.

The researcher analysed the MOE circulars on HIV/AIDS implementation so as to understand the ministry expectations on the teaching of HIV/AIDS. Inclusion of HIV/AIDS in the schemes and records of work covered, lesson plans and text books,

Policy document, syllabi, newspaper articles all provided invaluable data spread of HIV/AIDS for the research. Through the document analysis the researcher was able to track the teacher preparation and delivery of the content and supplemented information that would otherwise not be available.

### **3.4.3 Key Informant Interviews**

Key informants were teachers of different subjects and they were used because they were the implementers of the curriculum. Interviews were used in this study to complement what had been identified during the observation of the lessons, together with analysis of documents. Interviews assisted in clarifying from the participants on issues that emerged from the observed lessons. Interviews were conducted in a conversational nature, thereby allowing for exchange of knowledge and understanding to 'reveal depth, feelings and reflexive thoughts' Mills, et al (2006). The researcher utilized interview guide questions to retain focus on specific information that were needed in order to clarify the various aspects of HIV/AIDS education. Through such conversations it was possible to develop open, honest relationship with teachers in a relaxed atmosphere. Interviews took about forty minutes with interruptions from students and other duties. Interviews provided valuable supporting data on a number of issues that were not clear during the analysis of documents and observation data. Through relaxed interviews the teachers and the students were able to give additional information that may not have been obtained had this method not been used. It helped to understanding of the phenomenon Tietel, (2000).

Structured open- ended Interviews were used for selected subject teachers in the six selected secondary schools with the aid of an interview schedule. Informants were selected purposively based on their status and experience in teaching and classroom



management. It sought to establish how integrated HIV/ AIDS education is being implemented by teachers identified with teaching of traditional subjects. Key Informant Interview (KII) was designed in such a way that more specific and truthful answers that relate to integration of HIV/ AIDS into secondary school curriculum were to be realized. According to Gupta (2009), Interviews gave an opportunity to probe detailed information on every issue under study. It was meant to elicit information that could not be directly observed. Nsubuga (2000) observes that many people are willing to communicate orally than in writing. Interviews were used to make it possible to obtain data required to meet specific objectives of the study. The researcher used interviews to corroborate issues which had been observed in class and in document analysis. The face to face interviews took place after the lesson and with the permission of the respondent the researcher took notes. This was made possible by the nature of the questions, which were structured and open-ended.

#### **3.4.4 Focused Group Discussions (FGDs)**

Focused group discussion is very useful in providing immediate feedback on the current position about an idea or subject matter (Kombo and Tromp, 2006). It was exclusively held for the student participants to find out their opinions and experiences on how education on HIV/ AIDS was being implemented in the classroom. The focus group helped shed light on, among other issues, that they do not feel like HIV/AIDS education is having an impact in their lives. The researcher employed a mixture of informal discussion based on interview protocol, this assisted in making the session cordial and focused. The researcher used the informal conversation to initiate discussions on issues picked during observation, such as ‘Tell me something about the lesson we have just had?’ The researcher took notes and sometimes verbatim texts were quoted. There were twelve (12) FGD groups consisting of 8 students per session

moderated by the researcher for about 40 minutes with a bit of interruption in between since most of it happened after the last lesson i.e. at games time. This helped to discuss topical subjects that touch on the research objectives. This is according to Balch Mertens (1999) who observe that focus group is guided discussion among a small group of 6-12 participants. For effectiveness and to gather more information, FGD sessions were held immediately after completion of lessons by participating students. This helped discuss topical subjects that touch on research objectives. It also guaranteed an assurance on reliability and validity of the research. Members of FGD helped each other to recall and verify information on lesson taught.

Student participants were all in Form 2 from different schools. All students turned up for FGDs as students were purposefully selected for participation immediately after the actual lesson observation. Their participation was essential in establishing whether the policy was achieving its intended objective that aimed at behaviour development appropriate to the youths' formation to help in HIV/ AIDS prevention and control. They represented part of the targeted population by the policy on HIV/ AIDS education. And therefore, it facilitated an establishment of whether the knowledge anticipated was being taught in the correct way and the intended behaviour change impacted in them?

### **3.5 Authenticity and Truthfulness**

According to Creswell (2009) validity means that the researcher checks for accuracy of findings from the standpoint of the researcher, the participant or readers of an account. In qualitative research this is referred to as credibility. Credibility refers to the confidence one can have in the truth of the findings. The researcher established credibility by use methodological triangulation where multiple methods of data collection were used. This included non-participant observation, interview, document

analysis as well as Focus Group Discussion and this was reinforced with constant checks by my supervisor. Methodological triangulation refers to strategy that employs multiple methods, such as observations, interviews and document about the phenomenon being investigated. Triangulation helped the researcher corroborate different sources of evidence. All these combined gave a broad, deep and balanced description of how HIV/AIDS education was taught in secondary schools. Non-participant observation was done in the classroom being one of the main data gathering methods. The researcher had to determine how what was observed stacked up against what was said in the interview. The interview was done during the teacher's free time to corroborate what had been observed. The Focus Group Discussion was also done immediately after the lesson since the lessons were organised to take place during the last lesson of the day, to corroborate what was done in class and to get the students feelings towards the learning process. Document research was done later in the evenings with approximately 30 documents eventually being analysed. After the initial write up of the study feedback on some of the findings, shared with the supervisor several times, including the memos I had written. Rich description was also used to enhance transferability, so that other researchers could apply the findings of the study to their own studies. According to Denzin and Lincoln (1994) dependability refers to the stability of the findings over time and conformability to the internal coherence of the data in relation to the findings, interpretations and recommendations.

### **3.6 Piloting**

A pilot study was conducted for three days in one school in Ugunja Sub-County which is a neighbouring Sub-County to Gem Sub-County. The pilot study helped the researcher to check whether there were gaps on the tools identified for data collection

and whether they were appropriate. It also helped the researcher to re-work through some interview questions on the involvement of learners that seemed unclear. The pilot study was viewed as a means that would help highlight the ethical issues that needed to be considered to make the study credible. It also helped the researcher to gain real world experiential evidence that would inform the field as observed earlier by Kezar (2000).

### **3.7 Data Collection Procedure**

The researcher obtained permit from the National Commission for Science, Technology and Innovation (NACOSTI) through the school of Graduate Studies, Moi University. The National Commission for Science, Technology and Innovation wrote to the County Director of Education (CDE) who granted permission for the research to conduct in Gem Sub-County schools. Copies of the permit were then submitted to the school Principals to allow the students and teachers to participate in the study. This was because collecting data from students poses special challenges that hinge on ethics of doing research. Since the students were young and not completely knowledgeable of the implications of their participation, involving the school administration to act as guardians and custodians of their rights, including those related to informed consent was important. The researcher then sought permission from the participants on their willingness to participate in the study and explained to them the purpose and benefits of the study. Participation was completely voluntary and informed consent was obtained from participants prior to their involvement. At the outset of each interview, the purpose of the research was explained by the researcher. The participants were allowed time to ask questions and thereafter were asked to sign a formal consent form.

### **3.8 Data Analysis Techniques**

Data analysis began by assigning codes according to categories and the study's conceptual framework. One way that coding was achieved was through research questions. The process of data analysis began with putting in place a plan to manage a large volume of data collected and reducing it in a meaningful way, identify significant patterns and construct a framework for communicating the essence of what the data revealed given the purpose of the study. The study used multiple qualitative analysis tools. The researcher utilised constant comparison analysis to code the data. The codes had been identified prior to the analysis and then looked for in the data. The researcher first read through the entire set of data after which the researcher chunked the data into smaller meaningful parts. The researcher then labelled each chunk with a descriptive code as minimal unit and category. Each new data was compared with the previous codes, so similar chunks were labelled with the same code. After all the data had been coded, the codes were grouped by similarity and a theme was identified and documented based on each grouping as in table 3.9 this helped in data reduction. The study also utilized word in context which revealed how respondents used words in context. This was done during Focus Group Discussion, where the word "interesting and boring" were used to show the feeling of the learners. Word count was done on the lesson observation on frequently used words to give instructions to the learners during the learning process, such as 'state, explain, identify and write down' This words were of interest to the researcher. Key words were chosen through the theory and frequency of words through the data. Counting helped in improving the rigor of the analysis. This also helped the researcher to prevent overweighting or underweighting the emergent themes. The notion of curriculum organisation necessitated an examination of HIV/AIDS education in terms of how the

content was organised in the classroom. Words, sentences or utterances used and interactions that occurred during the lesson between teacher and students were highlighted. The researcher looked at how the teachers communicated in general and focusing on the nature of the communication and how the forms communication were positioned, that is, Bernstein (2000) describes the relationship with the focus on classification and framing. This meant that teachers and students needed clear guidance on how they were supposed to interact in a HIV/AIDS education lesson to realize the subject objectives. Therefore, it was against this understanding that the knowledge for teaching that was sought in the data had to be systematically coded in order to identify what component appeared to be given emphasis in the HIV/AIDS education. The researcher also developed codes for lesson plan, lesson objectives, learner activities and teacher activities and reference books. The researchers also used conceptual guidance that she obtained from the existing literature. Table (3.2) provides data from analysis of documents.

The notion of curriculum organisation necessitated an examination of the HIV/AIDS education curriculum in terms of identifying how the lived experiences of the teachers and learners informed the manner of interaction. The researcher looked at how integration was translated in the classroom. The researcher also focused on the words, phrases commonly used during the interview.

The specific procedures that were used in this study for analysis of data are provided on table (3.2) the table provides an example of how data from the document analysis was used to get meanings and how it was presented. This began with identification of minimal unit of data, followed by category then the theme derived from the category. It involved schemes of work and lesson plans. The lesson plan included the activities of the teachers and students during the lesson, communication as a category, theme as

weak or strong classification and framing. It also identified the roles of the students and the teacher within the lesson. Teacher activities included what teachers did and said, such as asking questions to students such as, identify..., and mention..., what is.....On the part of the learner activities some of the items included participate in discussions ,ask questions . In turn themes were derived from through the examination on how knowledge was organise in the HIV/AIDS education. Though the data generated a number of minimal units this was not the case with the theme since those identified could be accommodated within the identified theme.

**Table 3.2: Summary Analysis of –Documentary Analysis**

MINIMAL UNIT	CATEGORY	THEME
Lesson topic	Organisation of knowledge	Weak/strong classification Weak strong framing
Lesson objectives	Listening Communication	
Teacher activities Learner activities	Listening Communication	
Teaching Aids	Organisation of knowledge	
Reference books	Organisation of knowledge	

The same approach was used in the lesson observation. The minimal unit was identified and was further distinguished into categories and themes. I observed the teacher interaction as the minimal unit and communication as category. I looked at the physical position of the teacher and asked myself what impact it had on the communication in the class. All the students were facing the teacher as the centre of authority. The teacher controlled the lesson from the introduction, lesson development

and conclusion. The teacher asked the questions and picked the learners one by one to answer. The students waited upon the teacher to tell them what to do. The teacher determined what was to be done, when and how. When I looked at the classroom arrangement as a minimal unit and knowledge organisation as the category, I asked myself what such a classroom arrangement does imply. What was the information written on the charts? This corroborated with what I had observed in the documents.

**Table 3.3: Summary of Analysis- Observation**

MINIMAL UNIT	CATEGORY	THEME
Teacher interaction	Listening communication	Framing/weak/strong Classification/weak/strong
Physical environment	Communication	Classification/weak/strong
Chalkboard	Content	Framing/weak/strong
Classroom arrangements	Knowledge organisation	
Charts	Knowledge organisation	

For the interviews the same approach was taken in analysis of the data obtained from the interviews. The minimal units were identified and were further put in the categories and themes and it was from these details that the data was analyzed. Throughout the analysis of the interview, in order to derive themes, after analyzing the transcripts of the interview and focus group through coding, the information would be placed into minimal units of meaning. I would ask myself the question ‘How is the knowledge organise? Who has the control over what is being learnt?’ The data would show that the teacher has more control over the lesson. While examining the data and obtaining themes I reflected on what the underlying meaning of the discourse of HIV/AIDS education was looking for and the manner of interaction used in the teaching of the curriculum, as it enabled me identify that the teachers were the



ones in charge of the communication while the students adopted a passive mode. As observed in the interview transcript (see Appendix iii) for example all the time was taken by the teacher, explaining, defining, and asking questions. Students hardly participated.

During the analysis, I would look through some questions to develop theme, what role did the student play in the lesson? What does a role taken up by the student mean in terms of organisation of knowledge? Then I would move to develop themes. For example in this case the teaching of HIV/AIDS education was presented by the teacher and the learners were reduced to listening and taking further instructions from the teacher such as write down...., explain...., state .... which had few students with mastery of the host subject participating. As observed rightly, the expectation of the HIV/AIDS education expected an approach where the framing was strong on the learner. The learner has control over the sequencing, pacing and timing of the lesson. From the analysis from the interviews , observations and documents, it was clear that the teachers were instead using the knowledge of the host subject to present the lesson This was done for all the four modes of data i.e. documents , observation, interview and focus group discussion as brought out in the subsequent chapters of this report.

**Table 3.4: Summary of Interviews Analysis**

KI I	Q I	Q2	Q3	Q4	Q5.....
KI II					
KI III					
KI IV					
KI V					
.....					

**KEY – All questions had been placed in the table**

### **3.9 Ethical Consideration**

The researcher was not only concerned with the benefits of the research findings but also looked at the rights of subjects or participants in the research process. Oso and Onen (2005) noted that knowledge cannot be perused at the expense of human dignity. Conducting a research always poses ethical issues. To take care of the challenges, all respondents were given clear objective information about the research project and the purpose for which data were being collected for them to give informed consent to participate in the research. The participation was voluntary and adequate measures were taken to ensure the confidentiality of participant's records. More over the teacher participants signed a consent form and were given an option of providing an e-mail address in order to receive a copy of the findings. For students, approval of data collection was sought in advance from the Ministry of Education and from the school principals. Each participant received a letter requesting for consent and outlining the nature of the research, their involvement in the research and their rights, after which they signed the consent forms. On confidentiality the researcher kept from the public certain information by safeguarding the privacy and confidentiality of the participants through use of pseudonyms this was done by assigning letters of alphabet such as English A, English B. For participants who were under 18 years, the researcher obtained permission from the Principals on behalf of their parents. The researcher explained to the participants prior to each session that the research was being conducted for academic purposes, and that findings would be widely available once the material was published. Utmost anonymity of participants was however promised. The researcher ensured the anonymity of participants by not providing any names or personal information about the participants, not naming the schools from where the participants came from as this would make tracking the information back to

a particular people easy, and ensuring that data collected was only accessible to the researcher, who converted it into electronic data and disposed it adequately.

### **3.11 Summary**

This chapter dealt with research design, area of study, sampling, research instruments, authenticity and truthfulness and data collection procedure. It also dealt with a detailed description of the research methodology adopted in the study, there was description process, how the data was collected, coded, arranged and analysed was also presented. The concluding chapter presented ethical issues that were considered during the conduct of the study as well as in preparing the research report. In the next chapter the researcher dwelt on discussions and conclusions made from the data.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION**

#### **4.0 Introduction**

This study addressed the following research questions: What is the nature of knowledge organisation adopted by teachers in secondary schools for the HIV/AIDS curriculum and how is the HIV/AIDS curriculum taught at the secondary school level?

These questions were addressed through an interpretive case study design. Through the multiple data collection methods i.e. document examination, observation, interviews and focus group discussions as presented in chapter three. The following discussion was derived from the analysis of data.

#### **4.1 Organisation of Knowledge**

The policy on HIV/AIDS education envisages an integrated curriculum. To integrate means certain things must be done in a certain way, and that is why I went through several documents that are used to organize a lesson and also that is the reason I was going to class to observe what was taking place.

The organisation of knowledge is central to what HIV/AIDS education teachers are expected to do in order to achieve the desired objectives of the of HIV/AIDS policy on education. The objective of HIV/AIDS education was to inculcate behaviour change in the students, so as to avoid risky behaviour that exposes them to HIV/AIDS. From the sociological analysis of curricular the teacher must observe certain things. That in knowledge organisation the boundaries are porous or bounded. In relation to HIV/AIDS when the boundary is porous the teacher knows the subject.

To add to that the learner has control over the selection, sequence, pacing and timing of the lesson.

The researcher examined the documents first then I walked to class to observe with focus on how the teacher implemented the HIV/AIDS curriculum. I first examined the syllabus used by the teachers in planning for the lesson. I noted that the syllabus though not explicit captured topics that could easily be integrated into the HIV/AIDS curriculum. Teachers were expected to identify appropriate topics to use for integration. In one example which was derived from a syllabus of English form two, the HIV/AIDS curriculum was captured as follows:

**Table 4.1: Extract from the English Syllabus**

**Syllabus Form II**

**Reading**

**Extensive reading**

i)Literary and non-literary

materials on contemporary issues such as:

- Children's rights
- Child labour
- Environment
- HIV/AIDS
- Moral value

**Specific objectives** – By the end of Form 2, the learner should be able to enjoy reading literary and non-literary material.

It is worth noting that though the above syllabus captured the HIV/AIDS curriculum the intended objectives fall under a strongly framed subject. The objectives did not capture the spirit of an integrated curriculum. This is likely to translate to a flawed scheme of work and lesson plan. This prompted me to check how the teacher had planned for the curriculum through the scheme of work scheme to corroborate one another. As I was going through the scheme of work, I would ask myself what the minimum unit speaks of organisation of knowledge. The content part of the scheme of work just referred to the host subject content which indicated that there was no integration. On the topics such as intensive reading, on the HIV/AIDS comprehension the specific objectives were 'By the end of the lesson the learner should be able to answer questions from the passage appropriately.' On specific learner activities, it stated: 'Reading, answering questions, listening and writing.' On the learning and teaching aids the scheme included chalkboard and readers. Reference material was Excelling in book two. I also looked at the activities for the learner, but the learner barely had any major role during the lesson except to respond to the teachers' instructions. On the reference material it was the book belonging to the host subject. The remarks column indicated 'well taught' which is a strongly framed remark instead of 'it was an interactive or creative lesson'. This kind of remark shows that the teacher has authority over the learners instead of the reverse. This showed there was no integration since the planning itself was strongly classified. I also checked the way the scheme was prepared. It gave a picture of a strongly framed scheme in favour of the academic subject. When I enquired from the learners what they were learning, the response was English, yet another indicator that they were looking at the lesson with the lens of English as an academic subject. This shows the scheme gave

the teacher a central role, as learners were mostly passive listeners contrary to the expectations of an integrated curriculum.

**Table 4.2: Extract of an English Scheme of Work illustrating Integration**

Wk	Lsn	Topic/ Sub-topic	Objectives	Learning Activities	L/teaching Aids	Reference	Rmks
4	2	Extensive Reading Comprehension on HIV/AIDS	By the end of the lesson the learner should be able to:  Answer questions from the passage. appropriately	Reading Answering questions	Chalkboard  Readers	Excelling  In English Book 2 Pg.15	Well taught

I then moved to look at the lesson plan as organised for an integrated lesson and the specific objectives were that ‘By the end of the lesson, the learner should be able to construct sentences using the words given in the passage’. Objective two ‘by the end of the lesson, the learner should be able to state the ways in which the HIV/AIDS is contracted. These objectives on the contrary do not encourage an integrated curriculum because it restricts the learner while giving more power to the teacher especially looking at terms such as state which do not invite any form of discussion. From the documents observed there was little student engagement with the content taught. This finding contrast sharply with Bernstein’s argument studies that require weakened values of classification and framing in the organisation of this curriculum. I then moved to class to corroborate what was in the documents with what was taking place in class.

**Table 4.3: Lesson Plan****Subject: English****Topic: Reading      Sub-Topic: Reading Comprehension****Objectives:** By the end of the lesson, the learner should be able to:

- i) Construct appropriate sentences from the passage.
- ii) Identify the causes and modes of transmission of HIV/AIDS
- iii) Identify the symptoms of HIV/AIDS
- iv) Explain the methods of preventing HIV/AIDS

**References:** Excelling in English, Book 2 page 125 -126

<b>Step/time</b>	<b>Teacher's Activities</b>	<b>Learner's Activities</b>
1.(5 MIN)	<b><u>Introduction</u></b> To ask the learners to name the type of sickness they know. To ask learners to read the passage.	To answer the questions
2.(10 MIN)	<b><u>Lesson Development</u></b> To ask learners to define HIV/AIDS, state the causes and modes of transmission of HIV/AIDS.	To answer the questions
3.(20 MIN)	To explain the causes and modes of transmission of HIV/AIDS To ask the learners to give the Symptoms of HIV/AIDS	To listen carefully as they take short notes To answer the question
4.(5 MIN)	To discuss the methods of preventing HIV/AIDS <b><u>Conclusion</u></b> To review the lesson by asking oral questions	To take part in the discussion as they take short notes To answer the questions

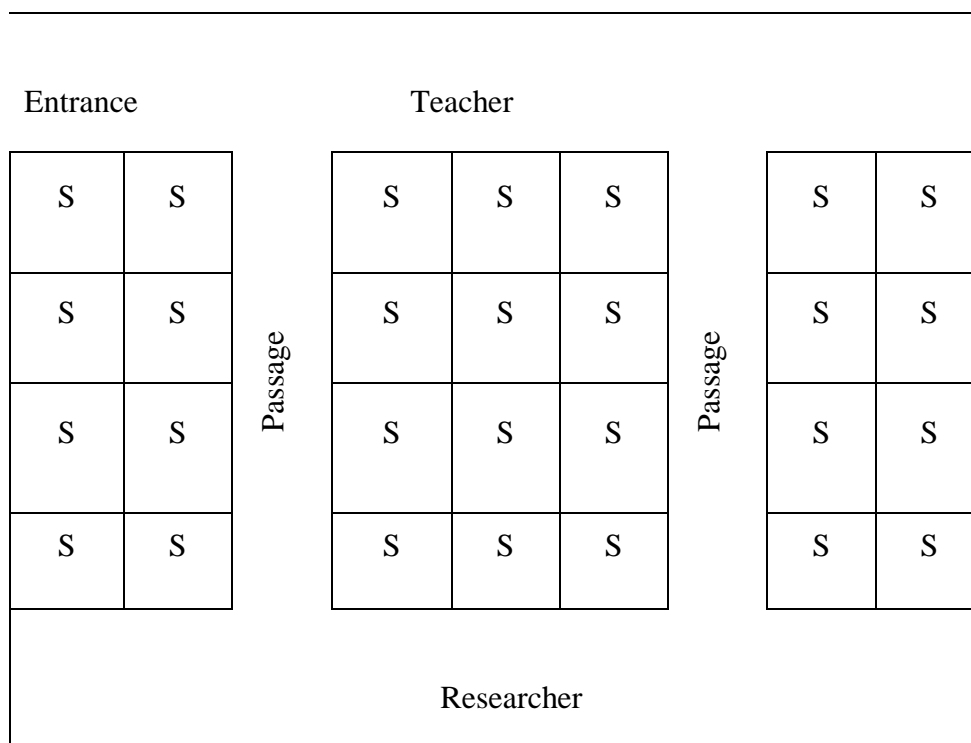
**4.2 Teaching of HIV/AIDS in the Classroom**

I then went to class to observe what happens in class after looking through the documents. This was to capture the instructional delivery of HIV/AIDS curriculum as done by the teacher. I was asking myself, what is the role of the student in the class?



What knowledge for teaching HIV/AIDS is being presented? How does the teacher teach? How does the teacher help the student to get this knowledge? What is the nature of interaction between the teacher and the student? Among others. I first observed the classroom environment, whether it was appropriate for an integrated lesson. This is because content of knowledge determines the classroom setting. HIV/AIDS curriculum needs a setting that is relaxed and stimulated to make the learner be stimulated and enthusiastic to learn. (Hayward and Jerome, 2010) argues that HIV/AIDS content requires classroom setup that allow for free interaction and movement and it ought to be more inviting. I looked at the sitting arrangement and it was as below:

**Table 4.4: Classroom Arrangement**



**Key: S- Student**

The sitting arrangement spoke volumes on the relationship between the teacher and the learners. The learners sat facing the board as the teacher stood in front of the class. They seemed to be waiting for instructions from the teacher. The teachers place was very central with all the authority and attention given to him/her. When the teacher entered the class, the learners seemed to confirm that the authority of the learning lay with the teacher and not the learners. The sitting arrangement was strongly framed contrary to the expectation of an integrated curriculum. It was evident that the students understood the power structure in the classroom for they waited for the teacher to prompt them at every stage of the lesson. The way they asked questions and answered them, showed that they possessed the recognition rules of the host subject. For example in one of the lessons this is how it was:

*Teacher: Identify ways in which HIV/AIDS is transmitted*

*Student: Through needles, blood transfusion, mother to child and through sexual contact.*

The learner responded using the lens of an academic subjects and it was exactly what the teacher was expecting from the way the question was framed. The learners were aware of the rules governing the host subject and that is how they were responding by giving a fixed body of facts. During the interview I inquired what subject they were learning and this is what one group said:

*'We were learning Biology lesson on types of diseases. The topic was even written on the board. We were also referring to the Biology text book.'*

The students had a very clear idea of what subject they were experiencing and the sort of knowledge skills it involved. The students had little awareness of the HIV/AIDS theme as a distinct entity from the host subject and no distinctive teaching methods or recognition and realization rules emerged.

I also observed that the classroom had no charts or pictures on HIV/AIDS while on the other hand there were quite a number on the academic subjects. This shows the power relations between the two subjects and what is looked at as important. This may explain why the learners during the focus group felt HIV/AIDS subject is not given adequate time. This is in agreement with what De Brabander, (2000) who in his studies observed that the views of knowledge and its status lend support for why integrated curriculum find it difficult in being accepted as genuine form of education. After this observation I sat at the back of the class and also faced the teacher as was the culture of the school and, because I wanted to see how the lesson was being conducted.

The History lesson started with a review of the previous lesson. The teacher picked a student and asked:

*Teacher: Can you remind the class what we learnt in the previous lesson?*

*Student: We learnt about factors influencing industrialization in South Africa*

*Teacher: Good. Can you identify some of them?*

*Student: Large population, domestic and external market.....*

The introduction of the lesson was already strongly framed from the way the questions were asked and the expected answers. The teacher asked questions as the learners were answering. It was evident that the students understood the power structure during the lesson, for they took a passive position and waited for prompting to either answer or ask questions. The teacher would then write the answers on the board as the students copy in their exercise books. This method is unlikely to generate a free relationship as anticipated by the integrated curriculum. On content the teacher asked the learners to identify the challenges of urbanization. They identified them,

and HIV/AIDS was one of them. The learners identified, and the teacher wrote on the board. The learners in turn wrote the points in their books. The learners seem to possess the recognition rules of the academic subject and responded as expected even during the HIV/AIDS curriculum. For example, during the History lesson the following dialogue took place:

*Teacher: How is HIV/AIDS transmitted?*

*Student: Through blades and sharp objects, sexual involvement, blood transfusion and direct infection from mother to child.*

*Teacher: How can we stop the spread of HIV/AIDS?*

*Student: By creating employment and sensitizing people on abstinence.*

This clearly shows that the teacher and the learners had taken the lens of an academic subject. It was evident that students understood the power structure and waited for the teacher to prompt them. Most of the time, they were passive listeners through the lesson. It also seemed that those were the kind of answers the teacher expected from them because he did not probe any further or even given room for discussion to give their own opinion. The learners continued with the same manner to the end of the lesson.

HIV/AIDS themes are centred on personal and social lives of the students to a greater extent than academic subjects. In this regard the recognition rules and realization rules of the subject become a problem. For example, in a Religious Education lesson, this is what happened:

*Teacher: What is the most common sin among the youth?*

*Student: Sexual immorality.*

*Teacher: Meaning?*

*Student: incest*

*Teacher: What makes you engage in incest?*

*Student: (silence then giggles, finally no answer)*

The students felt reluctant to talk about how they relate with their relatives of the opposite sex. The students were not used to using their own lives as examples and hence did not feel at ease with changing the implicit governing rules, governing the discourse in the subject

#### **4.2.1 Feedback from Teachers**

I then moved to interviews with the teacher to collaborate what I had observed in class to enable me understand the nature of knowledge organisation adopted by secondary school teachers for the HIV/AIDS curriculum.

Planning is central to good teaching. Teachers are expected to plan on what they are going to teach using the stated syllabus that is then decimated to the scheme of work and consequently the lesson plan. Findings on the question on how teachers plan the HIV/AIDS subject, from the responses most teachers alluded to the fact that they plan their lesson from what is captured in the scheme of work as is generated from the subject syllabus then organise into a lesson plan. This prompted the researcher to enquire whether they ever refer to the HIV/AIDS syllabus, to which most responded that since the bit they teach is already captured in the host subject it was not necessary. This brings out the power relations that exist between the host subject and HIV/AIDS subject. This could be the reason why the teachers looked at the HIV/AIDS content as an appendage of the host subject and hence use the lens of the host subject. This agrees with Siskin (1994) that says that academic departments appear to occupy one crucial organisational position of power within the school affecting “what” and “how” teachers teach.

An integrated curriculum requires a relaxed and interesting environment. With active learners and free interaction between the teacher and the student. Findings on the question of how they taught the lesson that had just ended went on, most of the respondents thought it was interesting while a few thought it was as usual. When probed further on what they thought made it interesting, most of them said it was because the students were active and responded well in class. They also felt the learner looked more relaxed. This agrees with (Hayward & Jerome, 2010) who argues that HIV/AIDS content requires free interaction.

Integration of HIV/AIDS is a process of policy change in a systematic manner in order to achieve the broader goals of controlling HIV/AIDS. The curriculum approach anticipated integration where HIV/AIDS content is integral part of other school subjects. I wanted to find out how the teachers understood integration. On how they understood integration, the findings show that most of the respondents had an idea of the meaning that “integration is bringing HIV/AIDS content into the academic subject.” While a few said it was teaching HIV/AIDS anytime not necessarily during the academic lesson. Though the definition was correct the teaching was contrary to the definition. They did seem to treat HIV/AIDS as an appendage of the host subject. This brought about challenges in teaching. This agrees with Nyiva (2010) that teachers seem to have challenges with the integration of HIV/AIDS.

On how often they engage with the HIV/AIDS subject in class, most of the respondents said they only do it when the topic is appropriate to integrate and since in some subjects the syllabus is not explicit, they chose when they thought it appropriate. This ranged from once a fortnight, month and term. This is contrary to what the policy requires of once a week. This once again brings about the issue of power relations between the two subjects.

With the new role played by the teacher in the new subject, I examined the role the teacher played during the lesson, findings show that most respondents felt that their roles included, introducing the lesson, explaining, guiding learners through questions and answers. A very small fraction thought they could also introduce sessions of discussions. This is contrary to what is expected of an integrated curriculum. This shows that the teachers do not have the lens of the HIV/AIDS subject. This agrees with Hayward and Jerome, (2010) who argue that for academic subjects, the subject knowledge and the pedagogy have been experienced and a subject lens is lived and experienced by the teacher. For HIV/AIDS, the subject knowledge is missing and so is the pedagogy and it is not clear what the subject lens looks like.

On the role taken by the students in the learning process, findings show that most of the respondents identified answering questions, writing, listening and following instructions as given by the teacher. A few felt that the learners could be allowed to discuss. This shows that the teacher takes a central role in the teaching and learning process and the learners are reduced to almost passive learners. This is contrary to what Bernstein (2000) observed that for an integrated curriculum to flourish the students must take control over the selection, sequencing, pacing and the criteria of knowledge. i.e. the framing must be weaker.

The researcher also enquired on the time taken to teach the HIV/AIDS subject. The findings show that most of the respondents mentioned between five to ten minutes. A few mentioned forty minutes. This then implies that the teachers took on strong framing that did not allow students much participation. They went ahead to teach while the learners listened without questioning. That is why they could complete the lesson in five to ten minutes. This agrees with Boler and Aggleton, (2005) who observers that that though there are notable exceptions, most teachers in Kenya

maintain very traditional teaching styles, where the speaker addresses several learners and interruptions are not encouraged.

Teachers stand at a very advantageous point if they are trained in what they transmit. The researcher examined whether the teachers tasked with teaching HIV/AIDS subject had any training or in-service course on the same. The findings showed that hardly any of the respondents had gotten any in-service or training on the same. This brought the challenge when teachers were transmitting this knowledge because it was assumed that teachers could always teach what new subject was introduced in the school. This created a weak link between the design and delivery because the teachers were not doing what was expected in an integrated curriculum. This agrees with Barasa, (2005) who in his studies argued that teachers in Kenya are rarely involved in curriculum development and it is taken for granted that they will adapt to the new changes immediately and implement the needed programmes.

When probed further on how they surmount this challenge, findings showed that most of the respondents said that their professional training had helped them. A few said they were not comfortable. This posed a challenge because professional training at the university deals with isolated strongly bounded subjects and this kind of knowledge organisation can only work on strongly framed subjects such as the academic subjects. This thinking was transferred to the organisation and teaching of HIV/AIDS subject as witnessed in class. This agrees with Hayward and Jerome (2010) that when subject pedagogy has not been experienced first-hand the teacher simply copies the generic teaching methods observed in their subjects.

Departments give a subject a sense of belonging on what and how a subject is to be transmitted This would guide, regulate and co-ordinate the behaviour of the individual



teachers within the new guidelines. The researcher examined whether the members share as a department ‘what’ and ‘how’ of the subject. The findings showed that most of the respondents did not share within the department. They took individual decisions on what they thought was important. A few of them discussed but not necessarily within their respective departments. This then brought about different meanings to what the teachers transmitted in class and hence no coherence. This is in agreement with what Coulter & Orme, (2000) observed that meanings are developed when teachers discuss with each other the issues of subject’s matter, pedagogy and the moral values and imperatives that are important to them in the context of their work. Bernstein (2000) argues that curriculum made on subject areas can get away with “mediocre” teachers whereas integration requires “greater powers of synthesis and analogy.”

It is important to have a feedback system which helps to guide both the teachers’ and students. This is due to the relatively weak evaluative criteria that an integrated curriculum gives rise to. The researcher examined on how the teachers assessed the learners. The findings showed that most of the respondents did not assess what they taught while a few of them assessed orally. This left a gap on how the teachers evaluate the effectiveness of the lesson. This could be the reason the students during the focus group discussion said they did not find the lesson helpful. This agrees with Ngarari, (2010) pointed out that lack of evaluating what we are transmitting can lead to perpetuating ineffective programmes.

#### **4.2.2 Student’s Feedback**

I then moved to the students to engage them in a focus group discussion to collaborate what I had witnessed in class and what the teachers have said.

I enquired from the students how the lesson that had just ended was. The findings showed that most of the learners felt it was average. Probed on why they thought so, this is what one said:

*“Interesting but I wish our teachers would give more time to the subject and allow us to talk. I wish he would have allowed us to also add on what we know. In fact most of the things I know I have not learnt from class. The teacher repeats what we already know.”*

I went ahead and enquired what made the lesson interesting and this is what one student had to say:

*“Today’s lesson was different because the teacher was freer with us. He allowed us to discuss a story on rape from a newspaper cutting. We looked at the reasons and consequences of rape, the discussion was interesting”*

Another student said:

*“Today’s lesson was quite relaxed. The teacher was trying to make all of us to contribute to the questions. He was friendlier today.”*

It is evident that weak framing, where the student has more control makes the lesson interesting. This is in agreement with what Bernstein, (2000) argues that the framing must be weak for the learning of an integrated programme to be effective.

I examined whether the other subjects apart from today’s lesson can be referred to as interesting. Most of the participants disagreed and said that most of the time the teachers taught as per the text book and HIV/AIDS issues were just mentioned. A few felt specific subjects try to make the lesson interesting. This is contrary to what Bernstein, (2000) noted that an integrated curriculum the learner takes control.

I then enquired whether they enjoyed the HIV/AIDS lessons. Findings showed that most of the participants said they did not enjoy because the teachers concentrate on the academic subject and just mention a few things about HIV/AIDS. This is what a student had to say:

*'The teachers do not give HIV/AIDS subject much time. They just explained the concepts and that is all. The other day for example the mathematics teacher was teaching probability of a discordant couple infecting the partner. He went ahead to teach a mathematical concept on probability and never explained anything about discordant couples.'*

This shows that the teacher does not possess the recognition rules of the subject and hence struggles to integrate the HIV/AIDS subject. He ends up teaching it as if it is part of the mathematical concept. This agrees with Coulter & Orme, (2000) who argue that the practice of teachers is heavily influenced by the nature of subject they are trained in.

Further inquiries were made on what exactly they learnt during the lesson. The findings showed that most of the participants mentioned symptoms and causes of HIV/AIDS. This shows that teachers are just teaching facts contrary to the expectation of an integrated curriculum. This is in agreement with Gallant & Maticka-Tyndale (2004) in their studies observed that teaching HIV/AIDS by providing factual knowledge is not enough. IBE, (2007) in its studies also observe that HIV/AIDS education should focus on life skills such as decision making as, an understanding of the relationships, rights and respect for others.

I further enquired on the role they play and the teacher's role in the learning process. Findings showed that most of the participants said their role is to answer questions, ask questions, make notes and other instructions that the teacher gives. A few said participate in everything. On the role of the teacher most participants said introducing topics, explaining concepts, teaching and giving instructions. This gave the teacher more control over the learning as the students are turned to passive learners. This agrees with the studies carried out by Ackers & Hardman, (2001) which observed that classes in Kenya were overwhelmingly quiet and passive but with strong apparent focus on the teacher, there was little interaction between the teacher and students.

Exploration and higher thinking seemed to be rarely practiced. This is contrary to Bernstein (2000) that argues that the learners should have more control in the learning process in an integrated curriculum.

Findings on whether the students found the HIV/AIDS lessons helpful, most of the participants felt they were not helpful while a few felt they were helpful. On probing further why they were not helpful most of the students said it was because they were glossed over by the academic subjects. This is as a result of passive learning and factual manner the subject was taught, which was in contrast with HIV/AIDS education that requires participatory and responsive, raising questions rather than providing clear cut answers. This concurs with (UNICEF, 2009) in its studies that observed that active learning approaches are widely considered to be most effective way for young people to learn social skills.

On what can be done to improve the teaching and learning of HIV/AIDS, findings showed that most of the participants said the subjects should be separated so that HIV/AIDS can get its space. This brings out the power relations that make it difficult for HIV/AIDS to survive in within the academic subject. This brings out the implementation challenges that teachers go through. It is also evident that the teachers have not critically examined the knowledge they are transmitting. Simply providing young people with information about HIV/AIDS is not enough to ensure they absorb and retain it. Effective HIV/AIDS education encourages young people to participate and engage with the information being presented to them by offering them the opportunity. This is in agreement with (UNESCO, 2008b) studies that found that students should be allowed to participate and practice to build up skills. This is what the knowledge information the teachers have yet to grasp.

### **4.3 Conclusion**

The findings in this study show that when teaching a subject, it is important to understand the knowledge organisation required for such a curriculum, which ought to shape the aims and process of teaching an integrated curriculum. The findings show that for the HIV/AIDS education to be successful the teachers ought to know what is required. Therefore, there is need for studies that can straighten the HIV/AIDS curriculum, drawing from the current literature.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter summarizes the main findings of the study. This is followed by conclusions arising from the findings, and recommendations for policy action aiming at enhancing the organisation of knowledge in secondary schools. This chapter also explored areas for further research envisaged in contributing towards the teaching of an integrated curriculum.

#### 5.1 Summary of the Findings

The findings examined how knowledge is organised and how the teachers teach HIV/AIDS education in secondary schools in Gem Sub-County, Siaya County. The findings show that integration is not taking place contrary to what was anticipated by the HIV/AIDS education policy. The notion of knowledge organisation is central to how an integrated curriculum is implemented in order to achieve its purpose. The teachers need to organize the respective knowledge in a certain manner in order to attain the curriculum objectives. However, from the evidence presented especially in chapter four, there are no indications that the teachers have critically examined the curriculum, they are transmitting. Being an integrated curriculum, it requires a different type of discourse, they seem to be transmitting it as the other academic subjects as observed in the classrooms. The teachers introduced the topics, went ahead and explained them, asked leading questions with specific type of answers expected. There were little interactions with the learners. There was no deliberate attempt by the teachers to make the lesson learner-centred as expected in an integrated curriculum. There was hardly any evidence of integration in the classroom. There was also no free

interaction between the teachers and the students. The teachers took the central place during the lesson and controlled the 'how' and 'when' of the lesson. This indicates that the teaching of the HIV/AIDS subject was flawed since the end of the lesson the learners felt more needed to be done to make the subject more interesting, captivating and informative. It was evident that a new curriculum which is competency-based that is being introduced in schools and appended in the host subject is not likely to succeed because of how it is organised.

### **5.1.1 Organisation of Knowledge**

The findings revealed that schools to a large extent had made a deliberate attempt to embrace the teaching of the HIV/AIDS subject. The teachers also made deliberate efforts to identify the topics that could bring about the integration of HIV/AIDS into the existing secondary school subjects. Most schools were familiar with the HIV/AIDS policy that expected them to integrate the HIV/AIDS subject into the academic subjects.

Further findings revealed that the planning of the integrated curriculum emphasized on the academic subject objectives. This included strongly framed objectives that seemed to hinder free interaction between the student and the teacher.

Further findings revealed that teacher activities planned for gave the teacher a central role during the lesson and passive activities to the learners. Out of this organisation of knowledge for HIV/AIDS subject, in view of the basic tenets of the social organisation of knowledge in an integrated curriculum, there was disjuncture in how the subject was taught and received in the classroom context.

Further, findings from curriculum documents, the remarks column of teachers' scheme of work showed the role played by the teacher with hardly any activities

apportioned to the students, an indicator of a strongly framed lesson. With remarks such as 'well taught' not what the learners did. This is contrary to the expectation of an integrated curriculum.

Further findings also revealed that teachers did their planning of the subject individually without consultations within their respective department to have a consensus on the integrating idea. This contrasts with what (Bernstein, 2000) observes that staff should unite in a common endeavour under the integrated curriculum.

In conclusion it was evident that the teachers were having challenges with the kind of knowledge they were dealing with at the classroom level and how it ought to be organise.

### **5.1.2 Actual Teaching in the Classroom**

This sub-section helped to explore the way the HIV/AIDS content education (content/subject) was being transmitted in the classroom, especially with the current expectation of the MOE; HIV/AIDS towards the spirit of the integration of HIV/AIDS Education in all subjects. The findings from classroom observations revealed that teachers took a central role in class and had control over the selection of communication, its sequencing and pace of acquisition. There was little interaction between the teacher and the learner. This implies that the teacher was controlling every aspect of the teaching/ learning session.

The findings further revealed that the students were not used to an interactive session where they had to use their life experiences in class. This shows the students understood the power structures that existed between the two subjects and when asked to use their life experiences they were reluctant. This shows students were not at ease



with changing the implicit rules governing discourse in the subject. The recognition rules of the host subject became a problem as explained in the literature review.

Findings further revealed that though most teachers were endeavouring to teach the HIV/AIDS subject, they experienced challenges with the implementation since the HIV/AIDS content as an integrated subject could not flourish with the current type of knowledge organisation. The teaching of the HIV/AIDS content as an integrated subject could not flourish because such content required a different type of discourse where the teacher and the learner to relate differently in a relaxed and free atmosphere with the student having more say in the learning process.

Findings further revealed that evaluation was hardly done. This is contrary to Bernstein (2000) assertion that success of an integrated curriculum needs a feedback system which helps to guide teachers and students to further provide agency of socialization code.

## **5.2 Conclusion**

The findings of this study show that an integrated curriculum ought to give the learner more control over the teaching/learning process where the teacher is limited to the role of a facilitator. This knowledge ought to shape the content, process and evaluation practices in the teaching to be successful. However to develop this knowledge organisation depends on how the teacher interprets the policy that informs the integrated curriculum. Teaching of HIV/AIDS curriculum required a concept of teaching knowledge that went beyond emphasizing on teaching facts. There is therefore need for research studies that can help the teacher get to understand the new context that draws from the current literature related to the organisation of knowledge and gives prominence to curriculum implementation in practice.

### **5.3 Recommendations**

The following recommendations were made from the foregoing findings:

1. With regard to this new role of teachers as a facilitator with reduced control in the teaching/learning process and new teaching skills required in the face of HIV/AIDS coupled with the fact that in most of the schools the teachers did not possess the appropriate recognition rules, teachers should be in-serviced on the social organisation of knowledge to make the process of integration easier and more effective.
2. For a long time teachers training institutions have been training teachers on the collection type of knowledge where subjects are taught in isolation. The introduction of the integrated curriculum has brought with it challenges to the classroom teaching. It is important that the teacher training institutions include the knowledge organisation into its course to enable teachers deal with all types of knowledge organisation with ease.

### **5.4 Suggestion for Further Research**

1. Research should look at social organisation of knowledge on the actual classroom teaching practices in subjects that are not integrated. This will improve on delivery in the learning process at the classroom level.

## REFERENCES

- Ackers, J., & Hardman, F (2001). Classroom Interaction in Kenyan Primary Schools. Compare: *A Journal of Comparative and International Education*, 31,245-261
- Aggleton, P. (1997). Success in HIV Prevention: Some Strategies and Approaches, Horsham, West Sussex: *AIDS Education and Research Trust*.
- Balch and Mertens (1999). Focus Group Design of Group Dynamics. Lessons from Deaf & Hard of Hearing Participants: *An American Journal*, <http://aje.sagepub.com>
- Barasa, L. P. (2005). *English Language Teaching in Kenya Policy: Training and Practice*-Moi University Press, Foto Form Limited, Nairobi.
- Basit, T.N. (2003). Manual or Electronic? The role of coding in Qualitative Data Analysis: *Educational Research* vol. 45. No. 2 pp(5-10)
- Burns, B.R. (2000). *Introduction to Research Methods*. Thousand Oaks, C.A: Sage Publications.
- Becker. H.S. (1991). *Children's Conceptions of Money: Concepts and Social Organisation* In: David Maines [1991] *Social Organisation and Social Process*. Chicago; Aldine Publishing Co.
- Berman, P., & Mc Laughlin, M.W. (1976). Implementation of Educational Innovation: *The Education Forum*.22 pp24-30
- Bernstein, B. (1995). Code Theory and Its Positioning: A Case Study in Recognition *British Journal of Sociology of Education*. vol. 16, No. 1 pp26-32
- Bernstein, B. (1999). *Vertical and Horizontal Discourse: An essay*, British Journal of Sociology of Education, 20(2) pp58-72
- Bernstein, B (2000). *Pedagogy, Symbolic Control and Identity*, 2nd, Oxford: Rowman and Littlefield Publishers
- Creswell, J .S (2009). *Research Design Qualitative: Quantitative and Mixed Method Research*. Third edition. London Sage Publications.
- Crick, B. (2000). *Essays on Citizenship*, London: Continuum
- Cole T.J. (2006). *The International Growth Standard for Preadolescent and Adolescent Children: Statistical Considerations*. Nutr Bull.
- Cole, M. S., Bedeian, A. G., & Feild, H. S. (2006). The Measurement Equivalence of Web-based and Paper-and-Pencil Measures of Transformational Leadership: A Multinational test. *Organisational Research Methods*, Vol.9 pp34-42

- De Brabander, C.J. (2002). *Knowledge Definition, Subject and Educational Tract level: Perceptions of Secondary School Teachers'*; American Educational Research Journal 37 (4) 1027-1058.
- Delamont, P.A. (2010). *Qualitative Research Methods: The Ubiquity of Ambiguity in Research Interviewing: An Exemplary*. Pp 52-58 London. Sage.
- Denzin N.K., & Lincoln Y.S. (1994). *Entering the Field of Qualitative Research*. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research*. Pp 79-94 Thousand Oaks, CA: Sage.
- Denzin, N. K., & Y.S. Lincoln (Eds), (2003). *Strategies of Qualitative Research*- pp 44-45 Thousand Oaks- C.A. Sage.
- Disenbury, L., & Falco, M. (1995). *Eleven Components of Effective Drug Abuse Prevention Curricula*. *Journal of School Health*. 1 (14), pp 14-28
- Daytner, M. K. (2012). *Validity in Qualitative Research*. Application of Safeguards. Sage Methods on line.
- Fogarty, R. (1991). *Ways to Integrate Curriculum Education Leadership*. Vol 49.pp 15-35
- Fraenkel, R.J, Wallen, E.N, Hyun, H.H. (2012). *How to Design and Evaluate Research in Education*. Eighth Edition. Mc Graw Hill New York.
- Gallant, M., & Maticka-Tyndale, E. (2004). *School based HIV Prevention Programmes for Africa Youth*. *Social Science & Medicine*, 58, 1337-1351
- Glenn A. B. (2005). *Preparing a qualitative Research- Based Dissertation: Lessons Learned-Western Carolina University Cullowhee, - North Carolina the Qualitative Report* Volume 10. No. 2
- Gottfredson, G.D., Gottfredson, D.C., & Czech, E.R. (2003). *National Study of Delinquency Prevention in Schools*. Gottfredson Associates, Inc.
- Gordon, J., & Turner, K. (2003). *School Differences in Pupils Smoking: A Consequence of Trade-off between Health and Education Agendas: Health Educational Research: Theory and Practice*.
- Greertz, C. (1973). *The interpretation of cultures: selected essays* New York: Basics Books.
- GOK, (2001). *AIDS in Kenya: Background, Profession, Impact, Intervention and Policy* (6th edition) MOH, Kenya. Government Printer
- Gupta, N., & Mahy, M. (2009). *Sexual Initiation among Adolescents Girls & Boys: Trends and Differentials in sub-Saharan Africa*. *Archives of Sexual Behaviour*.
- Hayward, J. and Jerome, L. (2010). *Staffing, Status and Subject Knowledge*. *Journal of Education for Teaching*. Vol 36.No 2. Pp 339-353

- Hamilton, L. (2011) .*Case Studies in Educational Research, British Educational Research Association on-line Resource*. Retrieved July 12, 2016 from [www.bera.ac.uk.com](http://www.bera.ac.uk.com)
- Hammersley, M., & Traianou, A. (2012). *Ethics and Educational Research, British Education Research Association on line Resource*. Retrieved July 12, 2016 from [www.bera.ac.uk.com](http://www.bera.ac.uk.com)
- Harden, M.R. (2000). *The Integration Ladder: A tool for Curriculum Planning and Evaluation*. Blackwell Science Limited. Medical education booklet No. 34 Tay park house UK.
- International Bureau of Education, (2007). Sub-regional Capacity- Building Seminar for HIV/AIDS Curriculum Development in Six Countries in the Asia Pacific Region: *Scaling up HIV/AIDS Education in Schools*. Kanchanbari, Thailand.
- Johnston, R.B., Onwuegbuzie, A.J., & Turner, L.A. (2007). *Toward a Definition of Mixed Methods Research. Journal of Mixed Methods Research*.
- Kelly, M. J. (2006). Teacher Formation and Development: Module 7 (Draft). *Educational Planning and Management in a World with AIDS Series*. Paris: IIEP Newsletter, 22(2)
- KIE, (2008). *Secondary Education Curriculum Life Skills Syllabus*. Kenya of Education, Curriculum Development and Research Center. Murang'a Road. Nairobi. Government Printer
- KIE, (2008).*Secondary Education Curriculum Life Skills Education Teachers Handbook*. Kenya Institute of Education, Curriculum development and Research Centre. Murang'a Road, Nairobi. Government Printer
- KIE, (2007) *Secondary School Syllabus*. Kenya Institute of Education. Curriculum Development and Research. Murang'a Road. Nairobi.
- Kinsman, J., Nakinyingi, J., & Kamali, A. (2001). *Evaluation of a Comprehensive School-based AIDS education Programme in Rural Masaka, Uganda. Health Education Research*.
- Kombo, K.K & Tromp, D.L.A. (2006). *Proposal and Thesis Writing Africa: Pauline Publications*.
- Kwendho, A.C, Simatwa, E.M., & Ondigi, B.A, (2010). *Challenges Facing Headteachers in Implementation of HIV/AIDS Education in Secondary Schools Curriculum in Kenya*: pp 491-499 Kenya
- Lipsey, M. (1999). *Can Intervention Rehabilitate Serious Delinquents? Annals, AAPSS, 564, 142-166*.
- Lisa. M. Given-(2008). *The Sage Encyclopedia of Qualitative Research Methods – Methodology*. London - Sage Publications, Inc.

- Lisa. M. Given-(2008) *The Sage Encyclopedia of qualitative Research Methods-Methods London Sage Publications, Inc.*
- Moore, R. (2000). *The (Re) Organisation of Knowledge and Assessment for a Learning Society: The Constraints on Interdisciplinary-Studies Uncontinuing Education.* vol. 22, No.2. pp 78-102
- Maanen, v. & Barley (1984) *Occupational Communities: Culture and Control in Organisation Research in Behaviour.* Cambridge, UK: Polity
- Mensch, B.S. (2001). *Premarital Sex, Schoolgirl Pregnancy and School Quality in Rural Kenya. Studies in Family Planning.*
- Merriam, S.B. (1998) *Qualitative Research and Case Study Application in Education.* San Francisco: Jossey- Bass publishers.
- Ministry Of Education, (2006) *Ministry of Education Strategic Plan 2006-2011.* Ministry of Education. Harambee Avenue Jogoo House B. Nairobi. Government Printers.
- MOEST, (2004). *Education Sector Policy on HIV/AIDS,* UNESCO, Nairobi, Government Printers, Nairobi.
- Moore, R. (2000). *The (Re) Organisation of Knowledge and Assessment for learning Society: The Constraints on Interdisciplinary-Studies and Continuing Education. Vol 22, No. 2. Pp 22-40*
- Mulama, M. S. (2006). *The Sexuality Education Needs of Teacher Trainees in Kenya. Post-Sexuality Leadership Development Fellowship Report.* Africa.
- Mugenda, O.M. & Mugenda, A.G (2003), *Research Methods Quantitative and Qualitative. Approaches.* Nairobi, African Centre for Technology Studies.
- National AIDS and STI Control Programme (NASCO, 2005) *AIDS in Kenya. Nairobi: Government Printers*
- Nation Reporter and Correspondent (2014). *Stop Stigmatization of HIV/AIDS Schools Told.* Daily Nation pg. 12, Nairobi.
- Nation Report and Correspondent (2016). *AIDS the Biggest Killer of Kenyan Children.* Daily Nation pg 7, Nairobi.
- Nzioka, C., Korongo, A., & Njiru, R.(2007).*HIV and AIDS in Kenyan Teacher Colleges Mitigating the Impact.* Institute of Educational Planning 7-9 rue Eugene Delacroix, 75116 Paris.
- Ndambuki, J.K, MC Cretton, E, Rider, N, Gichuru, M, Wildish, J. (2006). *An Analysis of HIV/AIDS Policy Formulation and Implementation structures, Mechanisms and Processes in the Education Sector in Kenya.* Merck Foundation Report.

- Nsubuga, E.H. (2000). *Fundamentals of Educational Research*. Kampala Uganda; MK Publishers (U) limited
- Nyiva O.F (2007). *Attitudes of Teachers and Students towards AIDS Education in Secondary Schools in Kisumu Municipality*. Unpublished Master of Education Thesis, Maseno University.
- Oso, W., & Onen, D. (2005). *A General Guide to Writing Research Proposal and Report*. Kisumu, Kenya Option Printers and Publishers.
- Omollo, D.A.(1990). *The Investigation into techniques and Problems in Integrating the Teaching of English Language and Literature in English in Secondary School within Kisumu District*. Med: Thesis Kenyatta University.
- Okwara, O.M, Shiundu, O.J., & Indoshi, F.C. (2009). *Towards a Model of Integrated English Language Curriculum for Secondary Schools in Kenya*. Unpublished Thesis from Maseno University
- Padgett, D.K. (1998). *Qualitative Research Methods in Social Work, Challenges & Rewards*. Thousand Oaks C.A. Sage.
- Parker, W., & Hess, D. (2001). Teaching with and for Discussion. *Teaching and Teacher Education* 17, No. 3.
- Perkins, D.N., & Salomon, G. (1998). "Teaching for Transfer" *Educational Leadership. Journal of Teacher Education* pg. 34-37
- Pittman, V., & Gachungu, A. (2006). *Comprehensive Sexuality Education or Abstinence-only Education, which is more effective? J. Research Educ. Leaders.*
- Graneheim, U.H., & Lundman, B. (2008). Qualitative Content Analysis in Nursing Research: *Concepts, Procedures and Measures to Achieve Trustworthiness (2008)-intl.elsevierhealth.com/journals/nedt UNESCO (2006). UNESCO-HIV Curriculum in Kenya.html.*
- UNESCO (2004) UNESCO's *Strategy for HIV/AIDS Prevention Education*.
- Republic of Kenya (1999a). *AIDS Education Syllabus for Schools and Colleges*. Nairobi, Government Printer.
- Republic of Kenya (2005). *Sentinel Surveillance Report on HIV and AIDS and STDs*. National AIDS and STD Control Programme (NASCOP). Government Printer.
- Republic of Kenya (2009). *Siaya District Census Report*. Government Printers.
- Roberts, M.C. (2010) *The Dissertation Journey: A Practical and Comprehensive on Line Publication*, on line ISBN.

- Salmon, P. (1992). *Achieving a PhD: Ten Students' Experience*. Stoke on Trent, UK: Trentham
- Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research. Grounded Theory Procedures and Techniques*. London: Sage Publications.
- Siskin, L.S. (1994). *Realms of Knowledge*. Academic Departments in Secondary Schools. (pp 340-345) London. Sage
- James-Traore, T., Finger, W., Claudia D. R., & Savariaud, S. (2004). *Teacher Training: Essential for School-Based Reproduction Health and HIV/AIDS Education*. Family Health International Youth Net Program. Youth Issues Paper 3.
- UNESCO (2008b). *Why are you still failing our Young People?* Nairobi. ,Kenya; Government Printer
- Wenger, E. (1998) *Communities of Practice*. Cambridge, UK. Cambridge University Press.
- World Bank (2008). *A source book of HIV/AIDS prevention programs*. Vol 2 ( pp 72-84) Washington DC. Sage
- Wallance, J., & Melville. W. (2007). *Teaching and Teacher Education, Metaphorical Duality, High School Subject Department as both Communities and Organisations*. Faculty of Education Lake head University, 955 Oliver Road, Thunder Bay, Ontario Canada.
- Whitty, G., Rowe, G. & Aggleton, P. (1994). Discourses in cross-curricular contexts: *Limits to empowerment*. *International Studies in Sociology of Education* 4, No. 1 pp 68-106



**APPENDICES****Appendix I: The Transmittal Letter**

MOI UNIVERSITY  
P.O.BOX 3900,  
ELDORET, KENYA  
09/02/2016

TO

MR/MRS/MISS-----

Dear Sir/Madam,

**RE: TEACHING OF HIV/AIDS EDUCATION IN SECONDARY SCHOOLS IN  
SECONDARY, IN GEM SUB COUNTY, SIAYA COUNTY, KENYA**

I am currently a student pursuing a Master of Education in Sociology of Education at Moi University.

I am interested in carrying out the above study in your school as part of the requirements for fulfillment of the Degree of Master of Education (Sociology of Education). The purpose of this letter is to humbly request you to participate in the study by accepting to be interviewed face to face. All the information will be treated with utmost confidentiality.

Your cooperation and support in this study will be highly appreciated.

Yours faithfully,

JENIPHER OUMA.

**Appendix Ii: Consent Form**

**TITLE OF THESIS:** TEACHING OF HIV/AIDS EDUCATION IN SECONDARY  
SCHOOLS IN GEM SUB COUNTY, SIAYA COUNTY, KENYA

**NAME OF RESEARCH STUDENT:** JENIPHER H. OUMA

I have read and understood the information provided in the letter to participants. Any questions I have asked have been answered to my satisfaction. I agree that research data collected for this study may be published or may be provided to other researchers in a form that does not identify me in any way.

SIGNATURE OF THE PARTICIPANT

-----

SIGNATURE OF THE STUDENT RESEARCHER

-----

### **Appendix III: Interview Schedule for Subject Teachers.**

#### **Questions on organisation of knowledge.**

1. Interviewer: How do plan for the subject?

Participant: I plan using the English syllabus, which I then translate to the scheme of work, then to lesson plan. I also make my reference using the host textbook.

2. Interviewer: What does the education policy on HIV/AIDS say about teaching the subject schools?

Participant: It says that HIV/AIDS education should be integrated in the host subjects.

3. Interviewer: What is your understanding of integration?

Participant: This is to bring in the HIV/AIDS content into the host subject so that they are both taught at the same time

4. Interviewer: Can you provide some practical examples in a classroom context

Participant: Yes, I pick a topic that can relate to HIV/AIDS content , I introduce to the class , I explain ,I ask questions until I'm satisfied they have understood the concept being taught.

5. Interviewer: Can you give any previous experiences with integration

Participant: well I think the experience has been the same because that is how I plan for it.

6. Interviewer: How often do you integrate HIV/AIDS issues in your teaching subject?

Participant: When the topic is appropriate, and it can accommodate the HIV/AIDS content.

7. Interviewer: What is your sequence of activities?

Participant: I introduce the subject; explain what I'm teaching engage students in questions and answers as I explain.

8. Interviewer: What is the role of the student during the lessons?

Participant: The students of course listen to explanation, write notes ask questions and reading among others.

9. Interviewer: What is your role during the lesson?

Participant: It involves pretty the same things I usually do, such as introducing the topic of the day, explain. It probably with illustrations, ask questions to the learners as I explain to make sure we are together. I also answer any queries from the students on the lesson being learnt.

10. Interviewer: How do you make sure your subject area is integrated?

Participant: I capture it in the lesson objectives. Mostly I have more than one objective; one must be for my subject area.

11. Interviewer: Do you share with other teachers' HIV/AIDS content within the department.

Participant: Not exactly most of our lessons are planned individually and that includes those that are integrated. So, it not exactly a departmental thing.

12. Interviewer: Is there any collaboration in planning of HIV/AIDS content between departments? If YES, how?

Participant: I have said before we don't plan within the department or even among the other departments. Though we make schemes of work as a department

13. Interviewer: I noted that the lesson seemed free, if so, why?

Participant: I guess they loved the subject of the day and that is why they highly contributed during the lesson.

14. Interviewer: I noted that the lesson notes were being written in the host subject exercise book. Why is that?

Participant: That is because I was teaching English and hence the use of the English exercise book. The questions we were answering were from the English subject.

15. Interviewer: I noted that you are using the host subject text book to teach. Why is it so?

Participant: Just I said, it was an English lesson and that is the reference book.

16. Interviewer: Tell me something about today's lesson, how different is it from your usual lesson?

Participant: Today's lesson was okay, I felt the learners were active, as answered most of the question I asked them. Sometimes they can be quite dull but today they were lively. The difference maybe in terms of the content because it is something they are familiar with.

17. Interviewer: I noted that throughout the lesson the learners were all seated facing the chalkboard, is that how they always sit?

Participant: That is how they sit during the entire lesson. They must face the chalkboard because that is where the teacher stands and the information written.

18. Interviewer: I noted that there was no chart on display that talked about HIV/AIDS education in class, why is it so?

Participant: Well, most charts are for the host subject because that is where the concentration is.

19. Interviewer: How do you capture the HIV/AIDS content in the scheme of work?

Participant: In the syllabus it captured under reading and on HIV/AIDS issues. So I try to capture a passage that carries such information.

**Questions on how is HIV/AIDS taught?**

1. Interviewer: What are your teaching subjects?

Participant: English/Literature

2. Interviewer: For how long have you been teaching?

Participant: A long time, 10 years

3. Interviewer: Can you briefly comment on how the lesson went on?

Participant: The lesson was on reading a passage, the learners were happy to read and answer the question

4. Interviewer: How do you help the learner to gain knowledge?

Participant: I try to explain the concepts early in the lesson so that learners can get the idea clearly.

5. Interviewer: How do you involve the learners during the lesson?

Participant: By asking questions, asking them to read and writing down the information learnt

6. Interviewer: Is there any difference the way you present this lesson against other lessons?

Participant: Yes in terms of content and learner participation. They all seem to know something about HIV/AIDS.

7. Interviewer: Do they ever give their own experiences?

Participant: No. we mostly deal with what is in the book.

8. Interviewer: How often do you integrate HIV/AIDS issues in your teaching subject?

Participant: I teach HIV/AIDS when the topic of the day can accommodate issues of HIV/AIDS.

9. Interviewer: Which HIV/AIDS topics do you teach in your teaching subject?

Participant: Prevention, transmission, symptoms and stigmatization

10. Interviewer: What amount of time do you allocate to the different topics of HIV/AIDS while teaching them?

Participant: I use, 5 minutes at most because I still have to teach the English topic of the day.

11. Interviewer: In the lesson plan you seem to have two objectives tackling to different subjects, why is it so?

Participant: This helps to make sure that I have dealt with both the content and achieved what I intended to get at the end of the lesson

12. Interviewer: Have you been offered any in-service training to help you handle the HIV/AIDS education? If YES, what areas were covered?

Participant: No, I have not been trained.

13. Interviewer: How has your professional training helped you in teaching HIV/AIDS education?



Participant: I can say yes because at the moment it helps me interpret the content and deliver it to the students. In the absence of the same I guess I could not have been able to teach.

14. Interviewer: How do you assess the learners on HIV/AIDS content?

Participant: It is not assessed formally, mostly done verbally during the lesson

15. What are you going to assess in terms of students outcome? Discipline specific or integration?

Participant: I will assess discipline specific because they must distinguish between the two subjects. I will have questions on HIV/AIDS and my subject area separately to avoid confusion

**Appendix IV: Interview Schedule for Students Focus Group.**

1. Tell me something about the lesson we have just had. How did you find it?
2. Does it happen like this in all subjects?
3. What is the difference between today's lesson and other lessons?
4. I noted the learning atmosphere in the lesson was inviting for all students to freely interact. What might have contributed to this situation?
5. Do you enjoy HIV/AIDS lessons? YES /NO. [Probe]
6. Describe what you learnt in today's lesson.
7. What role do you play during the lesson?
8. What role does the teacher play during the lesson?
9. How helpful have the lessons been to you?
10. What do you think can be done to improve the learning of HIV/AIDS in the classroom?

**Appendix V: Focus Group Discussion on teaching and learning**

1. Interviewer: Tell me something about the lesson you have just had. How did you find it?

Participant B: The lesson was on probability and I understood the concept of probability.

Participant C: The teacher mentioned HIV/AIDS within the lesson on probability.

Participant A: The example he used to explain the concept was HIV/AIDS related.

Participant D: The lesson was just okay.

Interviewer: What do you mean by okay?

Participant D: Just like the other lessons on maths.

Interviewer: Meaning?

Participant D: Not quite exciting. That is just how he teaches mathematics every day

Participant A: He means it was just there, difficult to place

Interviewer: Why is it just okay?

Participant A: Because that just how he teaches usually

Participant C: Today though he mentioned severally the issue of HIV/AIDS on discordant couple.

Participant D: He was okay because he gave a good example using HIV/AIDS examples.

Participant F: I feel he was more open today though he did not delve on deep on the issues of discordant couples.

Participant E: I agree.

Participant G: I also agree with that he really does not explain the concepts he has identified.

Participant D: He was okay because he gave a good example using HIV/AIDS examples.

Participant F: I feel he engaged us a lot today though he did not delve deep on what discordant couples is all about.

Participant C: I agree. The HIV/AIDS issue was not given much prominence just a mention within the topic.

Participant G: I also agree with that. I did not get much of what he said on HIV/AIDS.

Participant H; I think the problem was that HIV/AIDS did not receive much attention in the lesson, a lot effort was on the mathematics.

2. Interviewer: Does this happen in all subjects?

Participant A: No, mostly we have HIV/AIDS issues mentioned in humanities, Biology and languages.

Participant C: Well, even in the humanities C.R.E takes the lion's share. It is deeper than other humanities.

Participant A: The C.R.E teacher is also more open than the other two subjects.

Participant E: in most subjects the teachers just teach as usual, it's not like they give us time to express what we know.

Participant F: I think I can confidently say that we are all in agreement about the lack of freedom in class or rather we do not engage with the teachers unless we are answering a question he has asked.

Interviewer: Do you all agree on that?

Participants (Together): Yes.

3. Interviewer: What is the difference between today's lesson and other lessons

Participant C; Today's lesson we were free to discuss, a little, not the usual mention. It allowed us to say one or two things of what we know about discordant couples.

Participant D; some of us who rarely contribute in class had our share to contribute.

Participant F; It was different because though limited I enjoyed, unlike last Friday when Mr. X came with an article on the statistics of HIV/AIDS infection in Kenya. He noted that the sub-county was the fourth one nationally. He did not ask us to contribute on what our challenges were. He simply gave us a lecture on abstinence. It felt a bit scary for me.

It is true; I wish more lessons could be like this unlike those that we have that just mentioned.

Interviewer: What is your thought?

Participant G: You know I'm not very good in the host subject that was being taught, but I was happy I contributed today during the lesson. I guess the teacher was also happy that for once I had participated.

Participant H: It is true today the teacher went out of his way to

Engage us with questions and even encouraged us to contribute.

The lesson was a bit lively since we felt part of it. If only the teacher would allow as to contribute more than this.

4. Interviewer: I noted that the learning atmosphere in the lesson was inviting for all

Students, to freely interact, what might have contributed to this?

Participant C: This was the fact that the teacher looked relaxed during the lesson and allowed us to contribute.

Participant A: I felt as if I was free to say what was in my mind without being condemned. Many a times the teachers are harsh and they deal with the lesson very seriously.

Participant C: There is no room to joke, or express your personal feelings. One must restrict his answers to the lesson. Today it was different.

Participant H: The teacher was not harsh today; at least I felt part of the lesson.

Participant D: And he tried to make sure that most of us made a contribution during the lesson.

Participant B: The environment was free and one felt confident to contribute to the lesson.

5. Interviewer: Do you enjoy HIV/AIDS lessons?

Participant C: Not really.

Interviewer: Why?

Participant C: Because the teacher mostly concentrates on the career subjects and HIV/AIDS is just mentioned within the subject. Most of the time the teachers just explain the HIV/AIDS concepts then move on to the career subject. It is rarely made a discussion for all of us to contribute.

Participant A: Let me say something, you know, the way the HIV/AIDS is presented to us through passages or dialogues in the English and Kiswahili is so different from the way it is presented in Biology.

Interviewer: How so?

Participant A: This is because through the teacher mostly restricts us to the passage we at least can discuss what is in the passage. The teacher entertains contributions. The teacher sometimes asks us questions that are not in the passage and hence this makes the lesson interesting. But in many subjects it is just facts, facts and more facts. No discussion about it.

Participant G: When the atmosphere is free such as today, I enjoy the lesson.

Participant H: Sometimes, because in most subjects the teachers just mention HIV/AIDS in passing when teaching the career subjects. Teacher ends up concentrating on the career subjects, as part of the main subject.

Participant D: I enjoy when the lesson is free. Sometimes teachers get very harsh and hence the lesson becomes tense so that it is even difficult to contribute even on an interesting topic.

Participant B: That is true. Some teachers in specific subjects are very harsh and it is rare to enjoy because one is constantly worried of being caught off guard.

Participant E: For some teachers anything that deviates from the lesson is wastage of time.

Participant F: It is true some HIV/AIDS lessons are interesting while others are not. Guess the teacher determines whether the lesson will be interesting or not.

Interviewer; I gather you are implying that you would like to make a contribution and feel free during the lesson, which then makes the lesson enjoyable?

Students F, G, A (together) Yes

6. Interviewer: Describe what you learnt in today's lesson?

Participant C: Myths on HIV/AIDS

Participant D: Stigmatization is bad for all of us.

Participant F: We also learnt that HIV/AIDS is real.

Interviewer: Student B, what do you have to add to this?

Participant B: They colleagues have summarized it all.



7. Interviewer: Fine let us move on with the discussion. What role do you play during the lesson?

Participant L: I think this is determined by the teacher, because we take instruction from the teacher on how the lesson will be conducted.

Participant J: Many times we answer questions that the teacher asks and make notes. It happens like this in most of the lessons.

Participant F: We also do listen when the teacher is explaining otherwise; we would understand what is going on in class.

Participant E: To add on that we also ask questions to clarify on issues not well understood. But I hasten to add they must be from the content taught not outside.

Participant B: On very rare occasions we also discuss in groups. And I find this most interesting.

Interviewer: Why?

Participant C: Because the environment will be freer

Participant I: Apart from that, when you can say what is in your heart freely, it makes the lesson more enjoyable.

Interviewer: Is there anything else we have left behind?

Participant G: I guess that is it.

8. Interviewer: What then is the role of the teacher during the lesson?

Participant L: To explain the topic he has introduced.

Participant I: To give instructions to us so that we know what is expected during the lesson.

Participant B: To ask questions

Participant D: I think to introduce the topic the day.

Participant F: To teach the topic of the day.

9. Interviewer: How helpful have the lessons been to you?

Participant D: I'm not sure I can measure because sometimes it seems the teachers just lecture us on what is already known, such as how to HIV/AIDS is transmitted.

Participant C: I guess not much because the HIV/AIDS content seems seemed to get swallowed into the main subject so that it seems like a mention like.

Participant G: I feel it has helped us to understand basics but the challenges- not yet, not yet.

Participant I: What do you mean by challenges?

Participant G: The fact that we do not get the chance to discuss that affects me directly never surfaces. Unless the ones given in the textbook.

Participant A: A little helpful, because the teachers just mention what they want to teach and that is it. They do not even enquire what else we would like to know.

Participant B: There is a lot of emphasis on career subjects and this ends up swallowing issues on HIV/AIDS.

Participant E: A little helpful, maybe it needs more time.

Participant F: I agree. The mentions we get are not enough.

Participant H: A little because teachers take a very short time to comment on the HIV/AIDS issues. Sometimes one does not feel like it has helped.

Participant I: A little, the main subjects overshadow it.

Participant K: I want to agree. It actually disappears into the main subject.

Interviewer: What do you mean by swallowed?

Participant I: It gets lost in the main subject because it just mentioned within it.

10. What do you think can be done to improve the learning of HIV/AIDS in the classroom?

Participant C: Let be separated from the main subject so that it can be well explained.

Participant F: Indeed HIV/AIDS should be given more space to be effective.

Participant G: I feel it should be separated from the main subject so that teachers can have enough time to dwell on it.

Participant A: To add on what they have said we should also be able to contribute over own experiences so as to unburden ourselves.

Participant B. The teachers should also be free with us. Most of them are too harsh and formal. In fact it's only at games time that you can see the teachers relaxed.

Participant G: I feel that if more time is allocated to HIV/AIDS it will be more effective.

Participant E: I also want life skills should be taught.

Participant F: Yes that is true and more speakers should be invited to take on the same issues.

Participant H: I guess more emphasis needs to be put in HIV/AIDS instead just those mentioning within the main subject.

Participant J: More time should be allocated to HIV/AIDS issues.

### Appendix VI: Observation Schedule

**Identifies specific points to be looked for;**

Physical environment	Classroom interaction	Teaching methods	Planning and monitoring of lesson plans-to ask the teacher upon conclusion of the lesson.
Set up the classroom furnishing -columns or circles -tables or individual desks -Are they movable -Are they facing the teacher?	a) Communication between teacher and students. -nature of interaction between learners and teacher -what knowledge for teaching HIV/AIDS are being presented. -what position does the teacher take during the lesson -what does this positioning mean with regard to the structure of the knowledge for teaching HIV/AIDS at the secondary school.	Passive methods -Is the teacher lecturing only? Questions/answer method	Schedule for running the class. -What is the role of the teacher in class -what is the role of the students in class -How many objectives do you have?
Materials -Video -Television -Chalkboard	-How does the teacher help the learner to gain knowledge(activities)	b) Stories/questions -role play -are there any new interactive methods being used? -any group work?	b) Class assessment .how is feedback given to the teacher?
Amount of space -is the classroom crowded.  Classroom displays -posters -pictures -charts	What position do students take during the lesson? -What is the nature of presentation witnessed in the classroom? What is the structure of knowledge being presented to the learners in terms of classification	Is the method being used reinforcing skills? -how is the integration being done? -Is it possible to distinguish HIV/AIDS from the host subject?	c) Curriculum assessment. -How is HIV/AIDS curriculum assessed?
Classroom displays -posters -Pictures -charts			

### **Appendix VII: Sample Lesson Observed**

The lesson was a history lesson. It was captured through taking notes throughout the lesson.

Teacher: Good afternoon class? (Teacher pauses for response)

Students: Good afternoon madam

Teacher: Today we have a visitor who will be with us through the lesson. I hope she is welcomed.

Students: (in chorus) yes madam

Teacher: (picks on student), can you remind the class what we learnt in the last lesson?

Student: We learnt about factors influencing industrialization in South Africa.

Teacher: Good. Can you identify some of them? (Picks on another student)

Student: Large population, domestic and external market, skilled technology, availability of natural resources and raw materials, labour and good transport.

Teacher: Good. Today we shall talk about Urbanization and its challenges. (Writes the title on the board) What do you understand by the word Urbanization?

Student: (picks on a student) Developed places, where there is good infrastructure.

Teacher: Good trial. (He explains) Urbanization is the process by which people are attracted to settlements of large human population. (To the students, write down the notes, then he continues to explain). There are categories of urban centres. We have those with over 20,000 people -100,000 people referred to as towns, 100,000-500,000

referred to as city and those with over 500,000 people referred to as large city.(The teachers produces the map Kenya and invites the students to identify urban centres. Students identify urban centres as the teacher writes on the board.) Today we shall pick on Nairobi as the capital city of Kenya. It is situated on the Athi plains. The site where the city is located was originally a meeting point between the Kikuyu and the Maasai communities. They met here to exchange wares such as milk, honey and poisoned arrows. The area was inhabited by the Maasai who called it Enkere Nairobi, the place of cool waters. In June 1899 the railway reached the Athi plains and Nairobi was chosen. (Students continue to take down notes.) What are the factors that brought growth of Nairobi?

Student: Good temperature and plenty of water.

Teacher: That is good (notes on the board) Nairobi had a high altitude which led to cool and pleasant temperature. This favoured early settlement. The presence of Nairobi River ensured abundant water supply. This was useful for the establishment of the early railway camp and workshop. What are the problems facing Nairobi?

Student: (picks one to answer) Overcrowding

Teacher: Good. Another one (as she moves about in the class, picks on another student)

Student: Overstretched water and sewage services and increase in unemployment.

Teacher: Good, unemployment leads to people getting engaged in vices and crime.

Name some of these vices. (Points at one of a student)

Student: Prostitution

Teacher: Good, what are the dangers of prostitution?

Student: It encourages the spread of diseases such as HIV/AIDS, unwanted pregnancies and other sexually transmitted diseases.

Teacher: How is HIV/AIDS transmitted?

Student: Through blades and sharp objects, sexual involvement, blood transfusion and from mother to child.

Teacher: How can we stop the spread of HIV/AIDS?

Student: By creating employment and sensitizing people on abstinence

Teacher: Is only prostitutes who contract HIV/AIDS?

Student: No.

Teacher: So it is not good to label all people suffering from HIV/AIDS as immoral because it amounts to stigmatization. So what did we learn today?

Student: Urbanization and its challenges

Teacher: Good. (Writes on the board) make notes on solution to challenges facing Nairobi.

Student: Trading activities that bring different people together, Government headquarters and fresh water.

Teacher: That is good. You can also add good climate that attracts settlers and the fact that most urban places are in a central position between regions. Now let us look at the challenges that come with urbanization. (To the students) can you name some?



Student: Increased unemployment, poor housing leading to the rise of slums and pollution.

Teacher: Good. To add to that you can write down the following: Brings inadequate social services, traffic jams or congestion, HIV/AIDS pandemic, high crime rate due to unemployment, inadequate public transport and poor drainage system. (Writes them on the chalkboard) now tell me how HIV/AIDS is transmitted.

Student: through sexual contact, blood transfusion and mother to child during birth.

Teacher: Good. What have we learnt today?

Student: Urbanization and its challenges

**LESSON ENDS.**

### Appendix VIII: Document Search

#### A SAMPLE CHECKLIST FOR THE HIV/AIDS EDUCATION MATERIALS.

Check whether the respondent has any of the following materials

(Please tick as appropriate)

1. The subject syllabus- (Organisation of knowledge) - strongly bounded/weakly bounded
2. The schemes of work (organisation of knowledge) -strongly bounded/weakly bounded
3. Lesson plan (framing) -strongly framed/weakly framed

After ascertaining their existence the researcher checked on how the knowledge is organise through the following questions:

Is HIV/AIDS content captured in the syllabus?

Has the content been schemed for?

How has been presented in terms of classification and framing

What position does the teacher take during the lesson?

From the above check list most of the subjects checked had used strongly classified schemes of work and syllabus. The lesson plans had a few which were weakly framed, but most had strong framing.

**APPENDIX VIII: Sample Lesson Plan****Subject:** Biology

Time: 3.20-4pm

Class: 2E

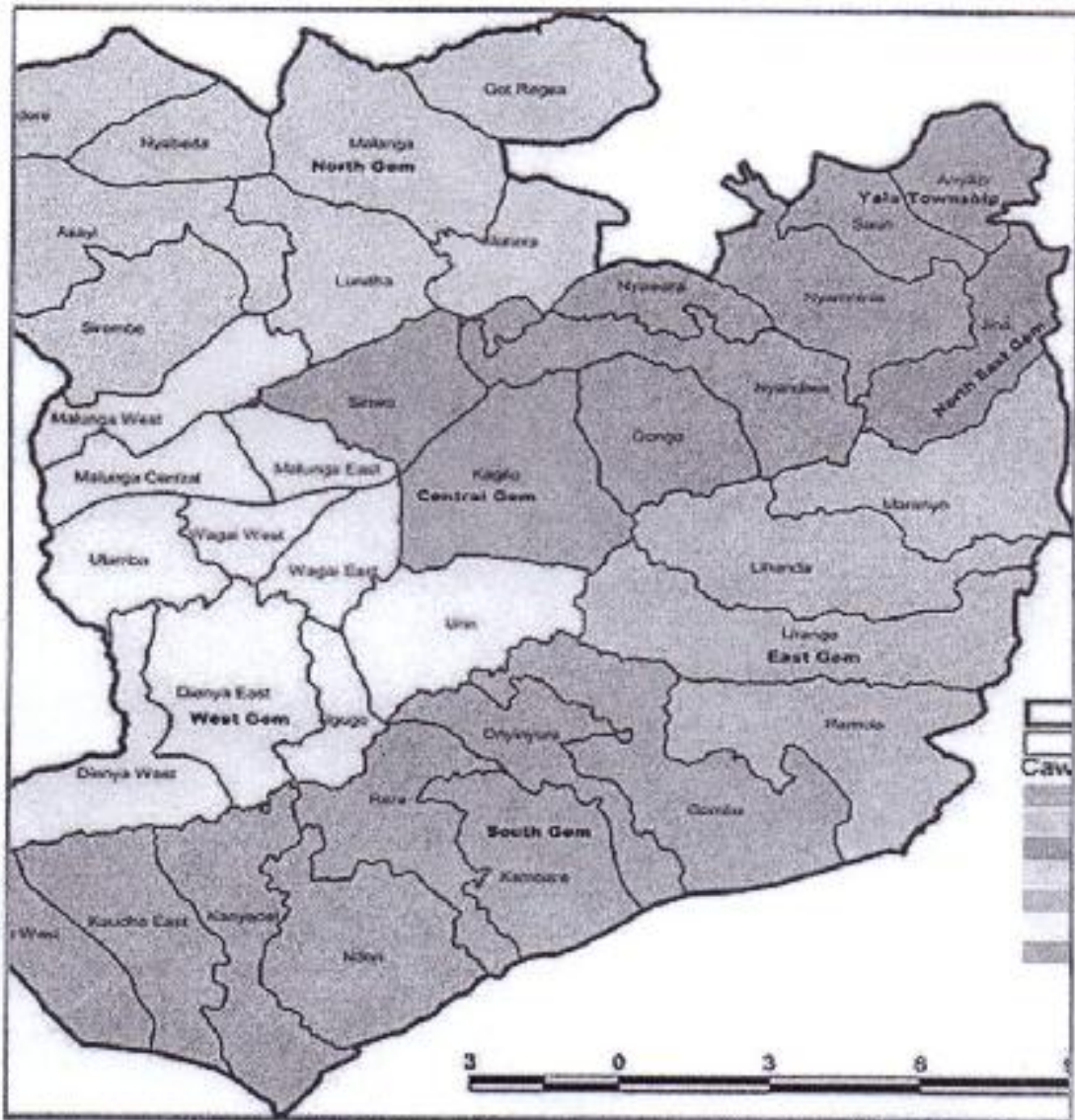
**Topic:** Reproduction**Sub-Topic:** Sexually Transmitted diseases.**Objectives:** By the end of the lesson the learner should be able to;

- i) Define HIV/AIDS
- ii) Identify the causes and modes of transmission of HIV/AIDS
- iii) Identify the symptoms of HIV/AIDS
- iv) Explain the methods of preventing it.

References: KLB Secondary Biology book

Step/ Time	Teacher Activities	Learner Activities
1. 5 (min)	Introduction  To ask the learners to  Define HIV/AIDS	To answer the questions
2. (10min)	Lesson Development  To ask the learners to state the cause and modes of transmission of HIV/AIDS  -To explain the causes and modes of transmission of HIV/AIDS	To answer questions  To listen carefully as they take notes  To answer the question
3. (20 min)	To ask the learners to give symptoms of HIV/AIDS  To ask learners to give ways of preventing HIV/AIDS	To answer questions as they take notes  To answer the questions
4. (5 min)	Conclusion  To review the lesson by asking oral questions	

**Appendix IX: Map of Gem District – Kenya the Bordering Wards**



## Appendix X: Research Permit



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,  
2241349, 310571, 2219420  
Fax: +254-20-318245, 318249  
Email: secretary@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref: No.

Date:

**14<sup>th</sup> July, 2014**

**NACOSTI/P/14/7468/2359**

Jenipher Hasanya Ouma  
Moi University  
P.O.Box 3900-30100  
**ELDORET:**

#### **RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on *“The teaching of HIV/AIDS Education in Secondary Schools in Gem District,”* I am pleased to inform you that you have been authorized to undertake research in **Siaya County** for a period ending **14<sup>th</sup> September, 2014**.

You are advised to report to **the County Commissioner and the County Director of Education, Siaya County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

*Said Hussein*  
**SAID HUSSEIN**  
**FOR: SECRETARY/CEO**

Copy to:

The County Commissioner  
The County Director of Education  
Siaya County.