INTEGRATION OF HIV/AIDS CONTENT IN THE KISWAHILI CURRICULUM: A SURVEY OF SECONDARY SCHOOLS IN KISII CENTRAL DISTRICT, KENYA

BY

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DECLARATION

Declaration by Student

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DEDICATION

This research thesis is dedicated to Almighty God; The Creator and giver of all things; to my parents, children and my dear wife for their encouragement.

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ABSTRACT

The present study sought to examine the integration of HIV/AIDS content in the Kiswahili curriculum by conducting a survey of secondary schools in Kisii Central District, Kenya. In order to achieve the purpose of this study, four specific research objectives were addressed; namely, to determine the coverage of the Kiswahili curriculum in the control of the HIV / AIDS phenomenon among adolescents, to find out the methods used to integrate HIV/AIDS in the Kiswahili curriculum, to establish the appropriateness of integrating Kiswahili in tackling taboo aspects on HIV/AIDS, and to establish the preparedness of Kiswahili teachers in handling HIV/AIDS as an emergent issue.

The research was done in Kisii Central District of Nyanza Province in Kenya. The study was anchored on the needs and assessment theory. This is a formal process of identifying outcome gaps between current results and desired results, placing those 'gaps' in priority order, and selecting the gap of the highest priority for closure. The study used 247 learners, 10 Kiswahili teachers and 10 head teachers who formed the sample. The sample population was selected using purposive, stratified and simple random sampling procedures. The data for this study was collected from primary and secondary sources. The research instruments used were: questionnaires, oral interview guides and observation schedule.

The data collected was analyzed and tabulated by the use of tables and figures. The findings show that there is some successful integration going on in that HIV/AIDS content is being incorporated into the Kiswahili syllabus specifically in the passages and in Fasihi set books. However, a lot is yet to be done in the integration process of HIV/AIDS content into the Kiswahili curriculum. It is recommended that the Ministry of Education, Science and Technology through the Kenya Institute of Education (KIE) innovates new ways of assessing how effective the integration strategies currently in place are. This will go a long way in ensuring that emerging issues are effectively being mainstreamed in our secondary schools.

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LIST OF ABBREVIATIONS

AIDS   -   Acquired Immune Deficiency Syndrome

EFA   -   Education for All

HIV   -   Human Immuno-deficiency Virus

ICASA   -   International Conference on AIDS and STIs in Africa

IKR   -   Institute of Kiswahili Research IKR

MOE   -   Ministry of Education

MOH   -   Ministry of Health

STD   -   Sexually Transmitted Disease

STI   -   Sexually Transmitted Infection

UNAIDS   -   Joint United Nations Programme on HIV/AIDS

UNDP   -   United Nations Development Programme

UNESCO   -   United Nations Educational, Scientific and Cultural

Organization

UNICEF   -   United Nations Children's Fund

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Background of the study

The 8-4-4 system of education was introduced in primary schools in 1985 and in secondary schools in 1986. Its main aim was to give a broad based education and to introduce pre-vocational skills that would prepare the learners for the world of work. Since its inception, the 8-4-4 system has been evaluated several times that is 1990, 1995 and 1999.

These evaluations show that the curriculum was broad and there was need to review and rationalize it in order to realize its potential in these areas. The Kenya Institute of Education (KIE) report also states that this will enable the formal education system to improve its performance in terms of access and real learning achievement (KIE, 2002). The reports also indicate that the curriculum at both primary and secondary schools was not meeting the needs of the learners fully thus needed to be changed by incorporating emerging issues. These include: integration of sexual health and HIV/AIDS education into the curriculum for primary and secondary educational levels; ensuring that every school member is adequately equipped with the relevant life skills, and that adequate learning takes place that is relationships with oneself and with others; manifestation of an improved human rights profile in terms of its own procedures and actions and in terms of the curriculum; extension of its mission beyond the strictly academic to include more attention to counseling and care and promoting care and compassion for people with HIV/AIDS. Subsequently, there is need to espouse an approach that is more broad and incorporates a wider curriculum.

One such an approach is the integrated approach, which provides learners with the opportunity to fully participate in group learning. Thus integration of HIV/AIDS content in the curriculum can be done through different teaching approaches, without widening the curriculum.

 An integrated approach is one in which children broadly explore knowledge in various subjects related to certain aspects of their environment. According to Humphreys et. al, (1981) there exists a link among the humanities, communication arts, natural sciences, mathematics, social studies, music, and art. The skills and knowledge are developed and applied in more than one area of study. In keeping with this thematic definition, Shoemaker (1989) defines an integrated curriculum as education that is organized in such a way that it cuts across subject-matter lines, bringing together various aspects of the curriculum into meaningful association to focus upon areas of study. It views learning and teaching in a holistic way and reflects the real world, which is interactive. Within this framework there are varied levels of integration as illustrated by Palmer (1991). He describes the following practices:

> "developing cross-curriculum sub-objectives within a given curriculum guide, developing model lessons that include cross-curricular activities and assessments, developing enrichment or enhancement activities with a cross focus including suggestion for cross curricular "contacts" following each objective, developing assessment activities that are cross-curricular in nature and including sample planning wheels in all curriculum guides."

The secondary curriculum is one such area that requires integration in order to realize the goals set out by the planners at the KIE. It is from the national goals of education that the secondary level of education derives its objectives. In order to be in line with the changing needs of society, the new secondary school curriculum has incorporated vital emerging issues. One of these is the HIV/AIDS pandemic. The global spread of

HIV/AIDS has greatly exceeded the most pessimistic projections of a few years ago. By the end of 1999, an estimated 33.6 million people in the world were HIV-infected (UNAIDS, 1999). In the absence of a cure or freely available therapy, the majority of these will die before the end of this decade, adding to the 16 million people who have already died of AIDS-related conditions. The HIV/AIDS epidemic has left no part of the world untouched. The problem is world-wide. However, the greatest concentration of HIV infections and AIDS-related deaths occur in the developing world (UNAIDS, 1999). Several countries in Sub-Saharan Africa together with the developing countries of South and South-East Asia account between them for 89 percent of HIV infection. (UNAIDS, 1999).

Until recently, AIDS prevalence in Kenya was estimated to be around 15%, based on data from antenatal clinics. The 2003 Kenya Demographic and Health Survey (KDHS), which included HIV testing of survey respondents, estimated that 7% of Kenyan adults are infected with HIV. A number of institutions are currently implementing HIV/AIDS prevention programs in Kenya. These programs involve schools, health clinics, and the media.

The Government of Kenya created the National AIDS Control Council (NACC) in 2000 to coordinate all HIV/AIDS activities in the country. Voluntary Counseling and Testing (VCT) services are available in each district (Dupas, 2005). Radio programs on HIV/AIDS can be heard daily. Population Services International conducts social marketing of "Trust" condoms at the very low cost of 3 condoms for 12 US cents (NACC, 2000). Large wall-painted advertisements for Trust Condoms are present everywhere from large towns to rural villages. A number of NGOs are implementing

HIV/AIDS prevention programs in schools, in churches and for specific target groups. The great majority of Kenyan children attend at least some primary school, classes 1-8, but most do not attend secondary school.

In 1999, the Kenyan government established a national curriculum on HIV/AIDS education to reach children in primary school. The national curriculum was developed with the assistance of UNICEF. It was the outcome of an extensive consultation process within the Kenyan society that included many stakeholders, including religious groups. At present the Ministry has sent books covering the curriculum to all schools (KIE, 1999). The primary school HIV/AIDS curriculum teaches basic medical facts about AIDS, HIV transmission, prevention, and care for people living with AIDS. It stresses abstinence as the most effective way to prevent pregnancies and infection with sexually transmitted diseases. Collectively, this information is referred to as "the HIV/AIDS curriculum content." In their training, teachers are not trained to promote condoms. However, they have a fair amount of discretion in answering students' questions on condoms. The official *Facilitator's Handbook* recommends that teachers organize a debate among students on whether condom use should be taught to secondary school students (KIE, 1999).

In addition, individual schools and teachers effectively have a lot of discretion about whether to teach about HIV/AIDS. No specific times are set aside on the timetable for HIV/AIDS education. Schools tend to be focused on the examinations students take at the end of secondary school, and HIV/AIDS is not examined as a separate subject, although questions on HIV/AIDS are included in exams on other subjects.

Most secondary school teachers have been trained to teach particular subject matter, such as math, and see this as their primary responsibility. Moreover, many do not feel competent to teach about HIV/AIDS. In many cases, no teachers have been assigned specific responsibility for teaching the subject. Thus HIV/AIDS is often not covered very well in practice, despite the development of the national curriculum. In response, the Kenya Ministry of Education (MOE) has trainers who provide in-service courses for teachers on HIV/AIDS education. Education has the potential to stem the apparently inexorable advance of the epidemic and to assist in coping with its casualties.

A number of issues that stress the knowledge gap need to be addressed. These include: What can be done during the learning to stem the scourge of HIV/AIDS? In what ways can the teachers explain the taboo areas on HIV/AIDS to their students in order to make them better able to tackle their attitude problems about the scourge?

Kenya has witnessed a declining HIV prevalence in recent years, partly due to increased efforts to provide AIDS education in schools. A weekly compulsory HIV/AIDS lesson has been introduced in all primary and secondary school curricula. Besides, AIDS education has been integrated into all subjects at school − a strategy that has been widely commended. In spite of this, AIDS education in Kenya still faces numerous problems (Dupas, 2005).

A recent survey carried out by the Kenya National Union of Teachers (KNUT) showed that Kenyan teachers are not generally well prepared for lessons and that many are not well informed about the subject. Only 45% of the teachers surveyed

understood that HIV had no cure, whereas 24% and 12.4% respectively thought that herbs and traditional medicines as well as witchdoctors could cure infection. More positively, the study found that Kenyan pupils were generally happy to learn about HIV and AIDS: at least 55.7% of students had positive attitude towards the issue of HIV and AIDS, with only 14.4% displaying a negative response (The Nation, June 5th 2006).

The concept of integration uses topical issues (in this instance, HIV/AIDS) as part of the content of the curriculum. In addition, integration encourages classroom discussion of these topical issues, which helps students to incorporate the course content into their store of knowledge. Therefore, the concept of integration will be used throughout this thesis as an approach to the dissemination of HIV/AIDS content through the Kiswahili curriculum.

1.2 Statement of the problem

AIDS education in Kenya is based on a life-skills approach that focuses on sexual issues and the social side of HIV, as well as simply the scientific facts about infection. Kenyan teachers are more used to teaching subjects in a factual, academic fashion using English language medium of instruction. Many teachers find it difficult to address the topic in a way that the student will understand (Dupas, 2005).

With school education in Kenya very much focused on examinations, teachers are used to inundating students with facts and figures, whereas AIDS education requires that they engage pupils in active learning sessions through a rich and stimulating language environment. This research, therefore, was designed to fill this gap by

seeking to examine the effectiveness of the integrated approach in HIV and AIDS education using the Kiswahili curriculum.

Integration as a method provides learners with the opportunity to fully participate in group learning. "In essence every student plays a role in learning in that they (group learning sessions) are highly motivating because they amuse and challenge (learners)." Roy-Campbell & Qorro (1997) and Roy-Campbell (2001) claimed that students thrive in Kiswahili where they under-perform in English. Therefore, in the interests of the students, it seems more appropriate to use Kiswahili as the medium of instruction in HIV and AIDS education rather than English which limits the secondary students' access to effective knowledge. Focusing principally on Kenya and survey of secondary schools in Kisii Central District, this study set out to examine the efficacy of the integrated approach in HIV and AIDS education in the Kiswahili curriculum.

1.3 Purpose of the study

The study set out to investigate into how effective the integrated approach has been in the delivery of HIV/AIDS content. It is an investigation on what goes on in Kisii Central District of Nyanza province in Kenya.

1.4 Objectives of the study

To achieve the purpose of the study, the research was guided by the following four objectives:

1) To determine the coverage of the Kiswahili curriculum in the control of the HIV / AIDS phenomenon among adolescents.

2) To find out the methods used to integrate HIV/AIDS in the Kiswahili curriculum.

3) To establish the appropriateness of integrating Kiswahili in tackling taboo aspects on HIV/AIDS.

4) To establish the preparedness of Kiswahili teachers in handling HIV/AIDS as an emergent issue.

1.5 Research Questions

To answer the above research objectives the following research questions were formulated:

1. What is the scope of the Kiswahili curriculum in the control of the HIV/AIDS phenomenon among adolescents?

2. What are the methods used in integrating HIV/AIDS in the Kiswahili curriculum?

3. How appropriate is it to use Kiswahili in tackling taboo aspects on HIV/AIDS?

4. How prepared is the Kiswahili teacher in handling HIV/AIDS as an emergent issue?

1.6 Significance of the study

The findings of this research are significant in many ways and would benefit a cross-section of education stakeholders. It would help identify the major problems hindering effective use of the Kiswahili medium in sensitizing students on the HIV and AIDS spread and seek to find solutions to these problems. This would help in establishing better teaching methods and strengthening the existing one to make them deliver quality services to the students. In its efforts to achieve this, the study has provided useful information to the stakeholders of education on the major problems facing effective teaching in Kenyan secondary schools and has equipped them with knowledge on how to deal with these problems.

The Ministry of Education is concerned with the quality of education. This inquiry would therefore provide information that would lead to an integrated approach in HIV and AIDS education using the Kiswahili curriculum**.**

The findings of this study will provide information which may ultimately assist parents and teachers in providing comfortable, informative HIV/AIDS education. If children are to be provided with information, which is their right, then teachers should be prepared and encourage talking to them about HIV and AIDS education.

The importance of this inquiry is its contribution to the conceptual understanding of HIV and AIDS education in the schools which will be of benefit to health professionals, school teachers and sexuality educators as they work with parents to promote the sexual health of their children. By emphasizing on the use of Kiswahili as a medium in controlling the HIV and AIDS spread, it is hoped that the study will lead to the improvement of HIV and AIDS teaching and learning in our secondary schools. The lukewarm and general attitudes of teachers towards some aspects of the subject are expected to be better.

The research also exposes the teachers and students to the importance of using Kiswahili medium to improve the teaching and learning about HIV and AIDS. The inquiry could stimulate debate on the HIV/AIDS education programme and Education for All (EFA), by addressing the importance of universal education in combating HIV/AIDS, which is a universal scourge. Subsequently it could galvanize public and government support for the need to develop life-skills that will equip pupils for positive social behavior and for coping with negative social pressures. Importance is also attached to early inclusion into the curriculum of work related training and skills for those compelled to leave school early. This may be due to orphan hood or other HIV/AIDS related complications. They are therefore forced to care for themselves, their siblings and their families.

1.7 Assumptions of the study

The assumptions of the study were that:-

1. The teachers and the learners in the selected schools were to cooperate during the course of this inquiry and would be able to give the required information without any reservation.

2. The respondents involved in the investigation would answer the questions accurately and honestly.

3. Teachers do have a clear perception of the importance of effective teaching in HIV/AIDS education.

4. Certain constraints are encountered by teachers in implementing Kiswahili curriculum for HIV and AIDS education.

1.8 Scope and Limitations of the study

1.8.1 Scope

The scope of the study is the integration of HIV/AIDS content in the Kiswahili curriculum. This study examined the integration of HIV/AIDS in the Kiswahili curriculum through a survey of secondary schools in Kisii Central District of Kenya. The study focused only on ten public secondary schools which present candidates for the national examinations under the 8-4-4 Kiswahili curriculum. These were only those that could be easily accessed along the Keumbu-Kisii town and Nyakoe roads. Form two students were used as respondents because detailed learning of Kiswahili develops its base at this level. Conceptually this work was limited to the integration of HIV/AIDS content in the Kiswahili curriculum. It did not cover all other approaches.

1.8.2 Limitations

The following limitations were encountered by the researcher while carrying out the study:

1. The findings could only be generalized within the district. If there will be need to extend these generalizations to other districts, differences in geographical locations and student characteristics should be taken into consideration.

2. Individual differences in the Kiswahili language classroom contributed to behavioral phenomenon observed in a given setting. Therefore, data obtained from this study may be varied for other language class settings depending on the teaching atmosphere established by individual teacher.

1.9 Theoretical Framework

This study entailed the effectiveness of the integrated approach in HIV and AIDS education in the Kiswahili curriculum in the Kenyan secondary schools education system. The study is anchored on the needs and assessment theory. Kaufman (1975) describes needs assessment as an empirical process of making specific what schooling is all about and how it can be assessed in the process of determining the validity of behavioral objectives and if tests are appropriate. Put simply, it is a formal process of identifying outcome gaps between current results and desired results, placing those 'gaps' in priority order, and selecting the gap of the highest priority for closure.

The concept of "need" was first used by Ralph Tyler in his historic work on the development of curriculum at the University of Chicago in the early fifties. Tyler (1950) argued that, the information about a learner should be compared with some desirable standards so that the difference between the present condition of the learner and the acceptable norm (desirable standard) can be foreclosed. This difference or gap

is what Tyler saw to be generally referred to as a 'need' or expectation. It is thus observed that the needs assessment process is an important tool in the process of developing educational programmes. Its significance is in the fact that it facilitates the designing of educational programmes that are relevant and satisfy the needs of the learners. Another common purpose of needs assessment is diagnosis or identification of problems. Needs assessment for this study focuses on identifying the areas in which the educational system or process is ineffective so that remedial actions may be taken.

A needs assessment is warranted when there is a difference between what IS and what SHOULD BE. Reasons for needs assessment are learning/performance/skill/KSAs knowledge/skills/attitudes) goals not being met, inefficiency of current instruction/performance/KSAs, lack of appeal/effectiveness/efficiency of current instruction/performance/KSAs , ineffective instruction/performance/KSAs in an area, change in learner/client/management KSAs in work group population or external organizational environment, new technology/strategy/management before completing a strategic plan.

Why conduct needs assessment?

Needs assessment is effective and efficient for addressing relevant components of problematic systems that are affecting results. Usually organizations start with a solution based on faulty assumptions of the problem without a complete understanding of the dynamics of the entire system.

Rossett (1998) outlines five purposes for analysis (finding and disseminating detailed information):

   i)   **Optimal performance**: about optimal performance (who/what/how characterizes the exemplary performance?)

   ii)   **Actual performance**: what's going on?

   iii)   **Feelings**: how do learners feel about the topic/training about the topic/priority of the topic/confidence in the topic

   iv)   **Causes:** regarding what is causing the problem (Gilbert, 1978). Mager & Pipe (1970) focused on causes of performance problems, which include:

Employees lack skill or knowledge, the environment gets in the way of job performance, no, few, or improper incentives, and unmotivated employees.

   v)   **Solutions**

          Solutions are related to the causes of the problem, and they are: improved policies, better supervision, improved incentives

How to select the needs?

Size of discrepancy: Pick the biggest problem — a comparison between optimal and actual gives the magnitude of the problem.

Attainability: Can we do it? The likelihood of success is an important criterion for prioritizing needs.

Perceived Value: What does everyone else think is important? Perceived value through rating and ranking

Implementation

Obtain key stakeholder buy-in and support. In this case you identify those who will be affected by the needs assessment and promote the benefits of the process and its outcomes (persuasion) (Gilbert, 1978).

Set goals and objectives for the needs assessment. Define why the needs assessment is important to the organization and identify critical goals and objectives that need to be accomplished at each level of the assessment.

Build assessment team. Determine the roles that should be represented and select/identify team members.

Conduct preliminary research. Investigate other needs assessments conducted by the organization and the results of those assessments; also research obstacles that may impact data collection or other assessment activities.

Prepare project plan. Develop a plan that defines staffing, equipment, and other resource requirements; timetables; data to be collected; specific methodologies to be used; and other planning considerations. (Gilbert, 1978).

Needs assessment was significant in this study in the following ways:

i. It was used in establishing the emergent issue of HIV/AIDS as a problem among adolescents.

ii. It was used by the researcher to develop and analyze instruments – that is; the questionnaire – to assess the effectiveness of the integrated approach in HIV and AIDS education using Kiswahili curriculum in Kenyan secondary schools education system, evaluate the factors which influence Kiswahili curriculum in Kenya Education system. This made the researcher to perform 'discrepancy analyses. Kaufman et al (1975) have noted that it is necessary to have measurable statements about future desired conditions and then assess the present in terms of its distance from the desired conditions.

iii. Needs assessment was useful in assessing the measurable performance standards of the Kiswahili curriculum programme in Kenya. This essentially points to the demand placed on the education sector by the emerging issue of HIV/AIDS pandemic in the country.

It also enabled the researcher to make proposals for making Kiswahili curriculum more effective based on the established and prioritized expectations. Sections involving project planning, building an assessment team and conducting preliminary research were not necessary at the level of this research because the area had already been identified for the study using case study method of research.

1.10 Operational Definitions of key terms

In this section, operational definitions are presented as were used within the context of this thesis.

Awareness: The knowledge, understanding, familiarity, recognition or perception of an object. In this study, level of awareness of the learners   implies the level of knowledge and understanding of the integrated approach in HIV and AIDS education. The level of awareness is   measured on a Likert scale.

  Child's right: Basic needs that a child must have to ensure his/her growth and development.

Curriculum: The structure containing the content which is required to be delivered to students within a certain period of time.

Effectiveness: The measure of the degree to which a teaching method either achieves or does not achieve its intended objectives.

Implementation: The execution of a programme. In this study, implementation refers to incorporating emerging issues in the curriculum of secondary schools. It includes HIV and AIDS education as an alternative broad based education approach.

Integration: One in which students broadly explore knowledge in various subjects related to certain aspects of their environment.

Perception: Refers to   the meaning and value that to the Kiswahili teachers have assigned and attached to Kiswahili curriculum. It was measured on a Likert scale.

Performance: Is the degree of accomplishment of tasks measured in terms of academic results.

Relevant textbook: A textbook that meets the specification of the syllabus and prescribed criteria.

Superfluous Teaching: System of teaching that is in excess when considering learners level of mental development and conceptualization of issues. This could be in the form of prolonged learning sessions or prescription of too much content in a short period.

Teacher Experience: The cumulative skills abilities and knowledge acquired by a teacher as a result of teaching over an extended period of time.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Various studies have been carried out by different researchers to examine the effectiveness of the integrated approach in HIV and AIDS content in the education system but most of these studies have concentrated on other subjects rather than Kiswahili. This chapter reviews literature that focus on the effectiveness of the integrated approach in HIV and AIDS education. Other issues reviewed include: integrative curriculum, Kiswahili curriculum and HIV/AIDS, curricular and instructional materials supporting HIV/AIDS awareness, impact of HIV/AIDS on the content and role of education, impact of HIV/AIDS on the planning and management of education and the impact education can make on HIV/AIDS. All the past studies discussed here are based on the works done mostly in western countries especially in Britain and United States of America where several researches on this method have been conducted. This chapter reviews existing literature on relevant publications and documents including articles, seminar papers, government policy papers, conference proceedings, training manuals, legislative documents, research reports, business journals, textbooks, newspapers periodicals and magazines that shed light on the effectiveness of the integrated approach.

2.2.1. Integrative curriculum

Dressel (1958) observed that in the integrative curriculum, the planned learning experiences not only provide the learners with a unified view of commonly held knowledge (learning the models, systems, structures of the culture) but also motivate

and develop learners' power to perceive new relationships and thus to create new models, systems and structures.

Another term that is often used synonymously with the integrated curriculum is inter-disciplinary curriculum. Interdisciplinary curriculum is defined in the *Dictionary of Education* as "a curriculum organization which cuts across subject-matter lines to focus upon comprehensive life problems or broad based areas of study that brings together the various segments of the curriculum. Jacobs (1989) on the other hand defines interdisciplinary as "a knowledge view and curricular approach that consciously applies methodology and language from more than one discipline to examine a central theme, issue, problem, topic, or experience."

These definitions support the view that the integrated curriculum is an educational approach that prepares children for lifelong learning. There is a strong belief among those who support curriculum integration that schools must look at education as a process for developing abilities required by life in the twenty-first century, rather than discrete, departmentalized subject matter. In general, all of the definitions of integrated curriculum or interdisciplinary curriculum include: a combination of subjects, an emphasis on projects, sources that go beyond textbooks, relationship among concepts, thematic units as organizing principles, flexible schedules and flexible student groupings.

The subject of curriculum integration has been under discussion on and off for the last half-century, with a resurgence occurring over the past decade. The "explosion" of knowledge, the increase of state mandates related to myriad issues, fragmented teaching schedules, concerns about curriculum relevancy, and a lack of connections and relationships among disciplines have all been cited as reasons for a move towards

an integrated curriculum (Jacobs, 1989). Almost every teacher has experienced the feeling that "there just isn't enough time to get it all in" or "the school day just isn't long enough for all that I'm supposed to do; it seems that every year there are more things added to the curriculum." This feeling of frustration is one of the motivations behind development of an integrated curriculum. Teachers see this as part of the solution to the requirements that pull teachers in different ways.

These forces in contemporary schools are reinforced by Benjamin (1989), when he cites trends towards global interdependence and the interconnectedness of complex systems, the increase in pace and complexity of the twenty-first century, the expanding body of knowledge, and the need for workers to have the ability to draw from many fields and solve problems that involve interrelated factors.

Each of these trends is relevant to the discussion of the integrated curriculum as schools move away from teaching isolated facts toward a more constructivist view of learning, which values in-depth knowledge of subjects. This view finds its basis in the work of Daresh, (1995), Bruner (1988) and others who hold a holistic view of learning. Each of these theorists is concerned with children having an understanding of concepts and underlying structures. Proponents of the progressive education movement of the 1930s advocated an integrated curriculum, sometimes identified as the "core curriculum" (Vars, 1987). The movement towards an integrated curriculum is a move away from memorization and recitation of isolated facts and figures to more meaningful concepts and the connections between concepts. The twenty-first century requirement for a flexible use of knowledge goes beyond a superficial understanding of multiple isolated events to insights developed by learning that is connected-or-integrated. Perkins (1991) advocates teaching for transfer and thoughtful learning

when he states: a concern with connecting things up, with integrating ideas, within and across subject matters, and with elements of out-of-school life, inherently is a concern with understanding in a broader and a deeper sense. Accordingly there is a natural alliance between those making a special effort to teach for understanding and those making a special effort toward integrative education Perkins (1991).

This view supports the notion of curriculum integration as a way of making education more meaningful. Concerns about national achievement levels and high dropout rates have put the spotlight on any educational change that can lead to increased student success. In addition to the realization that curriculum integration may be an effective element in making education both manageable and relevant, there is a body of research related to *how* children learn that supports curriculum integration. Cromwell (1989) looks at how the brain processes and organizes information. The brain organizes new knowledge on the basis of previous experiences and the meaning that has developed from those experiences. The brain processes many things at the same time, and holistic experiences are recalled quickly and easily According to Shoemaker (1989), the human brain actively seeks patterns and searches for meaning through these patterns.

This research is supported by Caine and Caine (1991) when they connect neuro-psychology and educational methodologies and state that the search for meaning and patterns is a basic process in the human brain. In fact, the brain may resist learning fragmented facts that are presented in isolation. Learning is believed to occur faster and more thoroughly when it is presented in meaningful contexts, with an experiential component. Of course, every brain (every student) is unique. While the search for

patterns and context may be universal, every learner will have his/her own learning style. To meet these diverse needs means providing choices for students.

Put to use in the classroom, the brain research points towards interdisciplinary learning, thematic teaching, experiential education, and teaching that is responsive to student learning styles. These findings are summarized by Shoemaker (1991).

The current movement toward an integrated curriculum then has its basis in teaching theorists who advocate a constructivist view of learning. There is a body of brain research that supports the notion that learning is best accomplished when information is presented in meaningful, connected patterns. This includes interdisciplinary studies that link multiple curricular areas. There are many examples in the literature of such efforts by K-12 teachers as well as those teachers involved in vocational education and higher education.

Another rationale for curriculum integration finds its basis in the commonsense wisdom of teachers, who are coping with increased body knowledge, large classes, and many mandates related to everything from drug awareness to HIV/AIDS to bus safety. When all of these requirements are added to the traditional body of knowledge for which teachers feel responsible, integration is seen as one way to meet both the needs of the students and the requirements of the state. The integration of curricular areas and concepts allows teachers to assist students as they prepare for the next century.

Finally, the movement toward a global economy and international connections, as well as the rapid changes in technology, are pushing education towards integration.

The ability to make connections, to solve problems by looking at multiple perspectives, and to incorporate information from different fields, will be an essential ingredient for success in the future. An enduring argument for integration is that it represents a way to avoid the fragmented and irrelevant acquisition of isolated facts, transforming knowledge into personally useful tools for learning new information (Lipson et. al, 1993). From the foregoing discussion it is evident that the conventional methods of instruction are not sufficient in enhancing student learning. There is therefore need to explore other approaches to instruction such as integration learning which have proved effective elsewhere.

2.2.2 Kiswahili curriculum and HIV/AIDS

KIE (2002) incorporated in the new syllabus of Kiswahili the emerging issues like HIV/AIDS, health, gender, child rights and human rights, et cetera, so as to meet the objectives of teaching in the revised curriculum. The teachers have the obligation of being innovative so as to reduce the cost of education. He / she has to use available instruments in the school environment so as to meet the objectives. Among the major instruments to be used by the teacher are books. The new syllabus was based on the integrated approach (KIE (2002).   Therefore, Fasihi (Kiswahili literature) books in school can be used in Form one and Form two to teach emerging issues, e.g. to teach issues of HIV/AIDS: short stories or a text can be used by the teacher to run the theme (Hayes et al, 2005). Sources of emerging issues can be found in many newspapers: journals and cartoons (Hayes et al, 200). A teacher should be ready to use them. After use of these materials, they should be carefully stored for later use. Despite the fact that the government has integrated the teaching of HIV/AIDS in the school curriculum, there are numerous problems that need to be tackled: HIV/AIDS is not examined as a separate subject, although questions on HIV/AIDS are included in the

examinations of other subjects. Most secondary school teachers have been trained to teach particular subject matter and they see this as their primary responsibility. In many cases no teachers have been assigned specific responsibility for teaching HIV/AIDS as a subject. Thus HIV/AIDS is often not covered very well in practice, despite the development of the national curriculum (KIE, 1999). The Kiswahili curriculum is a sure example of how the syllabus has not addressed the issue of HIV/AIDS. This therefore means that adequate work on HIV/AIDS is not accomplished at this level of learning (KIE, 1999).

2.2.3 Curricular and instructional materials supporting HIV/AIDS literacy

Schenker (2004) and Schenker et. al, (1996) observed four types of programs in education for HIV/AIDS prevention and testing (EHPT) that are known to have taken on board literacy and HIV/AIDS. These include programs in formal and non formal education which focus on HIV/AIDS prevention and incorporated literacy concepts, programs in literacy which now incorporate messages on HIV/AIDS, more comprehensive programs targeted at special populations and train-the-trainer programs.

A recent conference on literacy in Europe was informed that on one hand, structured programs on literacy and HIV/AIDS are almost non-existent and, on the other, that close to 40% of "purely" literacy training programs in Africa expand to other areas in education, most commonly health and HIV done by UNESCO Institute for Education (UIE, 2005).

A major distinction between various literacy and HIV/AIDS programs is by age: programs for adults have been developed in Morocco, Nepal, Namibia, Botswana, Mali, Cambodia and India. Such programs for adolescents were reported in: Guyana,

Jamaica, South Africa, Cambodia and Guinea (UNESCO Institute for Education [UIE], 2005).

Another distinction is by the media used: print or electronic. Realizing that reading levels and other literacy barriers (e.g. mother tongue) prevent massive dissemination of HIV/AIDS messages to young people in and out of school through unified texts (e.g. brochures, leaflets, books) encouraged the development of simplified written and illustrative materials, as well as moving into radio, TV and other forms of electronic media. Widening the scope of languages used is another development (Michielutte et. al., 1992; Schenker, 2001).

In Botswana, posters and booklets have been published in the San language (UNESCO Institute for Education [UIE], 2005). In Israel, the Jerusalem AIDS Project, which has developed school-based programs on HIV/AIDS in 22 developing countries, uses innovative cartoon flipcharts to communicate HIV/AIDS messages to youth in communities with diverse cultural, literacy and language backgrounds (Jerusalem AIDS Project; JAIP, 2004). In Sierra Leone, HIV/AIDS educational materials are developed to meet different levels of literacy in the target population (MOE, 2002). In Saudi Arabia, personal communication and visual media techniques were introduced to assist 483 secondary school students in Buraidah secondary schools to better comprehend HIV/AIDS messages (Saleh et. al., 1999).

Radio has become a preferred media for increasing HIV/AIDS literacy in many developing countries. From March 2005, UNESCO Bangkok's Culture Unit began to distribute audio materials of its ethnic minority language radio soap operas for the prevention of HIV/AIDS, trafficking and drug abuse across the Upper Mekong Sub-

region and China. The cassettes and CDs of the radio soap operas are distributed in the Hmong, Jingpo and Lahu languages (UNESCO, 2005). In Guyana, UNICEF has produced a special radio show on HIV/AIDS for adolescents (IDB, 2003). In Africa YIBEKAL from Ethiopia is considered the best practice in radio programs on HIV/AIDS. Examples of more comprehensive HIV and literacy programs include initiatives such as: the "Village Communicators" project in Burkina Faso, where local selected villagers are trained in HIV/AIDS communication, so that they could increase HIV/AIDS literacy using communication techniques depending on the level of literacy in the community (Plan Burkina, 2004).

The "flower" program in Israel trained medical students, equipped with literacy-sensitive visual materials, provide school and community-based education for HIV/AIDS prevention in rural areas and by out-reaching to developing countries (Schenker, 2003). The African "proliteracy" initiative mobilizes community based NGOs, public schools and churches in combating both HIV/AIDS and literacy in Malawi, Tanzania, Uganda and Ethiopia (Proliteracy, 2005).

An analysis of these efforts in HIV/AIDS literacy, demonstrate lack of sustainability, of coherency and of strong linkages to the global campaign on literacy. As stand alone programs, many of the mentioned initiatives have been very successful in: linking HIV and literacy, reaching out to large populations in need and producing innovative approaches (Smith et a, 2000; Rudd et al, 2003; Ratzan, 2001). These programs are largely untested in Kenya and it could be most appropriate if they were tried.

2.2.4 Impact of HIV/AIDS on the content and role of education

HIV/AIDS affects the content of education because of the need to incorporate HIV/AIDS education into the curriculum with a view to imparting the knowledge,

attitudes and skills that may help to promote safer sexual behaviour. There is need to develop life-skills which equip pupils for positive social behaviour and for coping with negative social pressures. It is necessary to have an early inclusion in the curriculum, work-related training and skills, so as to prepare those compelled to leave school early (because of orphan hood or other reasons) to care for themselves, their siblings and their families.

The most obvious impact of HIV/AIDS on the content of education is the incorporation of HIV/AIDS education into the curriculum with a view to bringing about behaviour change. The Kenya Ministry of Education recognizes the importance of education and the formation of attitudes in relation to HIV/AIDS. Because of the multi-dimensional nature of HIV/AIDS, the Ministry has adopted the integration approach. In this, HIV/AIDS is not given the status of a separate subject. Neither does it become an integral part of an existing carrier subject. Instead it is taken to be a cross-cutting issue which is to be addressed in all subject areas and whose components can appear as examination items (Hunter & Fall, 1998). A major policy objective for education is to use the sector's potential to slow down the rate of new HIV infections, help its infected members to cope, and support those among them who have been bereaved by HIV/AIDS. Part of the sector's response in this area is the introduction of life-skills programmes. These aim to influence health and social behaviour by seeking to develop student ability in five key psycho-social areas namely, self awareness (self-esteem) and empathy; private communication and interpersonal relationships; decision making and problems solving; creative thinking and critical thinking; and coping with emotions and with stress (Gachuhi, 1999). Countries in Eastern and Southern Africa have endeavoured, with mixed success, to integrate programmes of this nature into their school curricula (Rossi & Reijer, 1995).

Common problems are lack of teacher knowledge and confidence, tendencies to gloss over sensitive sexuality issues, the perception that because it is not examined, the area is not important, and inadequate efforts to mobilize the support of parents and other key stake-holders (Gachuhi, 1999).

Given that school education has an essential role to play in combating the HIV/AIDS pandemic and that it has played this role very successfully in Uganda, it is somewhat surprising that one notes the relatively low-key presentation of this approach in the World Bank's policy research report *Confronting AIDS.* Although the report does acknowledge that "HIV/AIDS education is likely to be a good investment in preventing HIV" (World Bank, 1997), it goes to greater lengths on dealing with risky sexual behaviour and with prevention programmes for sub-populations that are at greatest risk. While it is of the utmost importance to deal with these areas, it is regrettable that the report does not pay comparable attention to the one window of hope that exists for the worst-affected countries and the children in primary school who have not yet been infected. Damage limitation appears to attract greater attention than damage prevention.

There has been a shift, however, in the Bank's position, with its more recent strategic plan for dealing with AIDS in Sub-Saharan Africa – intensifying Action against HIV/AIDS in Africa – giving more prominence to the role that can be played by education-related interventions (World Bank, 1999). Thus it singles out the importance of integrating HIV/AIDS into existing school and training curricula, educating girls, expanding gender initiatives, reducing poverty and assessing the impact of HIV/AIDS on all sectors. It also aims at helping countries plan for the long-term impact of HIV/AIDS. It supports research efforts that provide national leaders

and international partners with basic and accurate AIDS-related information, strengthening capacity building, mainstreaming HIV/AIDS in all bank activities, and redirecting ongoing project funds to HIV/AIDS activities (in the Bank's terminology, 'retrofitting' projects).(World Bank,1999). These are welcome initiatives. Their implementation should go some way to make up for the late start in making a wholehearted commitment in dealing with the pandemic.

HIV/AIDS affects the role of education because of new counseling roles that teachers and the system must adopt, the need for a new image of the school as a centre for the dissemination of messages about HIV/AIDS to its own pupils and staff, to the entire education community, and to the community it serves, the need for the school to be envisaged as a multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood. Because of HIV/AIDS, the role of the school appears to be changing (Beare, Caldwell & Millikan, 1989). Traditionally, there were very high expectations that schools would educate the child across the broad spectrum of the intellectual, social, moral, aesthetic, cultural, physical and spiritual domains (Beare, Caldwell & Millikan, 1989). In practice, most schools found this impossible. Instead, they concentrated on only a few of these areas, and gave the greatest emphasis in their curriculum to intellectual development (Beare, Caldwell & Millikan, 1989).

But the intrusion of HIV/AIDS necessitates psychological support for the children from affected families (Colling & Sims, 1996). Teachers find that increasingly they are being called upon to counsel their pupils and help them deal with the stresses arising from HIV/AIDS in their families. Studies on orphans have identified the need to help children express their feelings in appropriate ways and the need for those

working with children to be able to adopt suitable communication and counseling roles (Colling & Sims, 1996).

In Kenya, programmes in counseling are being established in the primary and secondary schools and some teacher training institutions. The need is being increasingly perceived for teachers who can stand by children who are affected by HIV/AIDS as they strive to come to terms with their psychological turmoil. In other words, in addition to their traditional concern with intellectual development, schools are slowly recognizing the need to play a more proactive role in pupil psychological support and counseling (KIE, 1999). The Kenyan education policy endorses the role of the school as a health-affirming and health-promoting institution for all pupils and, through them, for the community from which the pupils come and for the families which they will eventually establish ((KIE, 1999). It also undertakes to introduce HIV/AIDS counseling for teachers and other education personnel. This counseling will benefit the teachers in terms of helping them to become familiar with the HIV/AIDS content in the curriculum, and training them on how to deal with particularly sensitive issues in the classroom.

2.2.5 Impact of HIV/AIDS on the planning and management of education

HIV/AIDS affects the planning and management of the education content because of the need to manage it for the prevention of HIV transmission. There is loss through mortality and sickness of various education officials charged with responsibility for planning, implementing, and managing policies, programmes and projects (World bank, 1999). There is also need for all capacity-building and human resource planning to provide for potential personnel losses,   developing new approaches, knowledge,

skills and attitudes that will enable the system to cope with the epidemic's impacts and monitor how it is doing so.

There is need for establishment of an intra-sectoral epidemic-related information system. It is also imperative to have a more accountable and cost-effective financial management at all levels in response to reduced national, community and private resources for education (World Bank, 1997) Sensitive care in dealing with personnel and the human rights issues of AIDS-affected employees and their dependants and the need for a sector-wide strategic approach that will spell out how the Education Ministry intends to address HIV/AIDS should be instigated.

Managing and planning for a developing education sector are demanding activities which require the education ministry to be firmly in charge of policy and strategy development and implementation. At all times this is a challenge, but more so when there is risk that HIV/AIDS may decimate key human resources. AIDS is not restricted by authority or hierarchical levels but crosses all boundaries. To minimize its impact on the ministry's core activities, key aims should be to prevent further HIV infection in its workforce and to help those already infected to live positively. While the ministry must show this double concern for students, teachers and those working in schools and colleges, it should be equally diligent in extending similar concern to its own immediate staff—senior officials as well as other employees in finance, planning and personnel divisions; professionals and support staff in inspectorates, examinations, curriculum development, and other support areas; senior policy-makers and implementers and all of their back-up staff; those located at the central headquarters and those spread across the country at provincial and district levels. They are all at risk. They all stand in need of ministry guidelines and directives that

will strengthen their determination to avoid HIV infection and that will enable them to continue to live and function positively, should they be or become infected. A good epidemic-related information system is central to managing and planning the education sector in an AIDS-dominant environment. Ideally, such a system would show, by category, the number of employees currently HIV-infected or ill with an AIDS- related condition; the number of employees maintained on the payroll but are unable to work; the number of employees with HIV/AIDS in their immediate families; the extent of HIV/AIDS-related sporadic absenteeism and sick leave; the impact of such absenteeism/sick leave on the ministry's ongoing activities, both in schools and colleges and in the various ministry offices; the number of employees, especially females, in need of more flexible timetables that will facilitate their provision of care to sick household members; the number of hours or days given to funerals, and the funeral costs which the ministry bears. In addition, the ministry needs to evaluate how, when, in what numbers and at what cost it will recruit personnel to assist or replace those affected by the epidemic. This will require a close study of policies on part-time or short-term appointments. It will also require a strengthened personnel section that will be fully appraised of staff turnover, how long it takes to recruit replacement staff, and how to draw up training plans for new staff and for those who have to be transferred to other areas of work.

Much of this points to the need for the education ministry to formulate a strategic approach that will clearly express its policy on HIV/AIDS, its proposals for dealing with its institutions and throughout the system, its strategies for personnel and human resource support and replacement, guidelines for use in concrete situations in schools, colleges and at lower levels in the system, and the development of an information base to guide policy and planning. Curriculum planning has to incorporate the

emerging issue of HIV/AIDS so as to be effective in disseminating this information to the youth.

2.2.6 The impact education can make on HIV/AIDS

In the absence of curative drugs and prophylactic vaccines, the only way currently available for dealing on a large scale with HIV/AIDS is through developing appropriate standards of behavior, with information being translated into behaviors that promote a healthy state of mind, body and spirit (Siame, 1998). In this and in other AIDS-related areas, education can be a powerful ally.

If it is to reduce the likelihood of HIV transmission, strengthen the capacity of infected and affected individuals to cope with their situation, and support bereaved and disoriented school members and their families, the formal education system needs to do certain things (Siame, 1998).

Good quality sexual health and HIV/AIDS education is needed in order to equip young people with the information which they rarely get from their parents or senior family members, which they no longer get from traditional training such as is customarily provided at the time of initiation. This is information which they frequently pick up haphazardly from peers and books, and which they sometimes augment by high-risk experimentation.

Human rights and HIV/AIDS are intimately connected.

> "An environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and affected by HIV/AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated" (UNAIDS 1998).

It is all too easy for educational institutions to fall into the trap of denying access to HIV infected students, whether because of their HIV status, because of pressure from the parents of non-infected students, or because their HIV status makes it difficult for the students in question to meet attendance requirements or pay educational costs. It may also be tempting for the institutions to restrict the participation of infected students in certain curricular and extra-curricular activities.

The devastating effect that AIDS is having on schools should be one of the biggest concerns to those involved in fighting the epidemic, not least because schools provide one of the most cost-effective and efficient ways of reaching young people. While the education sector is seriously threatened by AIDS, it is also an invaluable tool in the fight to establish an environment where people living with HIV are well-supported and new infections are prevented.

Boler and Jellema (2005) assert that young people are more likely to be affected by HIV and AIDS than any other age group, but they are also more likely to change their behaviour as a result of education than any other group. At a time when, globally, more children are in school than ever before, it is therefore vitally important that countries invest in schools as a means of informing young people about how they can avoid HIV and AIDS before is too late. Studies have shown that the HIV prevalence of an area is likely to decrease as education increases, that primary education can halve the risk of infection amongst young people and that reduced vulnerability to HIV is observed in people with secondary or higher education. Schooling increases earning power, self-confidence and social status, allowing young people to take greater control over their sexual choice (Boler and Jellema (2005).

Kelly (2000) agreed that through education, schools can also help to reduce stigma and discrimination - a major problem for people around the world who are living with HIV/AIDS, which, as well as being distressing for those people themselves, has created a situation where others who may be infected are sometimes reluctant to be tested or access treatment for fear of prejudice. Education in general is likely to encourage a more respectful, open-minded attitude towards other people. In the case of HIV/AIDS education, giving a greater understanding of the epidemic can help them to realize that HIV/AIDS can affect anyone, and that no-one has the right to judge an individual on the basis of their HIV status.

According to the author it is not just that they are educated through schools, though – members of the wider community, including teachers, cleaners, other members of staff and parents, can also increase their knowledge about HIV and AIDS by means of the school environment. Teachers who expand their understanding of the subject while researching for a lesson can pass this information on to adults as well as pupils, and the same can be said for the children themselves; once informed about AIDS, they can go home and tell their parents or their friends what they have learnt. If there are HIV positive children at the school, the adults connected to that school are also likely to learn more about HIV and AIDS through the school's efforts to support those children.

Conclusively, it can be stated here that the phenomenon of integration will go a long way in alleviating the emerging problem of HIV/AIDS in our societies if properly done. The literature under review has not only highlighted this but it has also shown the place of integration in the fight against the after-effects of the scourge of HIV/AIDS.

2.2.7 Summary

This literature review was divided into sections on integrative curriculum, which described how topical issues can be included in course content; Kiswahili curriculum and HIV/AIDS, which discussed how information on the disease can be disseminated through the Kiswahili curriculum; curricular and instructional materials supporting HIV/AIDS literacy, which dealt with specific media in the Kiswahili classroom that may be used to spread the HIV/AIDS message; impact of HIV/AIDS on the content and role of education and impact of HIV/AIDS on the planning and management of education which explain how HIV/AIDS affects education as a whole, and the impact education can make on HIV/AIDS, which shows how HIV/AIDS content can be used to halt the spread of disease.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The chapter outlines the methodology, procedures and modalities used in data collection. It also covers research design, determination and identification of the population, sample size, sampling design, sampling procedure, the instruments of data collection, validity and reliability of data collection instruments.

3.2 Study Area

The study was conducted in Kisii Central District of Nyanza Province. The district sits between Kisii South and Kisii North Districts and encompasses the town of Kisii. The district is chosen as a research site because of the increasing number of HIV/AIDS prevalence among learners and teachers.

3.3 Research Design

This study adopted a survey research design. This survey research design is used to determine reasons or causes for the current status of the phenomenon under study. As a result of the cause-and-effect relationships, this research design does not permit manipulation of the variables (Kerlinger, 1973). The design was adopted in this study in order to assess the degree to which integration of HIV/AIDS content in the Kiswahili curriculum had taken place in Kisii Central District, by assessing the responses of Form two students, and teachers.

3.4 Target Population

The target population for this study included all form two learners and Kiswahili teachers from the 87 secondary schools in Kisii Central District. The 87 secondary

schools had a total learner population of 6004 (2480 girls and 3524 boys) in the year 2006 (District Education Office, Kisii Central District, 2006). Since the study targeted Form two students, the target population is represented by 87 × 50 students, which results in a target population of 4350 students. Since Kiswahili is a compulsory subject in Form Two, all the students in the target population are learners of Kiswahili. The number of teachers in the target population is 87, representing one Kiswahili teacher from each school.

3.5 Sampling Procedure and Sample Size

Purposive, stratified and simple random sampling procedures were used in selecting the required sample for this study. From the 87 secondary schools, 10 (ten schools of all categories) were purposively determined to be included in the sample. This ensured that all the zones are included in the study by spreading the sample in the whole division for all the four divisions. Simple random sampling using random numbers table was then used to select the ten purposively determined categories of schools from each of the four educational zones. The school corresponding to the number picked was included in the sample.

In order to determine the sample size of learners to be drawn from the 6004 in the study area, this study adopted a formula from Nassiuma (2000) using the co-efficient of variation for estimating a sample size, n, from a known population size, N.

$$n = \frac{NC^2}{C^2 + (N-1)e^2}$$

Where n = Sample Size

N = Population, 6004 in this case

C = Co-efficient of Variation, assumed to be 30 percent for survey research

e = Standard error, assumed to be 0.02 in this case

Substituting these values in the equation, estimated sample size (n) was:

$$n = \frac{6004 \times 0.3^2}{0.3^2 + (6004 - 1)0.02^2}$$

=131

131 students represents $131/4350 \times 100 = 3.0114943 \approx 3\%$ of the population.

Proportionate stratified sampling was used in selecting and distributing the 131 learners from the 10 purposively determined and randomly selected schools. This ensured that the sample was proportionately and adequately distributed among the selected schools according to the population of each school. Each school was allocated a sample population by dividing the total number of form two students in that school by the total number of all form two students in the ten schools and then multiplied by 131. After determining the specific number of learners to be selected from each of the ten schools, a proportionate sample of boys' and girls' learners was selected from the sampled population in that school. This ensured that the sample from each school was proportionately and adequately distributed between the genders of the learners. Lastly, simple random sampling was also used to select the specific number of learners of each gender to be included in the sampled population of each selected school.

Purposive sampling was also used to select one Kiswahili teacher from each of the ten selected schools. The Kiswahili teacher was targeted for information on the effectiveness of the integrated approach in HIV and AIDS education using Kiswahili curriculum as a way of incorporating emerging issues into the curriculum. From the above sampling procedures, the 131 learners and 10 Kiswahili teachers formed the sample size for this study.

3.6 Research Instruments

Data was collected using open and closed ended questionnaires. It was administered to selected respondents (secondary school students and Kiswahili teachers) A structured questionnaire was preferred for collecting data because in such a questionnaire, the questions, their wording and sequence are fixed and identical to all respondents. This has the advantage of obtaining standard responses to items in the questionnaire, making it possible to compare between sets of data.

The learner questionnaire elicited information on their level of awareness of HIV/AIDS and the use of the integrated curriculum as a way of responding to emerging issues. The Kiswahili teacher questionnaire sought information on the effectiveness of the integrated approach in HIV and AIDS education using Kiswahili curriculum in Kenyan secondary schools and whether the curriculum in secondary schools actually meets the needs of the learners.

The second method of data collection was through oral interviews. These were meant to elicit information which may otherwise have been inaccurate. In this study, the oral interviews were administered to the teacher respondents for the sole purpose of establishing the number of courses on HIV/AIDS attended by the respondents while in college and the content of the courses.

Data was also collected using an observation check. This is a method used in verification of statements made through other instruments e.g. questionnaire (Fraenkel & Wallen, 2000). In this study, an observation check was minimally used by the researcher in verifying the issue of resource materials being used by the Kiswahili teacher in integration of the HIV/AIDS content into the curriculum.

3.7 Validity and Reliability

3.7.1 Instrument Validity

In this study, validity is "…. the success of a scale in measuring what it is set out to measure so that differences in individual scores can be taken as representing differences in the characteristics under study" (Moser and Kalton 1971:355).

The research instruments were validated in two ways. First, the researcher formulated items in the instruments by considering the set objectives in order to ensure that they could elicit the information required to answer the research questions. Secondly, the researcher consulted the supervisor and the other experts from the Department of Curriculum Instruction and Educational Media of Moi University for their opinion on the instruments.

The instruments were then taken for piloting on a population that is similar to the target population at two secondary schools in Nyamira District, which neighbors Kisii Central District. The piloting included 20 learners and two Kiswahili teachers from the two schools. The objective of piloting was to allow the researcher make modifications on various items in order to rephrase clarify and clear up any ambiguities in the questionnaires.

3.7.2 Instrument Reliability

Reliability refers to consistency or stability in measurement (Christensen, 1988: 129). In other words it is a measure of the degree to which a research instrument yields consistent results after repeated trials. The piloting assisted the researcher in testing the reliability of the instruments. Cronbach's Coefficient Alpha was computed for each instrument (Fraenkel & Wallen, 2000). A reliability coefficient of 0.7 was

assumed to reflect the internal reliability of the instruments (Fraenkel & Wallen, 2000).

3.8 Data Collection Procedures

The researcher proceeded to collect data from the selected respondents after receiving permission from the District Education Office in Kisii Central District. Permission was also sought from the head teachers of the ten selected schools in the study area. The researcher then visited the selected schools beforehand for familiarization and acquaintance with targeted respondents, especially the Kiswahili teachers. During this visit, the researcher informed the head teachers and Kiswahili teachers about the purpose of the intended study and booked appointments for the data collection. After familiarization, data was then collected from the respondents using the questionnaire. The Kiswahili teacher in each school was requested to assist in the distribution and collection of the questionnaires from the respondents/learners. The completed instruments were verified and collected from the Kiswahili teacher within a period of two days from the day of distribution. The interviews and observations were conducted in each school during the two day period between the issuing of the questionnaires and the return of the same.

3.9   Data analysis

Data collected was processed, coded and analyzed to facilitate answering the research questions. This was done using descriptive statistics. The descriptive analyses, including frequencies, percentages, tables and cross-tabulations, were used to summarize and organize the data and to describe the characteristics of the sample population. Inferential statistics were used in making deductions and generalizations about the whole population using sample data. Data capturing was done using Excel

software. The data from the completed questionnaires was cleaned, re-coded and captured using the Statistical Package for Social Sciences (SPSS). The SPSS) was used in the data analysis. The descriptive statistics calculated in this study includes averages, frequency distributions of responses and cross – tabulation to relate the variables.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents data collected from the field for purposes of analysis and interpretation. It details the characteristics of respondents, their levels of awareness about the HIV/AIDS phenomenon, their knowledge on the scourge and effects, the role education can play in the eradication and/or minimization of HIV/AIDS and possible improvement strategies. Descriptive statistics are the main analytical methods used. Data is thus presented in terms of frequency distributions and percentiles which are displayed in either tabular or graphical form. Explanations are also offered. Each subsection deals with an item in the questionnaire that was administered.

4.1 Student Questionnaire

4.1.1 Mention of HIV/AIDS in the school syllabus

This was established through documentary analysis of the syllabus, course books, schemes, lesson plans, lesson summary and classroom observation. In the questionnaire, the first question sought to find out whether or not HIV/AIDS was mentioned in the syllabi of the schools under research. The response was out of 247 respondents, 25 respondents said no while 222 respondents answered in the affirmative. The following is a summarized table showing the distribution.

Table 4.1: Mention of HIV/AIDS

Response	Frequency	Percent
NO	25	10%
YES	222	90%
TOTAL	**247**	**100%**

The results show that the respondents who said no were 10% and the percentage of those who said yes was 90%. All students responded to the questionnaires. This implies that the issue of HIV/AIDS is not an entirely new phenomenon because it is mentioned in all the schools under study and more so among the form two students whose age bracket is mostly adolescent thus therefore most vulnerable. The awareness has thus been created among them. In order determine how effective the control of HIV/AIDS has been, it is imperative to establish the level of awareness of the respondents. This was therefore evident from the first question on whether awareness has been created. The answer was in the affirmative. Whether awareness was created through the integrated approach is the question.

4.1.2 Mention of HIV/AIDS versus school status

Having realized that HIV/AIDS is mentioned in schools, the research sought to understand exactly which types of schools mentioned it. This was meant to further reveal the effects of location and gender on awareness creation among respondents. Thus the researcher established as shown in Table 4.2 where HIV/AIDS was mentioned.

Table 4.2: Cross tabulation of the status of school and HIV/AIDS mention

Status of the school	Mention of HIV/AIDS in school syllabus		Total
	No	Yes	
Boys Boarding	5	43	48
Girls Boarding	3	71	74
Mixed Boarding	4	21	25
Mixed Boarding/ Day	2	23	25
Mixed Day	11	64	75
TOTAL	**25**	**222**	**247**

Table 2 shows that HIV/AIDS is actually mentioned in mixed day schools. Most respondents who said HIV/AIDS was not mentioned in school syllabus were from mixed day schools, with a frequency of 11 out of the 25 total respondents who answered no. On the other hand, most respondents in girls' boarding schools answered that HIV/AIDS was mentioned in school. This was a frequency of 71 out of the total 222 respondents who answered yes. It is also noteworthy that a majority of the boys in boarding schools, that is 43 out of 48, appreciated the fact that HIV/AIDS is mentioned in their syllabus. In the mixed boarding category, the 21 out of 25 respondents averred to the mention of HIV/AIDS in the syllabus. Also, 23 out of 25 respondents from the category of mixed boarding/day assented to the mention of the pandemic in the syllabus. This goes to show that the awareness levels increase with the status of school.

This indicates that mixed day schools may not be dedicating enough time to issues about the scourge of HIV/AIDS.

Consequently, we can say that the effectiveness, which as earlier mentioned comes with exposure to the knowledge about the scourge as can be done through the

Kiswahili syllabus, is available among the sample respondents. So, integration of the HIV/AIDS phenomenon has been done. The depth of integration was thus sought in the next question on how HIV/AIDS is mentioned in the syllabus.

4.1.3 How HIV/AIDS is mentioned in school

Consequently, a questionnaire was administered to establish methods used by the teachers in passing on to the respondents HIV/AIDS content. The answers were categorized into four: whether teachers mentioned HIV/AIDS in passing, whether teachers discussed about HIV/AIDS in a lesson, whether teachers set aside time in Fasihi discussion to talk about HIV/AIDS, or students themselves discussing the pandemic during school club meetings like the Kiswahili Kitukuzwe club. A higher percentage of respondents that is 31% (N = 76) said that mentioning of HIV/ AIDS was at the health. Hygiene clubs in their schools.

This is shown in Table 4.3.

Table 4.3: Method of mentioning HIV/AIDS

Response	Frequency	Percentage
Teachers mention in passing	69	28
Teachers discussed HIV/AIDS in a lesson	64	26
Teachers devoted some Fasihi discussion time to HIV/AIDS talk	38	15
Students discuss HIV/AIDS in the Kiswahili Kitukuzwe club	76	31
TOTAL	**247**	**100**

Most discussion times are used in other activities as shown in the table. Devoting some Fasihi discussion time to HIV/AIDS talk had the least frequency of 38 respondents which is equivalent to 15 % (N=38). This is represented by 26 % (N=64) respondents. Those teachers who mention about HIV/AIDS in passing were shown by 28% (N=69) as shown by the student respondents. This goes to indicate that not much emphasis is given to the scourge even when it is a national and international disaster. This underscores the idea that teachers still believe there should be specific times entirely dedicated to discussion about HIV/AIDS and class time should be devoted entirely to syllabus coverage for the sake of examinations as mentioned in chapter one of this thesis.

4.1.4 Context of HIV/AIDS discussion

So as to establish whether integration of HIV/AIDS content was being consciously done by the teachers in the learning/ teaching process in secondary schools, the research set out to investigate the context of discussion about the scourge. Of the 247 respondents, 128 said that teachers mentioned HIV/AIDS during discussion and not during lessons that is; (32%) (N=79) not after the lesson (16%) (N=40). Table 4 summarized the findings.

Table 4.4: Context of HIV/AIDS discussion

Response	Frequency	Percentage
Kiswahili teacher mentions	128	51.8
Discussion during the Kiswahili lesson	79	32.0
After the lesson	40	16.2
TOTAL	**247**	**100.0**

A cross tabulation of the school category and the context of mention was computed so as to determine the preparedness of the teachers in handling HIV/AIDS as emergent issue in various categories of schools. It was found out that unlike other school categories where HIV/AIDS is mentioned in class discussions, in boys' boarding schools it is least mentioned. The cross tabulation done is as shown in Table 4.5 below.

Table 4.5: Status of school versus context of mention of HIV/AIDS in schools

Status of school	Context of HIV/AIDS mention			Total
	During the class discussion	During the lesson	After the lesson	
Boys' boarding	14	30	4	48
Girls' boarding	42	18	14	74
Mixed boarding	17	5	3	25
Mixed boarding /day	12	5	8	25
Mixed day	43	21	11	75
Total	**128**	**79**	**40**	**247**

Table 4.5 shows that the frequency of respondents in boys' boarding school category who said that teachers mention HIV/AIDS during the lesson was 38 % (N=30).

It is also evident from the table that teachers in mixed day and girls boarding schools prefer mentioning HIV/AIDS during class discussions. They had a frequency of 43 that is (34%) and 42 that is (33%) respectively. A total of 128 respondents responded positively to discussions during class time. This implies that if set out as a discussion, the pandemic could be well tackled during class discussions as opposed to spontaneous mention about the scourge during the Kiswahili lesson or when it is brought up as by-the-way after the lesson. Therefore the teacher preparedness to handle the scourge of HIV/AIDS in an integrated manner is found to be wanting.

4.1.5 Effects of HIV/ AIDS to learning.

 In order to establish the effectiveness of the integrated approach in tackling the scourge of HIV/AIDS using the Kiswahili curriculum, it was necessary to determine the learners' level of knowledge on the effects of the pandemic on learning as a process. The issue required verbal explanation by the researcher to the respondents due to its complexity.

Table 4.6 shows the various responses of the effects of HIV/AIDS to learning. The common response was that of affecting the desire to learn and affecting the availability of learners. The distribution of the effects is shown in Table 4.6.

Table 4.6: Effects of HIV/AIDS on learning

Response	Frequency	Percentage
Affect the desire to learn	57	23
Affect the availability of learners	57	23
Affect the availability of teachers	24	10
Affect the availability of learners	33	13
Affect the content of education	20	8
Affect the organization of schools	16	7
Affect the planning and management of the education system	27	11
Total	**247**	**100**

Both effects of desire to learn and availability of learners had the same frequency of 57 out of the total 247 respondents which is 23%. 13% (N=33) of the respondents felt that HIV/AIDS will affect the availability of teachers while 11% (N=27) felt that it will affect the planning and management of the education system. 10% (N=24) asserted that the pandemic will negatively impact on the availability of teachers to teach them. On the other hand, 8 % (N=20) saw its (HIV/AIDS) effects in the content of education to stress more on the scourge, 7% (n=16) saw effects on organization of schools and 5% (n=13) felt that the pandemic will not effect the role of education.

4.1.6 Effects of HIV/AIDS to potential learners

It was important to further establish the depth of the respondents understanding on the effects of HIV/AIDS on potential learners. This was again in line with the first objective of determining the effectiveness of the integrated approach in the Kiswahili curriculum in the control of the HIV/AIDS phenomenon among adolescents.

The effects of HIV/AIDS to potential learners were varied and included the following: the rapid growth in the number of orphans, strain on the extended family and public resources, increase in the number of street children and the need for children to become breadwinners for their families. The enormity of the effects was as is shown in Table 4.7:

Table 4.7: Effects of HIV/AIDS to learners

Effect	Frequency	Percentage
Rapid growth in the number of orphans	89	36
Strain on the extended family and public resources	76	31
Increase in the number of street children	38	15
The need for children becoming bread winners	44	17
Total	**247**	**100**

The highest number that is 36% (N=89) of respondents felt that HIV/AIDS has led to an increase in the number of orphans due to the decimation of the parents through the years 31% (N=76) felt that the pandemic has led to a strain on the extended family and public resources. 17% (N=44) think that the scourge of HIV/AIDS has led to more children being kept to fend for the needs of their families. Only 15% (N=38) of the respondents thought the pandemic has led to an increase in the number of street children. We had many respondents alluding to the option that HIV/AIDS has led to the fast growth of orphan hood. Studies indicate a growing trend of deaths from HIV/AIDS in most parts of the country thus leaving most children to fend for themselves (Kenya Demographic and Health Survey 2004).

4.1.7 Effects of HIV/AIDS on education content

HIV/AIDS has effects on the content of education. Content refers to material and educational knowledge being passed to the students. The research sought to find out the various effects that HIV/AIDS has had on the content of education and realized details on Table 4.8:

Table 4.8: Effects of HIV/AIDS on education content

Response	Frequency	Percentage
The need to include HIV/AIDS in curriculum	73	30
The need to develop life-skills to equip the pupils	110	45
The need to teach pupils work-related skills	64	26
Total	**247**	**100**

From table 4.8 many respondents said that there is need to develop life-skills: that is skills on protection of life so as not to contract the virus of HIV to equip pupils. Those who responded this way were 45 %(N= 110) of the total respondents. They were followed by those who saw the need to include HIV/AIDS content in the curriculum who were 30% (N=73). This is probably because they feel that the content is not adequate in addressing the pandemic's prevention and eradication. 26% (N=64) felt that the learners need to be taught work related skills so as to be meaningfully involved and not be left to idle thereby leading to their getting involved in premarital sex. Consequently, the researcher thought it necessary to address the issue of the role that education plays in eradicating and /or alleviating the effects of the scourge.

As table 4.9 shows most respondents said that there is a new image of the school as an awareness centre- 43% (N=107). Out of the rest, 28 %(N=68)) supported the idea that the teachers should adopt new counseling roles and 29% (N=72) supported the idea of the school to be seen as a multipurpose center.

Table 4.9: Effects of Education

Response	Frequency	Percentage
New counseling roles teachers must adopt	68	28
The need for a new image of the school as an awareness centre	107	43
School to be seen as a multipurpose centre	72	29
Total	**247**	**100**

The a foregoing assertions on the effects of HIV/AIDS on learning and the learners led the researcher to do an assessment of what Kiswahili as a language can do to control the spread of the virus and status of AIDS. This is as a result of appreciating the role that proper communication about the scourge to the most affected age (adolescents) can play to prevent it and consequently stop its spread.

4.1.8 Role of Kiswahili in controlling the spread of HIV/AIDS

In order to establish how prepared the Kiswahili teachers were in handling HIV/AIDS as an emergent issue, investigation was done on the curriculum of Kiswahili and its appropriateness in the control of the pandemic.

Since all other subjects are taught in English, the HIV/AIDS content in the Kiswahili curriculum should have a unique role in disseminating information on the disease. In table 4.10 most respondents assented to the argument that Kiswahili is easier to understand than English. They represented 44 %(N=109) respondents. 21 %(N=52) of the respondents think that it is easier to address taboo issues on the scourge using

Kiswahili rather than English. 18% said that it is easier to address taboo issues on the scourge using Kiswahili rather than English. 18%(N=44)and 17%(N=42) respectively think that Kiswahili is easier to use in talking about HIV/AIDS and that Kiswahili has more vocabulary to use in talking about the pandemic than English or the local languages. This can probably be attributed to the fact that the area is mainly inhabited by Bantu subgroup of speakers (Abagusii) who have great affinity to the Kiswahili language. The responses are as is shown in Table 4.10.

Table 4.10: The role of Kiswahili in HIV/AIDS control

Response	Frequency	Percentage
Kiswahili easier to use in talking about HIV/AIDS	44	18
Kiswahili has more vocabulary on HIV/AIDS	42	17
Kiswahili is easier to understand than English	109	44
It is easier to address taboo issues using Kiswahili	52	21
Total	**247**	**100**

4.1.9 How Kiswahili has slowed HIV/AIDS spread

To further reinforce the above, the researcher sought to find out the role Kiswahili language has played in slowing the spread of the pandemic. The responses are summed up in Table 11. By integrating HIV/AIDS and sexual education in the curriculum, HIV/AIDS transmission can be reduced. This was supported by 30% (N=73) of all the respondents that answered the questionnaire. Another significant observation was the increase in the attention and care given to HIV/AIDS victims where 22 %(N=53) of the responses were in the affirmative. 21% (N=52) of the responses has provided a medium of expression of the effects of the scourge on the society. This means that there is an out let for many people to talk about HIV/AIDS because issues can be addressed as they really are using the Kiswahili medium. 14% of the respondents averred to its (Kiswahili language) promotion of life support skills. The free and easy expression of the effects of the scourge using Kiswahili has thereby promoted the development of care to those with the virus and those that are already living with AIDS. Consequently, many people have come out to freely talk about their status in relation to the scourge of AIDS. Thus Kiswahili language has been greatly instrumental in this area. 14 % (N=34) of the respondents also affirmed that the use of Kiswahili language has ensured that relevant learning about the disease occurs. In so far as this goes, Kiswahili language has made it possible to be expressive on each

detail concerning the scourge of AIDS to the relevant age groups infected and affected by it. Table 4.11 presents this information as follows:-

Table 4.11: How Kiswahili has slowed HIV/AIDS transmission.

Response	Frequency	Percentage
Ensure relevant learning occurs	34	14
Integrate HIV/AIDS and sexual education in curriculum	73	30
Promote the development of life support skills	35	14
Establish a medium for expression of societal effects	52	21
Increase the attention given to care, counseling	53	22
Total	**247**	**100**

4.1.10 Support for the government to prioritize education on HIV/AIDS

Because of the greater roles that the educational sector is expected to play in dissemination of more in formation on HIV/AIDS, the researcher sought to find out whether the respondents supported the government to put HIV/AIDS at the centre of the national educational agenda. Of all the respondents, 97% (N=239) supported it and 3 %(N= 8) said no to government support. This goes to indicate that many respondents feel it imperative for the government to prioritize education on HIV/AIDS.

Figure 4.1: Support for the government's efforts.
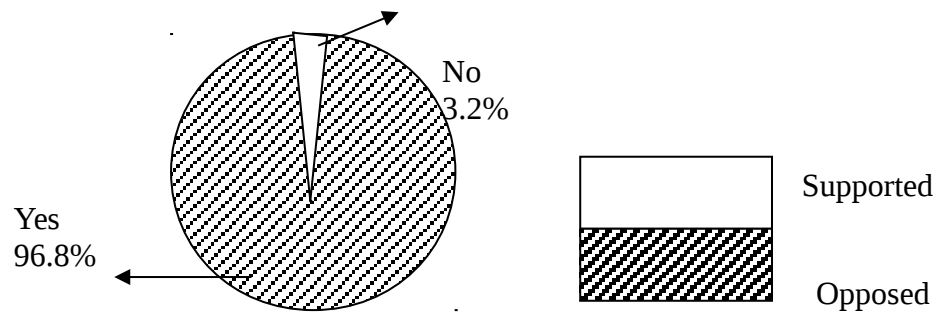
It is important to note that the above discussions go hand in hand with the theoretical framework of this work which is anchored on the needs assessment theory. The fundamentals of the theory state that it is important to assess outcome gaps between what is and should be in educational system. As stated in Chapter 1 of this thesis, needs assessment for this study focuses on identifying the areas in which the educational system or process is ineffective so that remedial actions may be taken. In order to determine the effectiveness of the integrated approach, it was imperative to assess where it is underperforming so as to propose a remedy.

This is as per the areas highlighted this far: that there is a problem of integration because teachers still believe in examination oriented teaching, the teacher preparedness to handle the scourge of HIV/AIDS is wanting, there is a knowledge gap in addressing the effects of the scourge among adolescents that has led to the high levels of infection and its should be addressed by the integrated approach and the feeling that Kiswahili can bridge this gap which was supported by many respondents. All these will go a long way in effectively addressing eradication of the pandemic by the integrated approach using the Kiswahili curriculum.

4.2 Teacher Questionnaire

This section targeted the Kiswahili teacher for information on the effectiveness of the integrated approach in dealing with the HIV/AIDS pandemic. It seeks to establish their levels of awareness on integration, their attitudes towards educational roles on eradication of the scourge and the support the education institutions are giving to eradication campaigns in school.

4.2.1 Background information on Teachers

The researcher sought to find out the level of training of the respondent (Kiswahili teacher) by asking them about the number of years served as a Kiswahili teacher, whether they are professionally trained and if yes their levels of professional training. 30 %(N=3) of respondents had served for between one month and five years. 10 %(N=1) had served for between 6 years and 9 years while 20 %(N=2) had served for between 10 and 14 years. 40% (N=4) had served as Kiswahili teachers for between 15 and 19 years. Table 4.12 shows these results.

Table 4.12: Number of years served as a Kiswahili teacher.

No. of years served as Kiswahili teacher	No. of respondents	Percentage
1Month- 5years	3	30
6years – 9 years	1	10
10 years – 14 years	2	20
15 years -19 years	4	40

It is clear from the findings that most teachers had served as Kiswahili teachers for period of more than 15 years. This implies that the teachers have the relevant experience necessary to disseminate information on the scourge of HIV/AIDS. This is because teachers who have been working for a long duration have greater self-

assurance in classroom settings than less experienced teachers, and so they can disseminate information on HIV/AIDS without embarrassment..

4.2.2 Professional training in Kiswahili and level of training.

It was also found out that 10 %(N=1) of the respondents had a certificate course in Kiswahili professional training. This was the same with diploma level of training where 10% (N=1)   had attained that level. 80% (N=8) had a bachelors degree level of professional training. This is shown in Table 4.13.

Table 4.13: Professional Training.

Professional training	No. of respondents	Percentage
Certificate	1	10
Diploma	1	10
Bachelor Degree holders	8	80

Most of the respondents had a bachelor's degree of professional training. This has the implication that most of the respondents have been exposed to the various methods of teaching necessary for both the passing on of information and assessment of the effectiveness of their teaching. Consequently, it is therefore assumed that they can be entrusted with the task of integration of the HIV/AIDS content.

4.2.3.1 Attendance of Seminars

Teachers are central to a change process in that they determine its implementation. Successful educational change is built on effective teacher training as postulated by Kitito (2007).The respondents were asked if they have ever attended HIV/AIDS seminars while the other 30%(N=3) had never attended. This is shown in Figure 4.2 below.

Figure 4.2: Seminar attendance

)%

No   30%

No 30%
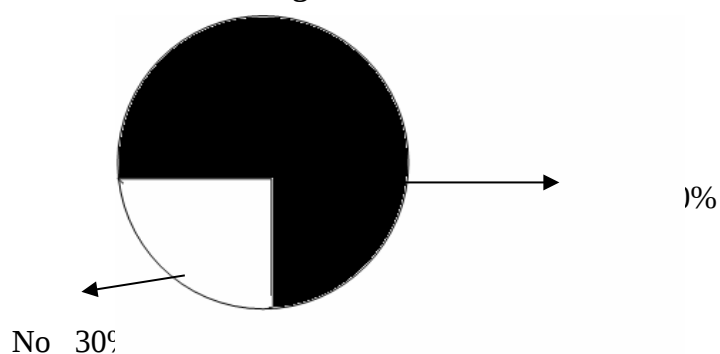
4.2.3.2 Took a course about HIV/AIDS while in college

The researcher then sought to find out if the respondents had ever taken a course on HIV/AIDS while in college. This was to further determine their levels of awareness on the epidemic. Table 4.14 shows the distribution of the respondents based on whether they took a course on HIV/AIDS while in college. Those who took a course while in college were 60% (N=6) while those who did not take any course were 40 % (N=4).

An oral interview was further conducted in order to establish the number of courses taken for those who attended courses and the content of those courses. The findings

indicated that they ranged between two and three for the length of time spent in colleges. That is 4 said they attended 3 courses and 2 said they attended 2 courses on HIV/AIDS. The course content was orally said to have dealt with issues of definition of HIV/AIDS, the modes of transmission, its prevention and eradication strategies and teacher input on the same.

Table 4.14: HIV/AIDS course attendees

Response	Frequency	Percentage
No	4	40%
Yes	6	60%
Total	**10**	**100%**

4.2.3.3 Cross Tabulation on Seminar Attendance and those who took a course while in college

The researcher then sought to establish by cross-tabulation seminar attendance versus course attendance while in college in order to gauge the general levels of knowledge about the pandemic among the secondary school teachers of Kiswahili in the study area.

The following is a cross tabulation on those respondents who took a course on HIV/AIDS while in college versus those who have attended a seminar.

Table 4.15: Those who took an HIV/AIDS course in college and those who have attended a seminar on HIV/AIDS

Response	Yes	Did you take any course in HIV/AIDS education during your teacher-training program		Total
		No	Yes	
Ever attended any seminars in HIV/AIDS education	No	2	1	3
	Yes		5	7
	Total		**6**	**10**

Those who never took any course on HIV/AIDS while in college and have not attended any seminar were 20 %(N=2) while those who have never attended any seminar but took a course while in college were 10 %(N=1). Those who had attended a seminar but did not take any course while in college were 20 %(N=2). Those who took a course while in college and have attended a seminar on HIV/AIDS were 50 %(N=5). Therefore it can be assumed that most of the respondents are knowledgeable about the pandemic because they had been exposed to information about it prior to their being deployed to teach in secondary schools in Kenya.

4.2.4 Adequacy of seminars and courses on HIV/AIDS

Figure 4.3 represents the adequacy of seminars and courses on HIV/AIDS to the respondents. Those who said the seminars are adequate were 30% (N=3) while those opposed to the idea are 70 % (N=7).The dissatisfaction with the seminars is reflective of the teachers' attitudes to the pandemic. The implication is that most of them feel ill equipped to handle content on HIV/AIDS integrated into the Kiswahili curriculum. Consequently, more needs to be done in so far as course content and adequacy is

concerned   so   as   to   be   effective   in   dealing   with   the   pandemic.

Figure 4.3: Seminar / Course Adequacy

Yes
30%

No
70%
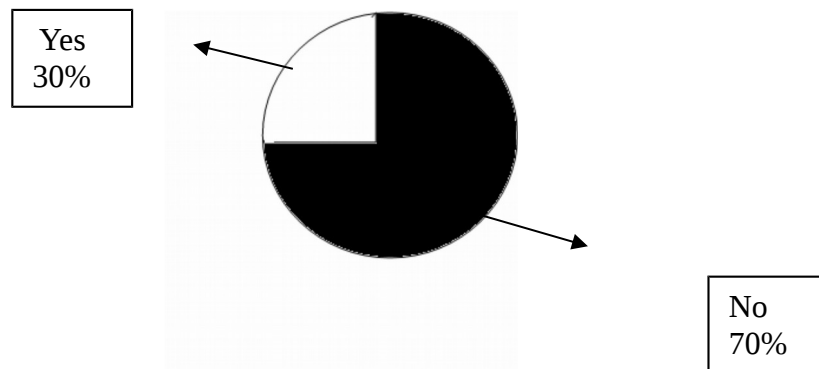
4.2.5. Potential of education to deal with HIV/AIDS

The researcher sought to find out from the respondents, their understanding on how education could as a tool, be used to deal with the scourge of HIV/AIDS. This is following up the discussion in chapter 2 which underscored the fact that in order for education to be meaningful, it has to be relevant to the emerging trends in society. Emergent issues include HIV/AIDS which has to be address by the teachers. 60% (N=6) of the respondents assert that education provides knowledge that will inform self protection. 20% (N=2) averred that education fosters the development of a value system. Those who thought that education promotes behavior that will lower infection risks and the ones that said that it enhances capacity to help others were 10% (N=1) each.

The results are as shown in Table 4.16

Table 4.16: Potential of education to deal with HIV/AIDS

Response	Frequency	Percentage
Provide knowledge that will inform self-protection	6	60
Forster the development of a value system	2	20
Promote behavior that will lower infection risks	1	10
Enhance capacity to help others	1	10
Total	**10**	**100**

Majority of the respondents, that is 60%, (N=6) supported the idea that education

provides knowledge that will inform self-protection.

4.2.6 Effects of education after infection has occurred

The researcher sought to find out the effects of education (emphasis on the Kiswahili

curriculum) after HIV/AIDS infection has occurred in society.50% (N=5) of the

respondents said that education strengths one's ability to cope with personal infection.

20 %(N=2) were of the opinion that education strengthens the capacity to cope with

family infection. The same percentage (20% N=2) of respondents saw education as

instrumental in caring for the infected. 10% (N=1) was of the opinion that education

would help in reducing stigma, silence and shame. Table 4.17 shows this information.

Table 4.17: Effects of education after infection

Response	Frequency	Percentage
Strengthen the ability to cope with personal infection	5	50
Strengthen the capacity to cope with family infection	2	20
Promote caring for those who are infected	2	20
Reduce stigma, silence, shame	1	10
Total	**10**	**100**

This implies that majority of teachers are of the opinion that education strengthens the ability to cope with personal infection. This implies that integration should be stressed in the education system so as to enable the adolescents to have an input in the fight against the scourge of HIV/AIDS.

4.2.7 Effects of education in situations where HIV/AIDS has brought death

The researcher sought to establish the effects of education in situations where HIV/AIDS has brought death. It was found out that 60% (N=6) of the respondents felt that education helps in the reorganization of life while 40% (N= 4) thought that education assists in coping with grief and loss. None of them saw education as supportive of the assertion of human rights. In this context, "human rights" was specific to the choice to life in cases where infection has already occurred. This is shown in Table 4.18.

Table 4.18: Importance of HIV/AIDS to the bereaved

Response	Frequency	Percentage
Assist in coping with grief and loss	4	40
Help in reorganization of life	6	60
Total	**10**	**100**

The responses imply that majority of the teachers supported the assertion that education helps is reorganization (proper planning in order to cope with the nascent circumstances) in situations where HIV/AIDS has brought death.

4.2.8 Effects of Education in the long term

There was need to find out from the respondents their opinions on the long term effects of education after infection has occurred so as to reinforce the fact of greater emphasis on integration. Moreso it was in clarification of how deep the curriculum (in this case Kiswahili) delves on the HIV/AIDS content. 70% (N=7) of the teachers supported the contention that education alleviates poverty and ignorance in the long term while 30% (N= 3) supported the proposition that education reduces vulnerability to the risk situations in the long term. This is shown in Table 4.19

Table 4.19: Effects of education in the long-term

Response	Frequency	Percentage
Alleviate poverty and ignorance	7	70
Reduce vulnerability to the risk situations	3	30
Total	**10**	**100**

This implies that majority of the respondents were of the opinion that education alleviates poverty and ignorance in the long term which will reduce the spread of the pandemic and ultimately stop its incidence. This will come as a result of greater knowledge about HIV/AIDS gained from effective integration in the curriculum.

4.2.9 How Kiswahili Education can reduce the transmission of HIV/AIDS

The research sought to establish how Kiswahili education can reduce the transmission of HIV/AIDS and modify its impact. 70% (N= 7) supported the assertion that education should integrate HIV/AIDS into schools curriculum whereas 30% (N=3) said that education should ensure access to real learning. This is as shown in Table 4.20.

Table 4.20: Importance of education in slowing transmission

Effect	Frequency	Percentage
Ensure access to real learning	3	30
Integrate HIV/AIDS in the school curriculum	7	70
Total	**10**	**100**

This implies that education can be used to integrate HIV/AIDS in the school curriculum. This will enable teaching of HIV/AIDS content alongside other content in this case Kiswahili language and Fasihi content and will be examined with it thus

making it possible to kill two birds with one stone (teach HIV/AIDS content and pass on knowledge for examination).

Human Rights /Social Responsibility/Health Club

The research sought to establish the presence of human rights/social responsibility/health clubs in schools. These are clubs that can be used in sensitizing the students on emergent issue like the choice to life over abortion, the responsibility that each of them has over the foods that they eat, the responsibilities that they have in society to be care givers to those who are HIV/AIDS positive and rendering help when tragedy strikes their communities among other issues. 80 %(N=8) of the respondents said yes while the remaining 20% (N= 2) said no. This is shown in Table 4.21.

Table 4.21: Presence of clubs in school

Response	Frequency	Percentage
No	2	20
Yes	8	80
Total	**10**	**100**

It implies that majority of the schools have established human rights/social responsibility/ health clubs which is a good enough foundation for sensitizing the adolescent youth on HIV/AIDS related issues. This can be as one of the methods of integration as outlined in the objectives of the study. The only question that remained to be seen is whether they have integrated HIV/AIDS information into their activities at the clubs.

4.2.10 Support from the Head Teacher

It was imperative to investigate the administration of the schools' input to the eradication campaigns on HIV/AIDS in the institutions under research. This was not only meant to assess the effectiveness of the integrated approach but it was also to

analyze the emphasis given to the eradication efforts all in line with the main objective of the research.

The researcher sought to find out if the head teachers of the schools visited supported HIV/AIDS campaign programs in their schools. 90% (N=9) said yes while 10% (N=1) said no. This is shown in Table 4.22.

Table 4.22: Head teacher support to HIV/AIDS control campaigns

Response	Frequency	Percentage
No	2	20
Yes	8	80
Total	**10**	**100**

This implies that majority of the teachers supported the contention that head teachers of the schools visited support HIV/AIDS campaign programs in their school. This if entirely true will go a long way in enabling the teachers to integrate HIV/AIDS content into the various activities in their institution e. g debates, games, and drama and cub activities apart from class discussion.

4.2.12: Support from other teachers

 For integration to be effective and successful, all members of staff involved should be positive and supportive of the activities involved. This is because of the contention that people can only support what they are convinced and have a good attitude about. Therefore, the research sought to find out if the other teachers supported HIV/AIDS campaigns in their schools. 80% (N=8) said yes while 20 %(N=2) said no. This is shown in table 4.23

Table 4.23: Support from other teachers.

Response	Frequency	Percentage
No	2	20
Yes	8	80
Total	**10**	**100**

It implies that majority of the teachers supported the proposition that the other teachers supported campaigns against the pandemic of HIV/AIDS in their schools. This goes to show that the requisite foundation for implementation of integration is available in terms of support from the rest of the teaching fraternity. Only the integration proper is lacking because of lack of the training necessary from the Ministry of Education for the Kiswahili teachers as earlier postulated by Kitito (2007).

4.2.13 Adequacy of the integrated approach

Because of the foregoing contentions, the research sought to find out the opinions of the teachers on how adequate the integrated approach has been in addressing the HIV/AIDS phenomenon among adolescents. Being the manpower set to put into use the integration, the teachers' assessment and opinions should be taken seriously. They have in a sense not been adequately equipped to implement the major aspects of the integration and the idea of not involving them in curriculum planning about integration has alienated them thereby disabling the implementation. Kiswahili teachers felt they should be taken through a more rigorous course on integration and be involved in the process so as to ensure its success in so far as the pandemic of AIDS is concerned.

4.2.15 Resource Allocation

The researcher was thereby prompted to inquire into availability of resources to deal with HIV/AIDS in the school. Resources in this case meant instructional resources in Kiswahili teaching and learning. 60% (N=6) said that they had inadequate resources to deal with HIV/AIDS while 40% (N=4) said that they had adequate resources. This is shown in Table 4.25.

Table 4.25: Resource adequacy in HIV/AIDS control

Response	Frequency	Percentage
No	6	60
Yes	4	40
Total	**10**	**100**

Most schools have inadequate resources to deal with HIV/AIDS. The preparedness of the teachers to deal with the scourge was thus cast into serious doubt considering the

obvious lack of designated resources as observed by the researcher in the visited schools.

4.2.16 Frequency of Counseling

Therefore, the research sought to find out if there was any counseling being done for the infected students in the schools and how frequent it occurs if any. This was in order to underscore the importance being given in to the scourge and the aftermath of infection. 10% (N=1) said that it was done once a week. 40% (N=4) said that it was done during Kiswahili lessons and 50% (N=5) said counseling was done when time allowed. Table 4.26 shows this information

Table 4.26: Frequency of counseling

Response	Frequency	Percentage
Once a week	1	10
During all Kiswahili lessons	4	40
When time allows	5	50
Total	**10**	**100**

This implies that most teachers have no time HIV/AIDS counseling. They do it when time allows. This was clear because, when asked the same question, 50% agreed that they did counseling when time allowed. But it is noteworthy that some counseling is being done during Kiswahili lessons. Otherwise not much counseling is going on in the schools under research.

4.2.17 Tackling Taboo Areas in Integrated Approach

The research sought to establish the appropriateness of using Kiswahili language in tackling taboo areas on HIV/AIDS. This was first done by trying to establish the methodology employed in passing on the information about taboo words. These are

words that are considered inappropriate to be mentioned in public and mostly touch on the human anatomy and especially mention genitalia in female and male bodies. For this study, the taboo words are rendered as those that involve the act of action and the genitals. 50% (N=5) said that it was tackled by mentioning the words as they are. 10% (N=1) said it was done by skirting around the actual words while 40% (N=4) responded that it was done by using synonyms. This is shown in Table 4.27.

Table 4.27: Tackling taboo areas

Response	Frequency	Percentage
By mentioning the words as they are	5	50
By skirting around them	1	10
By explaining using synonyms	4	40
Total	**10**	**100**

It implies that most respondents mention words as they are. This means that there is some effectiveness in tackling this pandemic considering that half of the respondents mention the words as they are (or so they said).

4.2.18 Kiswahili words for taboo words

To further establish the authenticity of their assertions on how they tackle taboo areas, the research sought to establish the words used for some of the taboo words (expressed here in English) for Kiswahili classes in form two. It is important to note here that the research was conducted on both the students and the teachers who separately answered the questions for comparison. This was to check for consistency and thus establish the truthfulness of their earlier assertions in 4.10.6. These words are considered taboo because most of the community members are not expected to mention them in public or in the presence of parents and respectable people in the

Abagusii community. It was found out that there are quite glaring discrepancies on the issue as most teachers gave different vocabulary from the ones given by their students The implication is that the teachers may not have taught their students the words they used therefore they were not truthful in their earlier responses. Quite significantly too (see 4.1.8) is the observation that most of answers given by both the teachers and students were conventionally wrong the implication being that they have not seen the importance of emphasis on this area of control of the scourge of HIV/AIDS. This means that both the teachers and students have not seen the importance of incorporating Kiswahili as a medium in checking the spread of the pandemic. Quite a number of students also decided not to answer this section probably for lack of knowledge of the words or the fact that they are taboo and remain unmentionable to them.

This is shown in Table 4.28

Table 4.28: Kiswahili vocabulary for taboo words

Taboo words	Correct words	Wrong words	Explanation	No answer
Kissing	224	14	00	12
Sexual intercourse	153	32	14	51
Female reproductive organ	196	30	09	15
Male Reproductive Organ	183	25	08	34
Homosexuality	58	63	56	73
Lesbianism	61	38	63	88
Total	**875**	**207**	**150**	**273**

The responses in Table 4.28 were specific from the student respondents and this was in comparison with their Kiswahili teachers' responses in general.

The assumption for their skipping this section is probably for lack of knowledge on the appropriate vocabulary, the consideration that it is still a taboo even to imagine or write the very words, the fact that they have not been taught by their teachers and possibly because their parents may also be abdicating their role of educating the youth about this sensitive area of the campaign against the scourge. This impacts negatively on society because the area will continue being a dark horse in the fight against HIV/AIDS which will lead to more and more adolescents falling victim to its lurking danger. Consequently, the theoretical framework of this work which sought to find out the areas of under performance in education through the above questionnaire to teachers realized the following:

That as much as the teachers may be trained, they have not undergone any specialized course on HIV/AIDS, most do not have adequate grasp of the integrated approach and felt inadequate to handle integration of the pandemic into Kiswahili curriculum. Many

have the knowledge that makes them feel that education can do better in handling the spread and aftermath of the HIV/AIDS infections.

That as much as there are social responsibility clubs in most schools and support from the head teachers and rest of the teachers, not much of that has helped eradicate the effects of the scourge and can be translated to integration. The resource allocation for HIV/AIDS awareness is still thin and more still needs to be done. The taboo areas on HIV/AIDS have been carefully avoided as is evident from the dishonesty shown by both the teacher and the student respondents. Consequently, there is a gap as per the theoretical framework of this thesis and much more needs to be done to fill it. The current study contributed towards filling this gap by examining how HIV/AIDS content is integrated into the curriculum, for example through literature and poetry. Unfortunately, both teachers and learners face various challenges in integrating HIV/AIDS into the curriculum, such as lack of adequate learning resources, cultural inhibitions to discussing sexual matters, and lack of experience in dealing with HIV/AIDS content.

<center>**CHAPTER FIVE**</center>

<center>**CONCLUSIONS AND RECOMMENDATIONS**</center>

This chapter seeks to provide conclusions and recommendations as per the findings in Chapter Four.

DISCUSSION

Summary of Findings

5.1 The section provides conclusions under the following sub-headings:-

- Ways of integrating the HIV/AIDS pandemic into the Kiswahili curriculum

- Knowledge level on the pandemic among the respondents

- Role of Kiswahili in controlling the spread of HIV/AIDS

- Kiswahili teacher competency and preparedness in tackling the scourge of HIV/AIDS

- Appropriateness of integrating Kiswahili in tackling taboo aspects on the pandemic

- Efficacy of the integrated approach in the Kiswahili curriculum in the control of the HIV/AIDS pandemic among adolescents

5.1.1 Ways of integrating the HIV/AIDS pandemic in the Kiswahili curriculum

The research revealed that HIV/AIDS is mentioned in most of the schools under study and that most of the mixed day schools may not be dedicating enough time to issues of the pandemic. It also revealed that there are no specific times set aside for discussion about the scourge but that teachers casually mention the pandemic in passing. In trying to establish the context of discussion, the research found out that most teachers prefer to discuss about HIV/AIDS on its own and not during Kiswahili

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lessons. Consequently, this means that not enough integration is being done using the new methods of HIV/AIDS issues merged into the subject content in Kiswahili. This study recommends that teachers should explore new ways of integrating issues on HIV/AIDS into Kiswahili curriculum for example, bringing it up in topical discussions during Kiswahili lessons as stipulated in the revised curriculum.

5.1.2 Knowledge levels of the pandemic among the respondents

The researcher further found out that both the teacher and student respondents supported the contentions that education has a central role in controlling the spread of the pandemic. Most said that HIV/AIDS affects the content of education because of the need to incorporate HIV/AIDS into the curriculum with a view to imparting knowledge, attitudes and skills that may help to promote safe sexual behavior, the need to develop life skills among other reasons. Most of the respondents again supported the idea of the government to put HIV/AIDS at the centre of the national educational agenda. This is due to evident effects of the scourge in society and especially among adolescents.

Therefore, it is necessary to increase the levels of awareness through the curriculum so as to effectively manage and reduce the rapid spread of the pandemic.

5.1.3 Role of Kiswahili in controlling the spread of HIV/AIDS

The research established through the student respondents that Kiswahili is better as medium of expression about the pandemic than English. Most of the respondents felt that Kiswahili will be better than English in ensuring effective integration of HIV/AIDS and sexual education in the curriculum. It will ensure that relevant learning about the scourge of AIDS occurs, promote development of life support skills and establish a medium of expression of the social impacts of the pandemic.

According to them, Kiswahili will also be instrumental in increasing care-giving and counseling to the both affected and infected in the society.

This work therefore recommends that Kiswahili should be stressed as the best medium of integrating the HIV/AIDS phenomenon into the curriculum.

5.1.4 Kiswahili teacher competency and preparedness in tackling the scourge of HIV/AIDS

Fullan (1982) postulates that effectiveness and efficiency in teaching and learning is determined by teacher academics and professional characteristics as well as his/her experience as a teacher. From the research, it was clear that most of the teachers have the experience and training in teaching. Most had also attended courses and seminars but the content of the courses was found to be inadequate in content on the HIV/AIDS pandemic. This is evident from their sentiments about the adequacy of seminars and courses on HIV/AIDS. 70% said that they were not adequate.

So it can be deduced that the Kiswahili teachers are not adequately prepared to handle the scourge of HIV/AIDS.

It therefore goes to show that the pandemic has not been effectively tackled by the Kiswahili curriculum.

5.1.5 Appropriateness of integrating Kiswahili in tackling taboo areas on the epidemic

It was clear from the findings that most of the respondents, that is teachers, do not face the scourge head-on by tackling the taboo area with seriousness. This was from the fact that they were not truthful about the first question on the methods they use. They also differed with their students on the answers they gave to examples in the questionnaire. Without clear and decisive tackling of the so called taboo areas, the

fight against the scourge is far from over. The research therefore gives the following recommendation: that the Kiswahili language be used to bridge this gap. This is because of the earlier assertions that Kiswahili is better in expressing details about the pandemic than English.

5.1.6 Efficacy of the integrated approach in the Kiswahili curriculum in educating adolescents about HIV /AIDS

From the questionnaire where the researcher sought opinions of the Kiswahili teacher and the discussions in this work, it was clear that the integrated approach has not been adequate in effectively educating adolescents about the pandemic.

More than half (60%) of the Kiswahili teachers interviewed said it was not adequate as earlier seen (Table 24). The teacher is central to the handling of contemporary demands in their subject of specialization and also approach and methodologies aimed at improving pedagogy. Lack of proper in-service training aimed at addressing the pandemic and seminars on integration may be some of the reasons why the respondents felt inadequate in this area. Fullan (1982) recognizes the importance of the in-service courses and seminars for teachers when he says;

'"No matter how willing and ready teachers are to implement the innovation, it is when they have started to put it into practice that they begin to experience anxiety, fear and doubt. This is the time for continuous retraining in new skills required to implement the innovation."

Lack of resource materials as cited in this work may also be responsible for lack of effectiveness. This was said to be a challenge to most of the schools in the study. Through observation, the researcher found out the teachers have continuously depended on traditional KIE course books rather than books that are currently

recommended for the new course on integration. Most of the old teachers with so called long experience actually go back to using old books to teach passages instead of the new ones which have integrated HIV/AIDS into the passage. This has therefore negatively impacted on integration.

Lack of frequent counseling and counseling offices in the schools under study has also led to the lack of effectiveness in integration using the Kiswahili curriculum. The research established through observation and the respondents to the questionnaire that counseling offices are lacking in the schools. This means that the emphasis placed on the control of the pandemic is not only lukewarm but also inadequate.

As much as most of the respondents showed that awareness of the effects of the pandemic both in the lives of the affected and infected in society, there was no evidence of this kind of information having been obtained from the integrated approach using the Kiswahili curriculum.

Taboo issues on the scourge of HIV/AIDS have to be addressed adequately so as to control its spread. This is because the disease is mostly sexually transmitted and the genitalia and sexual actions involved have to be exposed adequately. More so, the fact that they are considered taboo among most African communities and in this case the Abagusii, means they should be well addressed so as to ensure effectiveness in the fight. It was clear from the study that taboo areas are not being adequately addressed thereby leading to the conclusion that it has not been effective.

Conclusively therefore, the integrated approach in Kiswahili curriculum has not been effective in tackling the HIV/AIDS pandemic among the respondents in Kisii Central District of Nyanza Province in Kenya.

5.1.7 Recommendations

Following the conclusions reached, the researcher wishes to make the following recommendations:

The Kiswahili curriculum should be expanded to include more information on HIV/AIDS. This form of direct integration of content into the curriculum is necessary because leaving integration to teachers' discretion may not have the desired outcome, as some teachers may not be adequately equipped to integrate the content by themselves. Therefore this study recommends that all stakeholders in HIV/AIDS awareness, including teachers, curriculum developers and medical professionals should suggest appropriate course content for high school students, which should be integrated into the curriculum (preferably in textbooks) for ease of dissemination.

The study has recommended that since many students feel more comfortable discussing sensitive issues in Kiswahili than in English, Kiswahili should be used to address taboo issues. However, because cultural inhibitions may prevent students and teachers from communicating freely, even in Kiswahili, the study also recommends that teaching materials should be made available in Kiswahili to help teachers and learners to overcome awkwardness when discussing sensitive issues.

In order to establish the preparedness of Kiswahili teachers in handling HIV/AIDS as an emergent issue;

- Colleges and universities should introduce a specific course to equip the Kiswahili teacher on the area of HIV/AIDS to compliment Masinde Muliro and Kenyatta which already have courses in HIV/AIDS

- Integration should be cross-curricula and a course on its own right in the universities and teacher training colleges so as to equip the teachers with the necessary skills for the implementation of the integrated approach.

- Frequent in-service courses and intensive seminars to all Kiswahili teachers should be introduced by the Ministry of Education, Science and Technology so as to continuously equip the teacher for not only integration but more importantly integration of the HIV/AIDS pandemic into the curriculum.

- More incentives should be accorded the Kiswahili teacher so as to motivate them to own the integration of the pandemic into the curriculum e.g. training scholarship overseas and monetary incentives from the government in collaboration with the relevant HIV/AIDS eradication bodies .This will make the teacher a willing participant in the eradication strategies

- Regular inspections of schools by the recently established District Quality Assurance Office (DIQUASO) arm of the inspectorate division of the Ministry of Education, Science and Technology should be perfected. This will ensure that the recommendations are properly put into use by the teachers.

- There should be proper liaison between the Ministries of Education and Health so as to ensure not only adequate funding for integration but also exchange of information about the pandemic. This will channel into action to control; the HIV/AIDS pandemic in the community.

5.1.8 Suggestions for further research

- A similar study should be conducted in other districts in the country in order to assess the effectiveness of the integrated approach. This will advise the Ministry of Education on ways of improving the approach of integration.

- Research should also be carried out so as to assess ways of starting early (that is primary schools) so as to arrest the scourge of HIV/AIDS before too late.

- Analysis should also be made on the nature of content integrated and how deep it goes so as to improve on it both in primary and secondary schools.

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APPENDIX A: STUDENT QUESTIONNAIRE

TOPIC: THE EFFECTIVENESS OF THE INTEGRATED APPROACH IN HIV/AIDS EDUCATION IN THE KISWAHILI CURRICULUM: A SURVEY OF SECONDARY SCHOOLS IN KISII CENTRAL DISTRICT

PURPOSE OF RESEARCH: A RESEARCH PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTERS DEGREE IN THE DEPARTMENT OF CURRICULLUM INSTRUCTION AND EDUCATIONAL MEDIA OF MOI UNIVERSITY.

Dear respondent,

i. The information given in this questionnaire will be held

in strict confidence and will be used only for the purpose of

study

ii. If any of the questions may not be appropriate to your

circumstances, you are under no obligation to answer.

Section A: Background Information

1. Name of the school _____

2. Age _____

3. Gender   Male   ☐   Female   ☐

Section B: INTEGRATED APPROACH IN HIV AND AIDS EDUCATION

(1). According to what you have been taught by teachers, what is HIV/AIDS---

----

(Please, tick the one that applies)

(2) a) **Is HIV/AIDS mentioned in your school syllabus?**

Yes ☐ No ☐

(b) How is HIV/AIDS mentioned in school?

i. Teachers mention HIV/AIDS in passing ☐

ii. Teachers devote an entire lesson to HIV/AIDS ☐

iii. Teachers devote games time to discussing HIV/AIDS ☐

iv. Students discuss HIV/AIDS in the health/hygiene club in school ☐

(c) How often is HIV/AIDS mentioned in school?

i. Teachers teach about HIV/AIDS every week ☐

ii. Teachers talk about HIV/AIDS during class discussions

(3). a]**In what context of the classroom setting did the teacher mention HIV/AIDS (Please, tick the one that applies)**

i. During the class discussion ☐

ii. During the lesson ☐

iii.After the lesson ☐

b] Has your teacher ever talked about HIV/AIDS in his/her lesson?

_____

_____

_____

c] Have you ever written Kiswahili essays on any of the following topics on HIV/AIDS?

i   Jinsi ugonjwa wa UKIMWI unavyoenezwa ☐

i.   Jinsi tunavyoweza kujikinga kutokana na maambukizi ya ugonjwa wa UKIMWI ☐

ii.   Athari za ugonjwa wa UKIMWI miongoni mwa wanafunzi wa shule za upili ☐

iii.   Athari za ugonjwa wa UKIMWI katika familia nchini Kenya ☐

(4) What are the Kiswahili words for the following English taboo words?

a) Kissing _____

b) Sexual intercourse _____

c) Female reproductive organ_____

d) Male reproductive organ_____

e) Homosexuality_____

f) Lesbianism_____

(5) Based on your knowledge about HIV/AIDS pandemic, what can HIV/AIDS do to learning? (**Please, tick the one that applies**)

i. Affect the desire to learn ☐

ii. Affect the availability of learners ☐

ii. Affect the availability of teachers ☐

iv. Affects the availability of learning resources ☐

v. Affect the content of education ☐

vi. Affect the role of education ☐

viii. Affect the organization of schools ☐

ix. Affect the planning and management of the education system

(6) HIV/AIDS affects the potential learners because of the following:

<u>(Please, tick the one that applies)</u>

    i.   The rapid growth in the number of orphans ☐

    ii. The great strain which the orphan problem is placing on the extended family

        and the public welfare services ☐ ☐

    iii.   The increase in the number of street-children ☐ ☐

    iv. The need for children who are heading households, orphans, the poor, girls,

        and street-children to undertake income-generating activities. ☐

(7) HIV/AIDS affects the content of education because of the following:

<u>(Please, tick the one that applies)</u>

    i. The need to include HIV/AIDS education into the curriculum, with a view to

        imparting the knowledge, attitudes and skills that may help to promote safer ☐

        sexual behaviour

    ii. The need to develop life-skills which equip pupils for positive social

        behaviour and for coping with negative social pressures ☐

    iii. The need for inclusion in the curriculum of work-related training and skills, so

        as to prepare those compelled to leave school early (because of orphanhood or ☐

        other reasons) to care for themselves, their siblings, their families.

(8) HIV/AIDS affects the role of education because of the following:

<u>(Please, tick the one that applies)</u>

        ☐

    i.   New counseling roles that teachers and the system must adopt

ii. The need for a new image of the school as a centre for passing on messages about HIV/AIDS to its own students, staff and to the entire education community ☐

iii. The need for the school to be seen as a multi-purpose development and welfare institution, delivering more than normal school education as traditionally understood. ☐

(9) When can you say is the best time for passing on information about HIV/AIDS?

i. During the reading of a Kiswahili passage ☐

ii. During the Kiswahili debates on social issues ☐

iii. During the Kiswahili Fasihi lesson on short stories ☐

iv. When writing a Kiswahili composition on HIV/AIDS ☐

v. During a Kiswahili summary writing lesson ☐

(10). From what you have learnt about HIV/AIDS, what can you say about the role of Kiswahili language in controlling its spread?

i. Kiswahili is easier to use in talking about how HIV/AIDS is transmitted ☐

ii. Kiswahili has more vocabulary about HIV/AIDS control ☐

iii. Kiswahili may be more easy to understand among the local folk than English ☐

iv. It is easier to address taboo issues on HIV/AIDS using Kiswahili language than any other language ☐

(11) How can your Kiswahili lessons slow down the transmission of HIV/AIDS and change its impacts?(Please, tick the one that applies)

i. Ensure that learning that is relevant to real life occurs ☐

ii. Integrate HIV/AIDS and sexual education into the school syllabus ☐

iii. Promote the development of Life support Skills ☐

Iv. Establish a medium for expressing its effects in society ☐

v. Increase the attention given to care, counseling and compassion ☐

(12) Do you support the government to put HIV/AIDS at the centre of the national educational agenda?--

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APPENDIX B: TEACHERS QUESTIONNAIRE

TOPIC: THE EFFECTIVENESS OF INTEGRATED APPROACH IN HIV.AIDS EDUCATION USING KISWAHILI CURRICULUM: A SURVEY OF SECONDARY SCHOOLS KISII CENTRAL DISTRICT

PURPOSE OF RESEARCH: A RESEARCH PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER DEGREE IN THE DEPARTMENT OF CURRICULLUM INSTRUCTION AND EDUCATIONAL MEDIA OF MOI UNIVERSITY.

Dear sir/madam,

i.   The information given in this questionnaire will be held in strict   confidence and will be used only for the purpose of the study

i. If any of the questions may not be appropriate to your

   circumstances, you are under no obligation to answer.

Section A: Background Information

4. Name of the school _____

5. Age _____

6. Gender

      Male ⬜   Female ⬜

Section B: INTEGRATED APPROACH IN HIV AND AIDS EDUCATION

(Please, tick the one that applies)

(1). Number of years served as a Kiswahili teacher_____

        _____

(2). (a) Do you have any professional training in Kiswahili?

Yes ☐ No ☐

(b) If yes, state the level of professional training in Kiswahili?

Certificate course ☐

Diploma certificate ☐

Bachelors' degree

(3) (a) Have you ever attended any seminar(s)/workshops in HIV/AIDS education?

Yes ☐ No ☐

i. If yes, how many seminars/workshops in HIV/AIDS education have you attended in the last two years? _____

_____

ii. Did you take any course in HIV/AIDS education or any other emerging issues during your teacher-training program?

Yes ☐ No ☐

(b) i) Have you attended any course/seminar/workshop on integration?

Yes ☐ No ☐

ii) If yes, what do you understand by the terms 'integrated approach'?

_____

_____

iii) In your opinion, were the seminars/ trainings adequate for integration?

Yes ☐ No ☐

(4) What can education do to HIV/AIDS in the short and medium term?

_____

_____

_____

(a) While as yet there is no infection, education has the potential to:

    i.   Provide *knowledge* that will inform self-protection ☐

    ii.   Foster the development of a personally held, constructive *value syst* ☐

    iii.   Inculcate *skills* that will facilitate self-protection ☐

    iv.   Promote *behaviour* that will lower infection risks ☐

    v.   Enhance *capacity to help others* to protect themselves against risk ☐

(b) When infection has occurred, education has the potential to:

    i.   Strengthen the ability to cope with personal infection ☐

    ii.   Strengthen capacity to cope with family infection ☐

    iii.   Promote caring for those who are infected ☐

    iv. Help young people stand up for the human rights that are threatened by

         their personal or family HIV/AIDS condition ☐

    v.   Reduce stigma, silence, shame, discrimination ☐

(c) When AIDS has brought death, education has the potential to:

    i.   Assist in coping with grief and loss ☐

    ii.   Help in the reorganization of life after the death of family members ☐

    iii.   Support the assertion of personal rights ☐

(d) In the long term, education has the potential to:

    i. Alleviate conditions such as poverty, ignorance and gender discrimination that

      facilitate the spread of HIV/AIDS ☐

    ii. Reduce vulnerability to the risk situations of prostitution, delinquency, and

      dependence of women on men. ☐

(5) How can education slow down the transmission of HIV/AIDS and modify its

impact? (Please, tick the one that applies)

      i.   Ensure access and that real and relevant learning occurs   ☐

      ii.   Integrate HIV/AIDS and sexual education into the school curriculum ☐

      iii.   Promote the development of life skills   ☐

      iv.   Establish a vigorous human rights approach   ☐

      v.   Increase the attention given to care, counseling and compassion ☐

(6). Has your school established a Human rights, or social responsibility club or health club?

      Yes ☐   No ☐

(7). (a) Does the school head teacher support an HIV/AIDS education campaign programme in the school?   Yes ☐   No

    (b) If yes, what kind of support do you get from the school head teacher?_____

_____
_____
_____
_____

(8) (a) Do other teachers in the school support HIV/AIDS education campaign programme in the school?   Yes ☐   No

     (b) If yes, what kind of support do you get from these teachers? _____

     _____
     _____
     _____

(9) (a) In your opinion, is the integrated approach adequate in addressing the HIV/AIDS phenomenon among adolescents?

      Yes ☐   No ☐

(b) If No, what do you think should be done to improve it?

_____

_____

_____

(10) (a) Is there a room/office for counseling services on HIV/AIDS education in school?

Yes ☐   No ☐

(b) If No, where else do you conduct HIV/AIDS education counseling services?
_____

_____

(11) (a) Are the resources adequate for effective integration on HIV/AIDS education to meet your students counseling needs?

Yes ☐   No ☐

(b) What are the wider arrays of methodologies to integrate HIV/AIDS education into the school?

(c) How and where do you employ the methods?

_____

_____

_____

(d) How often do you do this?

     i)   **Once a week**   ☐

     ii)   **Thrice a week**   ☐

     iii)   **During all Kiswahili lessons** ☐

      iv)   **When time allows**

(12) How do you tackle taboo areas on HIV/AIDS during your Kiswahili integrated lesson?

   i.   By mentioning the words as they are   ☐

  ii.   By skirting around them   ☐

 iii.   By explaining using synonyms   ☐

 iv.   By using students who are bold and able to use them without fear   ☐

(**13**) How do you render the following taboo words in your form two Kiswahili class?

a) Kissing _____

b) Sexual intercourse_____

c) Female reproductive organ_____

d) Male reproductive organ_____

e) Homosexuality_____

f) Lesbianism_____

(14) Do you support the government to put HIV/AIDS at the centre of the national education

agenda?---