

# Methods Used by Teachers in Teaching Sexuality Education within the HIV and AIDS Education Programme in Selected Kenyan Secondary Schools

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**Abstract:**-The HIV and AIDS prevalence in Kenya is still high and remains a major health concern despite the Kenyan government's initiatives to create awareness about the epidemic through inclusion of the HIV and AIDS programme in schools. This is because the provision of sexuality, HIV and AIDS education in schools is not effective. Teachers face various challenges in the effective delivery of the subject due to their discomfort related to these sensitive topics. Therefore, learners are left inadequately supported by the teachers. With an immense variety of conflicting information about sexuality availed to young people through the social media and also through their peers, young people are left at risk of exploring their sexualities with inadequate and wrong information, thus exposing them to HIV infections. Since schools have been identified as ideal sites for the effective delivery of sexuality, HIV and AIDS education, teachers are expected to teach the learners using a variety of pedagogical strategies in order to achieve efficacy in the delivery of this subject, hence the need to explore teaching styles that could provide a safe space for the effective delivery of sexuality, HIV and AIDS education.

This study sought to explore the methods used by Kenyan secondary school teachers in teaching sexuality education within the HIV and AIDS education programme in selected Kenyan secondary schools, in order to understand how such methods could affect the teaching of Sexuality education. This study employed a phenomenological research design, interpretivist paradigm and a participatory methodology. Memory accounts, reflective journals and focus group discussions were used for data generation with nine secondary school teachers, from three purposively selected schools in Kenya. Vygotsky's socio-cultural theory underpinned the study.

The findings revealed that teachers are uncomfortable teaching sexuality education because of fear of leading learners astray, fear of victimization and sexualization, and fear of misleading and hurting learners because of lack of knowledge. This resulted in teachers feeling guilty due to ineffective delivery of Sexuality education. The findings also revealed that participatory visual methods were effective for use by the teachers and the learners in the classroom to navigate issues around sexuality, HIV and AIDS. This was because they are learner-centred, thus making learners producers of knowledge while at the same time encouraging optimism in teaching and learning. This study thus recommends pre-service teacher training on participatory methods of teaching. Educational institutions should also arrange for workshops to train in-service teachers on comprehensive sexuality, HIV and AIDS education and how to tackle it in their classrooms. Moreover, curriculum developers

should make sexuality, HIV and AIDS education a compulsory subject to give it equal status with other examinable subjects, for it to be taken seriously. It is only through concerted efforts from everyone that Kenya can reach its target of Zero new HIV infections.

**Key words:** AIDS Acquired Immune Deficiency Syndrome, HIV Human Immunodeficiency Virus, KNBS Kenya National Bureau of Statistics, KIE Kenya Institute of Education, KDHS Kenya Demographic Health Survey, MOE Ministry of Education, NACC National AIDS Control Council, NASCOP National AIDS and STI Control Program, NAEA National Art Education Association, STIs Sexual Transmitted Infections, UNICEF United Nations Children's Fund, UNESCO United Nations Educational, Scientific and Cultural Organization, UNAIDS United Nations Joint Program on HIV and AIDS and WHO World Health Organization

## I. BACKGROUND OF THE STUDY

Sub-Saharan Africa remains the region most affected by the HIV epidemic, where 71% of the global total number of people are affected by the HIV and AIDS epidemic (UNAIDS, 2016a). Most countries in sub-Saharan Africa have established bodies and educational programmes in order to reduce new cases of HIV infections and AIDS-related mortality, but still, the number of those living with HIV and AIDS is not decreasing (NACC, 2014b).

HIV and AIDS have become a national disaster in Kenya. The first reported case of HIV in the country was in 1984 (Ogot, 2004). Oginga, Muola and Mwanja (2014) observe that most new HIV and AIDS infection cases in Kenya occur among adolescents aged 15 to 24 years. Wanyonyi (2014) concurs that sexual immorality is still rampant in Kenyan secondary schools. Despite the introduction of HIV and AIDS Education Programme in the school curriculum in 2000, which was later revised in 2004, many young people are still indulging in risky sexual activities (Wanyonyi, 2014). The programme is aimed at teaching learners about life skills, sexual-reproductive health, sexually transmitted infections (STIs), and HIV and AIDS (Nyaroncha, Opiyo & Omolo, 2014). Ogle and Wambua, (2011) posit that Kenyan learners continue to experience low levels of knowledge on sexuality, HIV and AIDS. Ongunya, Indoshi and Agak (2009) concur by noting that there is still a gap between the HIV and AIDS objectives and the behaviour change of the learners. This implies that the

programme has not been implemented effectively, or it is not teaching the correct knowledge, skills and values.

Education is important in imparting values and preparing learners to be autonomous; thus, making informed choices (Elliot & Tudge, 2007). Unfortunately, research states that much of what takes place in the classroom is not what is expected. Darling and Barron (2008) argue that many teachers offer instruction in their classroom using the traditional (lecture) way and explanations that require an inquiry. Nyaroncha et al., (2014) also observe that the most commonly used method in teaching HIV and AIDS education in Kenya is the lecture method, where the textbook is the main resource. Tanner (2009) concurs with the above authors by noting that teachers dominate the classroom talks and give minimal time for the learners to participate; thus, learners are not engaged to be fully equipped with knowledge. Cox, Dyer, Robinson-Pant and Scheweisfurth (2009) also note the need to empower learners in decision-making through learner participation. Thus, this study explores the use of participatory visual methods in teaching sexuality education within the HIV and AIDS education programme in three selected Kenyan secondary schools and suggests strategies that enhances the learning of HIV and AIDS education in schools.

Chege (2006) argues that teachers are experiencing challenges in teaching HIV and AIDS education and thus, avoid teaching the learners or use methods such as giving them books to read on their own, thereby leaving learners to explore on sexuality matters on their own.

Mbugua (2007) and Nganda (2008) also agree that teachers are uncomfortable teaching learners about responsible sexual behaviours. The National Art Education Association (NAEA, 2009) agrees on the need of equipping learners with artistic knowledge and technology, and visual arts knowledge to promote learning. Further research by Jaswinder and Wanjiru (2013) also indicates that multimedia approaches are not often used in Kenyan classrooms.

Based on the above arguments, an interest developed to investigate the use of participatory visual methods in the teaching and learning of sexuality, HIV and AIDS education in selected Kenyan secondary schools to determine whether they could improve the teaching and learning of sexuality, HIV and AIDS education.

## II. STATEMENT OF THE PROBLEM

From the exposition above it is clear that Kenya has a high HIV prevalence among young people even though the HIV and AIDS Education Programme has been introduced in schools (Oginga et al., 2014). Teachers are uncomfortable teaching learners on the different issues relating to sexuality (Chege, 2006; King'ori, 2010) and, therefore, it was important to discover strategies to overcome the challenges in addressing issues of sexuality, HIV and AIDS. Adults, including parents and teachers, often have different views on sexuality (Buthelezi, Mitchel, Moletsane, De Lange, Taylor &

Stuart, 2007; Lukolo & Van Dyk, 2015). Thus, what is imparted during the lesson, is that which matters to the teachers, as they assume that what they provide the learners is what learners need to know about sexuality. In reality, however, learners have different world views gained from their social interactions. In this sense, a good sexuality education is the one that enables these learners to deal with issues related to sexuality, despite environmental interactions.

There are little to no studies that have engaged on the inclusion of participatory visual methods as pedagogical strategies to effective teaching and learning of sexuality, HIV and AIDS education in Kenyan secondary schools. The lack of enough research spurred the interest in exploring the prevalence of this phenomenon. Ineffective teaching and learning of sexuality, HIV and AIDS education seems very prevalent in Kenyan secondary schools (Nyaroncha et al., 2014; Oginga et al., 2014; King'ori, 2010; Chege, 2006). Thus, authorities are faced with devastating consequences for the community because these learners are not equipped enough in the subject (UNESCO, 2015). As King'ori (2010) observes, teachers should vary their methodology in teaching sexuality, HIV and AIDS education. It was therefore important, to explore the use of participatory visual methods in teaching sexuality education, in order to understand how the methods influenced teaching and learning. This study also aimed and suggested strategies that could enhance the teaching and learning of sexuality education.

## III. LITERATURE REVIEW

In this study, the literature review validates the importance of the study in relation to the existing frame of knowledge. This section explores the meanings given to relevant concepts of this study: HIV and AIDS prevalence globally, sub-Saharan Africa and Kenya with a specific review of UNESCO, UNAIDS, WHO, UN and UNICEF documented reports on HIV and AIDS among young people aged 15-24 years. The gaps among the general population and also the youth are reviewed. From the literature the young people are the most stricken by the epidemic because of their engagement in risky sexual behaviours (UNAIDS, 2016a; Mkumbo, 2010).

A further look into sexuality education globally narrows down to the Kenyan context while citing the works of scholars such as Helleve, Flisher, Onya, Kaaya, Mukoma, Swai and Klepp (2009); Oluga, Kiragu, Mohamed and Walli, (2010); Sarma and Oliveras (2013); Chaudhary and Rahman (2014); Coombe and Kelly (2001); Eisenberg, Madsen, Oliphant and Seiving. (2013); Mufune (2008); Ndjoze-Ojo and Murangi (2002); Kirby (2008); Lukolo and Van Dyk (2015); Khau (2012; 2010; 2009); Beyers (2013); Buthelezi (2004); and Njue, Askew and Chege (2005; 2009). The provisions of HIV and AIDS education in schools are described, emphasising the HIV and AIDS Education Programme in Kenya. The challenges faced by teachers while teaching sexuality, HIV and AIDS education are reviewed, as well as the importance of participatory methods in influencing learning, especially

when teaching sensitive issues of sexuality (Beyers, 2013; Mkumbo, 2010; Buthelezi, Mitchell, Moletsane, De Lange, Taylor & Stuart, 2007). Effective teaching and learning with an insight into the teaching and learning of sexuality, HIV and AIDS in Kenya are also discussed, while the arguments are based on the objectives of the Kenyan national goals of education.

This study is grounded on Lev Vygotsky's sociocultural theory (1978). Vygotsky's theory emphasises that social interaction is influential in human consciousness. This is because human beings learn through the interaction with their social environment or society and also through an experienced individual. Vygotsky states that true learning, resulting in cognitive changes, happens in Zones of Proximal Development (ZPD) (Jansen, Moletsane, Neves, Soudien, Stroud, Swartz & Wild, 2012). The ZPD explains what children can accomplish on their own against what they can accomplish through proximal interaction with others. For example, with the help of an expert, peer or teacher, for cognitive development (Lolwana, Lazarus & Donald, 2010).

#### IV. RESEARCH DESIGN AND METHODOLOGY

The study is phenomenological in nature, as it studied the emerging patterns of meaning making that people develop as they experience a phenomenon (De Vos, Strydom, Fouche & Delpont 2014; Schreiber & Asner-self, 2010). It is situated within the qualitative approach. As explained by Denzin and Lincoln (2005), this approach has an emphasis on the virtues and behaviour that are not experimentally examined. This approach has allowed the study to bring to the fore matters related to sexuality, HIV and AIDS education in the classrooms, and also to understand the subjective experiences of teachers when teaching this subject. This study takes an interpretivist paradigm in that "it aims at giving depth to the data that will be collected by providing detailed descriptions and explanations of the analysis of the data" (Basit, 2010, p.16).

Purposive sampling methods were employed to select the participants in the study as well as the site (Simiyu & Opiyo, 2011). The results were then generated from the chosen sample by the use of participatory visual methods, which include memory accounts, reflective journals and focus group discussions, as data generation methods. The data generated was analysed thematically. The research process adhered to the ethical considerations governing this study throughout and the trustworthiness was ensured (Creswell, 2009; Creswell, 2005; Krueger and Neuman, 2006).

#### V. SUMMARY OF THE FINDINGS

How are secondary school teachers teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?

##### 1. Feelings of fear

The provision of sexuality, HIV and AIDS education in Kenyan secondary schools through the HIV and AIDS programme, as well as the implementation and the integration in subjects such as Biology, English and Literature and the Guidance and Counselling sessions, has resulted in teachers facing challenges teaching the content. This section discusses the findings and an elaboration of the findings, in relation to the teachers' challenges and the repercussions brought about by the challenges. The participants demonstrated discomfort in the effective delivery of the subject, which was caused by fear attached to a variety of reasons. The following are the findings:

##### 2. Fear of leading learners astray

The teachers' responses indicated that they were challenged with the effective delivery of sexuality, HIV and AIDS education. This was presented through the explanations of their memory accounts.

In elaborating on their teaching of sexuality, HIV and AIDS education, some teachers admitted that they did not meet the requirements of the syllabus. Some described that it was difficult to teach the learners for fear of leading them astray with sexual knowledge. This means that the teachers believed in childhood innocence and that teaching learners about their sexuality was a way of corrupting their minds. For that reason, most of the teachers opted to teach abstinence- only knowledge or let the learners read about sexuality on their own. Some shunned the teaching of the subject completely.

##### 3. Fear of misleading and hurting learners because of lack of knowledge

The data generated by the participants revealed that, most of them were not equipped with the necessary knowledge to teach sexuality, HIV and AIDS education. Most of the participants noted that they feared teaching for fear of misleading the learners because they lacked appropriate knowledge on sexuality, HIV and AIDS education. They admitted that they had not undergone rigorous training on how to tackle this subject in their classrooms. It was, therefore, hard for them to navigate the issue of sexuality, HIV and AIDS as they felt that they would be misleading the learners. Some participants admitted to have been challenged by learners in class. Other participants believed that misconceptions governed sexuality. This is attributed to their lack of knowledge and, therefore, it became a challenge for them to teach effectively. For instance, some participants believed that talking about sexual pleasure with learners was bad and, therefore, did not want to transfer such knowledge to the learners. This reasoning, along with their improper training on how to teach the learners about sex were factors that influenced their teaching.

Moreover, some participants were challenged by how to address a class with affected and infected learners. They posed that they warned them about the dangers of HIV and AIDS instead of giving hope to those who were affected.

Some participants were not able to expound on this subject for fear of hurting this group of learners. The participants argued that, they viewed it improper to teach learners on condom use and having relationships with peers of the opposite sex. This shows that more intervention is needed, in order to make the teachers aware that they ought to teach the learners comprehensively about their sexuality, in an effort to enable them to make informed choices.

#### 4. Fear of sexualisation and victimisation

Some of the findings showed that the teachers had been sexualised and victimised for teaching sexuality, HIV and AIDS education. Their accounts indicated that the learners accused them of exposing their secrets indirectly before other learners in class. Some participants mentioned attacks by vengeful learners, who felt that teachers were actually teaching about them. Some of the findings portray a lack of support for the victims by the school administrators. This resulted in teachers avoiding or sieving through content in class for fear of victimisation.

Some participants admitted being sexualised by their learners. The young teachers were viewed as age-mates by some learners. Those learners involved in sexual relationships with their classmates felt that the young teachers were a threat to them. This was found in coeducational classrooms. Teachers involved in these incidences feared approaching the subject in their classrooms. This posed a risk to the effective delivery of the subject in the classroom and the need to better teaching to achieve the intended goals of education.

#### 5. Guilt

The guilt resulting from failure to deliver sexuality, HIV and AIDS education reflected in the participants' memory accounts. The subject is not examinable in the Kenyan context, and therefore, the teachers did not emphasise it in teaching, as they did with examinable subjects. Some participants stated that they felt guilty for teaching learners to pass examinations rather than teaching them the morals that they needed to uphold.

Some participants were guilty of being insensitive in their teaching, especially dealing with learners who were infected in their classrooms. Other participants felt guilty at failing in their responsibility to teach the learners, which resulted in some of them being infected by HIV, while others were innocently molested by their relatives. The participants also felt guilty for they knew that whatever they taught about sexuality was not the best they could offer.

### VI. CONCLUSION

HIV prevalence is high among the youth in Kenya and also globally. This has been heightened by their exposure to risky sexual behaviour. Since schools have been identified as the main places to deliver knowledge, the learning institutions have intervened in HIV prevention by offering sexuality, HIV and AIDS education. Most learning institutions offer an

abstinence- only programme, which does not adequately fulfil the learners' needs. This study has shown that while the teachers are expected to model the learners into having healthy and safe relationships, they are still experiencing problems relating to the effective delivery of the subject (Boonstra, 2011). Without using proper teaching methods, the teachers have minimal delivery of sexuality, HIV and AIDS education; thus, heightening the learners' vulnerability to STIs, teenage pregnancies, HIV infections, sexual abuse and harassment.

This study has highlighted the need to enlighten teachers on a variety of teaching methods that suit their comfort for the effective delivery of sexuality, HIV and AIDS programme. Engaging with the teachers revealed that they do not deliver on sexuality matters as they should. Teachers have argued that they experience discomfort associated with the effective delivery of the subject. Other teachers have highlighted that they have the confidence to deliver it but lack knowledge on how to deliver it. They have further argued that they need more knowledge on how to deliver sexuality education effectively. They need adequate training on how they can use a variety of methods to deliver sexuality, HIV and AIDS education effectively. Their perceived needs revealed that the education they passed on in their classrooms is still based on a traditional teaching method governed by cultural and religious beliefs. The curriculum needs to correct this inefficiency by means of training and encouraging teachers to teach in a more holistic approach that encourages interaction in the classroom. This was clarified by the participants' reflections of their classroom interaction in the focus group discussion.

From the findings it was evident that the learners were receiving a lot of information from their peers and social media. This information is not always reliable or correct. Thus, there is a need to prepare the teachers to use methods for the effective delivery of reliable information to the learners. Furthermore, the programme should consider teachers as sexual beings, who may also be challenged in effecting sexuality education, and therefore, train them in a variety of ways for an easy navigation of the subject.

### VII. RECOMMENDATIONS TO CURRICULUM DEVELOPERS AND IMPLEMENTERS

The recommendations offered relate to sexuality, HIV and AIDS education and how the methodology in teaching this subject can be improved, as well as other general considerations to facilitate the effective delivery of sexuality, HIV and AIDS education in the classrooms:

1. Attempts need to be made that teachers view all the aspects of sexuality, HIV and AIDS education as important irrespective of its sensitivity. This may be done through dissemination of circulars and posters, approved by the Ministry of Education in schools.
2. The pre-service teachers should be trained in the variety of teaching methodologies that fit different

subjects in schools as a preparation for effective classroom delivery.

3. Youth peer education sessions need to be established, where peers can discuss matters relating to sexual behaviour. This is because they are the main sources of information relating to their sexuality. This can be done by grouping the learners, under the teachers' close monitoring.
4. The in-service teachers need to be supported through training workshop programmes. Such workshops should train on varied pedagogical skills. These workshops could be used to motivate the teachers in sharing the content knowledge of sexuality, HIV and AIDS education practices in their classrooms.
5. The curriculum specialists should be able to address sexuality, HIV and AIDS programmes in a sex-positive way and encourage learner-informed choices in the curriculum, as a move away from the barrier of culture and religious beliefs.
6. The Ministry of Education should partner with other institutions of learning in Africa and beyond to become involved in exchange programmes aimed at broadening sexuality, HIV and AIDS education for the teachers and the learners beyond their horizons.

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