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HEAD TEACHERS' EXPERIENCES AND STUDENTS' PERCEPTIONS IN IMPLEMENTING HIV/AIDS EDUCATION PROGRAMS IN HIGH SCHOOLS IN RURAL KISII DISTRICT, KENYA.

By

Kennedy Ombonga Ongaga

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ABSTRACT

HEAD TEACHERS' EXPERIENCES AND STUDENTS' PERCEPTIONS IN IMPLEMENTING HIV/AIDS EDUCATION PROGRAMS IN HIGH SCHOOLS IN RURAL KISII DISTRICT, KENYA

By

Kennedy Ombonga Ongaga

HIV/AIDS has eaten into every fiber and fabric of social life. In the education sector, it threatens to overwhelm the very fabric and structure of educational organizations, management, and provision of services as has traditionally been known. Like in the rest of the world, HIV/AIDS in Kenya is conceptualized as having the potential to negatively affect the education sector in terms of: (i) the demand for and supply of education, (ii) the quality and management of education, (iii) adjustments in response to the special needs of a rapidly increasing number of orphans as well as adaptation to new interactions both within and between schools and their communities.

In the absence of a vaccine, HIV/AIDS education programs are critical in educating individuals about actions they can take to protect themselves from becoming infected or infecting others. However, educating young people about becoming infected through sexual contact can be controversial (Kelly, 2002, Gachuhi, 1999).

Utilizing an ethnographic lens, this study focused on understanding experiences of head teachers in implementing HIV/AIDS education programs and the meaning of these programs to students in rural secondary schools in Kisii District, Kenya. The following questions guided this study.

1. What is the role of head teachers in implementing HIV/AIDS programs?

2. How do they respond to HIV/AIDS cases in school?
3. How do they communicate matters related to HIV/AIDS in school?
4. What are students' perceptions of HIV/AIDS education programs?

Data for this study were collected in Kisii district for a period of 4 months through participant observation, open-ended face-to-face interviews with five high school head teachers and 14 high school students in two focus group discussions. I also interviewed a self-selected student, who happened to be HIV infected. The findings indicated that meaningful HIV/AIDS intervention initiatives in schools in rural Kisii remain contested along patterns of socio-cultural beliefs, religious morals, economic, and a wider crisis in education. These forces coalesce to create a culture of silence, which impede, shape, and guide implementation of school-based HIV/AIDS education programs. In such environment, school administrators experience dissonance in implementing HIV/AIDS education programs as envisioned just as students are caught in dangerous conflict between what they learn in school and observe in their communities.

Further, the study showed that HIV/AIDS education programs should shift from being informational to being empowering. Particularly, life-skills such as problem-solving skills, decision-making, communication, refusal and negotiation skills as well as skills that may help students to avoid alcohol and drugs should be encouraged. Further, VCT services, treatment, and nutritious food are intertwined. The study suggested that when a clear, binding, evidence-based and culturally appropriate policy on school-based AIDS education is developed and communicated to all stakeholders, head teachers and their schools are likely to receive enormous support in the implementation phase.

This dissertation is dedicated:

To my parents

Agnes Maengwe and Silvanus Ongaga, who in my childhood laid the foundation for my lifelong love of learning.

And

My loving wife, Mary and children, Brian, Adams and Anne, who will accomplish goals and fulfill dreams and wildest imaginings.

---Don't Stop Believing.

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For since the creation of the world God's invisible qualities-his eternal power and divine nature - have been clearly seen, being understood from what has been made, so that men are without excuse.
-The Apostle Paul's letter to the Romans, chapter 1, verse 20, New International Version of the Bible.

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KEY TO ABBREVIATIONS

ABC:	Abstain, Be faithful, or Use Condoms
AIDS:	Acquired Immune Deficiency Syndrome
ARVs:	Antiretrovirals
BOG:	Board of Governors
CBO:	Community Based Organizations
CDC:	Centers for Disease Control
CDF:	Constituency Development Fund
CLC:	Community Learning Centers
EFA:	Education for All
FGM:	Female Genital Mutilation
FPE:	Free Primary Education
HIV:	Human Immunodeficiency Virus
IEC:	Information, Education and Communication
KIE:	Kenya Institute of Education
MOEST:	Ministry of Education Science and Technology
MOH:	Ministry of Health
NACC:	National AIDS Control Council
NACO:	National AIDS Control Organisation
NASCOP:	The National AIDS and STDs Control Programme
NCCK:	National Council of Churches of Kenya
NGO:	Non–governmental Organisation
OVC:	Orphans and Vulnerable Children
PLWA(s):	Person(s) Living with HIV/AIDS
SEBF:	Secondary School Education Bursary Fund

STI:	Sexually Transmitted Infection
TP:	Teaching Practice
TSC:	Teachers Service Commission
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNECA:	United Nations Economic Commission for Africa
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNICEF:	United Nations Children's Fund
UPE:	Universal Primary Education
USAID:	United States Agency for International Development
VCT:	Voluntary Counseling and HIV Testing
WHO:	World Health Organization

Chapter I

INTRODUCTION TO THE STUDY

Human Immunodeficiency Virus (HIV), which causes Acquired Immune deficiency Syndrome (AIDS), as a major life-taking pandemic, strikes human beings with staggering and frightening epidemiological figures of the infected, ill, and dead. The Joint United Nations Program on HIV/AIDS (UNAIDS, 2004) reports that the total number of people living with HIV rose in 2004 to reach its highest level ever: an estimated 39.4 million people are living with the virus. This figure includes 4.9 million people who acquired HIV in 2004. It is estimated that the global AIDS epidemic killed 3.1 million people in the past year alone (UNAIDS, 20004).

Sub-Saharan Africa "remains by far the worst affected region, with 25.4 million people living with HIV at the end of 2004, compared to 24.4 million in 2002. Just under two thirds (64%) of all people living with HIV are in sub-Saharan Africa, as are more than three quarters (76%) of all women living with HIV" (UNAIDS, 2004, p.13). In a speech to German Development officials in 2001, Calisto Madavo, the World Bank Vice President for Africa, said of this tragic situation of figures:

> Let us not be caught in numbers, HIV infection rates, HIV prevalence rates and mortality rates. Behind these numbers there is flesh and blood. Behind these numbers there are husbands, wives, parents, children, farmers, teachers, doctors. It's the wellspring of African knowledge and wisdom being drained before our eyes. According to a West African proverb, 'Every time an elder dies, it's as if a library has burned down[1].

HIV/AIDS has eaten into every fiber and fabric of social life. In the educational sector, evidence shows that it threatens to overwhelm the very fabric and structure of

[1] Calisto Madavo, Vice President for Africa, World Bank, at an address to a gathering of German development officials in Berlin, March 29, 2001.

educational organizations, management, and provision of services as has traditionally been known (Kelly, 2000). According to the UNAIDS Executive Director Peter Piot, "AIDS constitutes one of the biggest threats to the global education agenda. What HIV/AIDS does to the human body, it also does to institutions. It undermines those institutions that protect us" (UNESCO, 2000a, p.22). Inversely, educational systems have an enormous potential that can serve as vehicles to help reduce the incidence of HIV/AIDS and alleviate its impact on society (UNESCO, 2000a).

Like the rest of the world, HIV/AIDS in Kenya has been conceptualized as having the potential to negatively affect the education sector in terms of; (i) the demand for and supply of education, (ii) the quality and management of education, (iii) adjustments in response to the special needs of a rapidly increasing number of orphans as well as adaptation to new interactions both within and between schools and their communities (Gachuhi, 1999; Kelly, 2000; Siamwiza, 1999; Kioko & Njeru, 20004; Salmi et al. 2000). Studies show that about 20% of the Kenyan student population (ages 15-24) is HIV infected, (Ministry of Health, 2001; Gachuhi, 2000). This calls for an urgent need for prevention methods with focused and intensified information dissemination about the disease among the youth and their communities (Kenya Institute of Education, 1999).

In rural Kenya, the complexities of HIV/AIDS and preventive methods remain contested along patterns of shared cultural beliefs, social norms, religious morals, economic, and political divide (MacClennan, 2003; Anon, 2000; Gachuhi, 2000). According to Morgan (1997) such "patterns of belief or shared meaning, fragmented or integrated, and supported by various operating norms and rituals can exert a decisive

influence on the overall ability of the organization to deal with the challenges that face it (p.129). Indeed, schools are in the middle of such dilemma.

In the absence of a vaccine or therapy, "educating individuals about actions they can take to protect themselves from becoming infected is the most effective means available for controlling the epidemic" (Centers for Disease Control, 1988, p.1). This assertion is premised on the assumption that since the virus is transmitted exclusively by behavior that individuals can modify, "educational programs designed to influence relevant types of behavior can be effective in controlling the epidemic" (CDC, 1988, p.5).

Along this line, school-based HIV/AIDS education programs serve as guidelines for " young people to understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood" (CDC, 1988, p. 6). Successful implementation of such programs, however, depends on the involvement of all stakeholders in all phases of the HIV/AIDS prevention intervention, with a view to promoting the interventions' marketability, enhance their credibility, and increase participant learning and behavior change (Kelly, 2000b). Educating young people about becoming infected through sexual contact can be controversial, hence school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

Statement of the Problem

Literature shows that HIV/AIDS poses a twofold challenge for educational leadership. First, it undermines the very systems that should produce the needed leaders and all the support personnel and human capacity on which their effectiveness must rely.

Second, it calls for creative, dynamic, visionary leadership that will inspire action and place education systems squarely in the forefront of the combat against HIV/AIDS (UNECA, 2000).

UNAIDS (2003) postulates that leading schools in the environment of HIV/AIDS is difficult; the cultural, social, economic, and political resources that can be brought to bear on the issue are more limited, and the demands of wide ranging social, attitudinal, and political change are more considerable. In such environments, key issues for school leaders revolve around engagement in advocacy, policy dialogue, publicity, networking, human rights issues, and resource mobilization.

While schools might be the best strategic centers to implement HIV/AIDS education programs, literature shows that schools in rural Kenya face a wall of silence stemming from education stakeholders' cultural beliefs, social norms, and religious orientations (Gachuhi, 1999). This skewed-double mindedness raises serious questions about schools' understanding of HIV/AIDS and actions they take to implement education programs that might mitigate it. In essence, it is imperative that schools have greater cultural sensitivity to and intimacy with the community, in order to push sensitive issues into a more open and frank discourse. I believe that an unchallenged culture of silence can only serve to exacerbate the AIDS epidemic and increase confusion, denial, and stigmatization.

For instance, religious leaders in Kenya wield enormous influence in Kenya's secondary schools but a deafening silence permeates religious communities with regard to sexuality and HIV/AIDS (USAID, 2005). Further, Bennell et al. (2002) suggest that the church appears to play comparatively little role in disseminating information about

HIV/AIDS among young people, at least in Uganda, Malawi and Botswana. Yet, Liebowitz (2002) emphasizes that churches and faith-based organizations are able to reach into the heart of communities in a way that no other organizations can. Coupled with the view of sexuality and by extension HIV/AIDS as taboo subjects among most rural communities, rural schools are caught in a dilemma to find best ways to respond and communicate matters related to HIV/AIDS congruent with their communities' patterns of beliefs and education stakeholders' social and cultural orientations.

Purpose of the study

The purpose of this study was to understand head teachers' experiences and students' perceptions in implementing HIV/AIDS education programs in high schools in rural Kisii District, Kenya. In particular, I sought to understand the role of head teachers in implementing HIV/AIDS education programs. Central to understanding their role was how they influence or got influenced by stakeholders and other contextual factors that ultimately create, shape, and guide the implementation process of HIV/AIDS education programs.. It is against this background that I undertook this study to garner how rural schools understand, respond, and communicate cases of HIV/AIDS. Since most school-based HIV/AIDS education programs target students, it was critical to also understand the influence of such programs on students.

Grand Tour Questions and Mini-Tour questions

I utilized a grand tour question and four mini-tour questions to guide this study. With the aim of unpacking the environment upon which school-based HIV/AIDS education programs are implementing, I focused not only on the head teachers, but also

on the students as my informants. The grand tour question I used for this study was: What are the experiences of head teachers in implementing HIV/AIDS education programs and students' perceptions of the implementation in high schools in rural Kisii District, Kenya? The four guiding questions included:

1. What role do head teachers play in implementing HIV/AIDS programs?
2. How do they respond to HIV/AIDS cases?
3. How do they communicate matters related to HIV/AIDS in school?
4. What are students' perceptions of the HIV/AIDS education programs?

Significance of the study

This study strategically began with an interest in human problems caused by HIV/AIDS. Without a cure for AIDS or vaccine to prevent HIV infection, a fundamental method to prevent its spread especially in resource poor settings is education vaccine, which offers young people a chance to live a productive life (World Bank, 2002; Coombe, 2001). The findings of this study will provide educators, policymakers, planners, managers, and practitioners with an opportunity to share ideas on how programs may be re-contextualized to fit a variety of local circumstances. The findings will therefore point to useful pressure points for education policy makers to consider when drafting HIV/AIDS education programs.

Meaningful response to HIV/AIDS epidemic requires total mobilization of entire societies, enabling a community-led transformation of norms, values, and practices that fuel the epidemic. With this in mind, the result of this study will assist head teachers to re-evaluate great possibilities and opportunities at their disposal for understanding and opening up their schools for community change. Their position is paramount in reframing

HIV/AIDS as a matter of learning, unlearning, and relearning, rather than as a chronic and unspeakable problem in the communities in which their schools are embedded. Within the local context, the findings have the potential to illuminate on the influence of the stakeholders' cultures, symbols, and shared meanings with a view to shedding light on what is most important to them, what will be most resistant to change, and what will be most necessary to change in order to establish a strong base of effective HIV/AIDS education programs.

Definition of Terms

The following terms are defined in the context in which I utilized them in this study.

1. *HIV/AIDS education/School-based HIV/AIDS education programs/interventions*: I used this terms interchangeably to refer to those programs intended to create awareness and impart knowledge and skills for young people in schools to practice healthier behaviors, including delaying sexual debut, reducing the number of sexual partners, and increasing the use of methods for preventing pregnancy and sexually transmitted infections (STIs), including HIV/AIDS.
2. *Affected*: Refers to a person who experiences the impact of HIV and AIDS through loss or sickness of family members, friends or colleagues.
3. *Infected*: Refers to a person living with the human immunodeficiency virus (HIV)
4. *Orphan and vulnerable children (OVC)*: I used this term in the context of HIV/AIDS to refer to a person under the age of 18 years who has lost one or both parents.
5. *Youth/ young people/young adults/adolescents:* I also use these terms interchangeably to refer to people 14-20 years of age.

Delimitations/Limitations

1. This study was limited to 5 schools in rural areas of Kisii District, Kenya. Due to the small number of school I visited, its finding findings might not apply to schools within urban centers or even in rural areas endowed with adequate resources.
2. I utilized a purposive sampling procedure and due to the sensitivity of the subject under study, the findings of this study could be subject to other interpretations and will have decreased generalizability.

Conceptual Framework

HIV/AIDS is an invisible enemy and its characteristics make it particularly difficult to tackle. Its unique pathological characteristics make it mysterious to laypeople. Consequently, it is conventionally understood across studies that the period between infection and the development of full-blown AIDS is so long that HIV can be spread unwittingly and become well entrenched in a population before there is any awareness that it is a threat at all. Hence, few people especially in rural settings know whether they are infected or show outward symptoms of the disease (UNAIDS/WHO, 2001; NASCOP, 1999). Its mode of transmission especially in Kenya is predominantly heterosexual, which makes it a subject of many taboos and culturally imposed silences (Rushing, 1995; Vandemoortele & Delamonica, 2000; Cameron, et al., 1999). Consequently, there is a wide gap between sex as it is talked about and sex as it is practiced.

Evidence indicates that HIV/AIDS education is critical to prevent HIV infection but it should begin when children are young, before they get involved in any form of sexual activity and not later than seventh grade (Black & Jones, 1988; Kirby et al., 1991;

White & Ballard, 1993). However, it has taken two decades since the emergence of HIV/AIDS for the government of Kenya to introduce an HIV/AIDS curriculum in education whose implementation process is only anecdotally understood (Boler et al., 2003). Kenya's ministry of Health (2001) statistics indicate that the lowest HIV infection rate occurs among the age range of 5-14 years while it is higher in youth aged between 15-24 years.

HIV/AIDS education programs targeted at school-going youth stand a good chance of providing them with knowledge, skills, and attitudes necessary for them to function responsibly in communities riddled with HIV/AIDS. Parents, teachers, students, religious organizations, local communities, politicians, the ministry of education, and personal beliefs exert tremendous pressure and influence on school programming. Implementation of HIV/AIDS education programs such as those mandated by the government, HIV/AIDS curriculum and the recently introduced education sector policy on HIV/AIDS, undoubtedly challenges head teachers to deal with increasing and often contradictory demands, which can combine to create all kinds of dysfunctions. In this context, head teachers might feel "isolated and unable to share with anyone the challenges, dilemmas, issues they face, and rationale behind decisions they make on a daily basis" (Scott, 2002).

In Kenya, head teachers are respected leaders in the communities they serve. They are the 'ears and eyes' of the academic success of their communities' youth but as Schenker (2001) asserts, school principals are not only knowledge conveyors but also community leaders in the fight against HIV/AIDS. In this context, they may have an upper hand in finding, "ways to encourage open communication among learners,

teachers, families, and the broader community to recognize and clarify the many myths and misunderstandings that exist in relation to HIV/AIDS" (Valerio & Bundy, 2004, p.358). This in turn will lead to the development of an open and honest atmosphere and a caring relationship between the stakeholders, teachers and students (Crosby, 1996).

I believe that when a clear, binding, evidence-based and culturally appropriate policy on school-based AIDS education is developed and communicated to all stakeholders, head teachers and their schools are likely to receive enormous support in their implementation. In so doing, they will be facilitating an imperative process whereby the stakeholders can uncover the mundane as well as the more vivid aspects of their socio-culture that impede or enhance the reality of implementing HIV/AIDS education programs in schools. Therefore, I undertook this study to generate empirical knowledge of how HIV/AIDS programs are implemented and their impact in those that they target (Boler et al., 2000; Vollenhoven, 2003). I premised this study on garnering an understanding of head teachers' experiences, their role, the forces behind the way they respond and communicate HIV/AIDS preventive messages and the impact of such programs on students.

Organization of This Study

This dissertation is organized into seven chapters. Chapter I is an introduction to the study. I explain the problem statement and significance of the study. I also present a detailed descriptive conceptual framework along with four questions that guided this study. Chapter II consists of a literature review that served to accentuate the rationale for studying the experiences of head teachers and students perceptions in implementing HIV/AIDS education programs in rural area areas. The review underlines the devastation

HIV/AIDS has caused in human life and the extent to which it has bludgeoned educational systems around the world. At the same time, the uniqueness of using education to fight the pandemic of HIV/AIDS is stated.

The methodology for this study is described in third chapter. Chapter IV reveals five head teachers' experiences on the implementation of school-based HIV/AIDS education programs in their schools in rural Kisii District, Kenya. Their experiences are captured in narratives, stories, challenges and nuances that are reflective of the contexts upon which they operate. Chapter V contains detailed perceptions of two focus groups composed of seven students each. In this chapter, I also present a case of Mercy, an HIV-infected student who self selected to be interviewed alone. Her painful struggles and resilience to be in school gives a human face to the devastation HIV/AIDS causes.

Chapter six contains a thematic analysis of the data. The experiences of head teachers in implementing HIV/AIDS education and the meaning of such programs to students are captured by a thematic analysis of the contexts upon which head teachers and students operate and in which rural schools are embedded. The interconnected contexts, which form the core of the thematic analysis include, a safe school environment, socio-economic (poverty), cultural as well as religious contexts. Chapter VII includes implications and conclusion of the study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This study was focused on understanding how HIV/AIDS education programs are implemented in schools, in rural Kisii District, Kenya from the head teachers and students lens. Literature reviewed for the study captures (a) the incidence of HIV/AIDS prevalence in Kenya with particular emphasis on the education sector (b) empirical research on HIV/AIDS education programs to help the youth build resilience of good behavior (c) an overview of research in implementing such programs and the complexities of head teachers' role (d) empirical research on how education can be used as 'a social vaccine' to mitigate the spreads of HIV/AIDS and finally, young people's perceptions of HIV/AIDS education programs. Four questions guided and framed this review.

1. What role do head teachers play in implementing HIV/AIDS programs?
2. How do they respond to HIV/AIDS cases?
3. How do they communicate matters related to HIV/AIDS in school?
4. What are students' perceptions of the HIV/AIDS education programs?

HIV/AIDS Incidence in Kenya

From a single reported AIDS case in Kenya in 1984, the Kenya National AIDS Control Programme report estimates the reported AIDS cases to be close to 90,000 while over 2 million people are reportedly living with HIV (Ministry of Health, 1998). By the year 2000, almost 2.1 million people (14%) of Kenya's adult population was living with

HIV (UNAIDS, 2000). This number increased to 2.2 million people infected in 2004 including an estimated orphan population of 1 million (UNAIDS, 2004). Like in the rest of the world, Kenya's young people aged between 15-24 years old account for nearly half of all new infections.

Although surveillance report indicates that Kenya's HIV incidence rate has declined from 13% in 2000 and stabilized at 10.2% in 2002 (MOH, 2003), UNAIDS (2004) warns that such stabilization can disguise the worst phases of an epidemic when roughly equally large numbers of people are being newly infected with HIV and are dying of AIDS. In spite of Kenya's efforts to reach such stabilization, infection rates are said to be high in rural settings, which are hot spots due to a wall of silence that surrounds HIV/AIDS and uncoordinated sentinel surveillance resulting in inaccurate reporting. Moreover, Kenya ranks ninth in Africa in AIDS prevalence, with Botswana leading with an adult infection rate of 35.8%, followed by Swaziland and Zimbabwe with rates of 25.25% and 25.06%, respectively (Loewenson & Whiteside, 2001).

The Impact of HIV/AIDS on Education

According to Work Bank (2002), HIV/AIDS has dealt educational systems a devastating blow. "HIV/AIDS is draining the supply of education, eroding its quality, weakening demand and access, drying up countries' pools of skilled workers, and increasing the sector's costs" (xvi). The full scope of the epidemic's impact on education becomes apparent when viewed in the context of the formidable challenges already confronting the sector. Research shows that more than 113 million school-age children are out of school in developing countries, two-thirds of them girls. Of those who enter school, one out of four drops out before attaining literacy. At least 55 of the poorest

countries seem unlikely to achieve Education For All (EFA) by 2015 (World Bank, 2002; Kelly 2000a; UNAIDS, 2004).

The Joint United Nations Programme on HIV/AIDS report (UNAIDS, 2002) indicates that as many as 1 million children and young people in sub-Saharan Africa have lost their teachers to AIDS. In Cote d'Ivoire, the report says, "teachers with HIV miss up to six months of classes before dying compared with 10 days missed by teachers dying of other causes, and 7 out of 10 deaths were as a result of confirmed AIDS cause" (p.10). In 1999 alone, an estimated 860,000 children lost their teachers to AIDS in Sub-Saharan Africa, (UNAIDS/WHO, 2001). In the Central African Republic, 85% of the 300 teachers who died in the year 2000 was as a result of AIDS, whereas the toll had forced more than 100 educational establishments to close in the late 1990s (UNAIDS/WHO, 2001). In the South African province of KwaZulu Natal, where HIV/AIDS prevalence is the highest in the country, a random sample of 100 schools found that the mortality of teachers rose significantly from 406 in 1997 to 609 in 2001 (Badcock-Walters, et al., 2003).

Although it is more than two decades since the onset of HIV/AIDS, for many African countries, it is a newly recognized challenge to the education sector, hence, very few programs have been in place long enough to be formally evaluated (Valerio & Bundy 2004; Gachuhi, 1999; Kelly, 2000; Siamwiza, 1999; Hunter & Williamson et al., 1999; Coombe & Kelly, 2001; Coombe, 2000; USAID, 2002). Kenya's educational system is equally said to be undergoing a beleaguering stress created by the HIV/AIDS pandemic.

HIV/AIDS and the Education Sector in Kenya

Due to the silence that surrounds HIV/AIDS, the magnitude of its impact on Kenya's education sector is not well documented (Gachuhi, 1999). A World Bank

(1999) report on the 'Impact of HIV/AIDS on Education in Kenya' predicts that the impact is likely to be felt more in terms of reduced supply and demand of educational services, changing clientele for educational services and processes, and content of education and planning for the sector. The report further indicates that the annual attrition of teachers stand at 1,800 all of which Teachers Service Commission (TSC) attributes to HIV/AIDS.

Further statistics from Teachers Service Commission indicate that in 1995, teacher deaths rose from 450 to 1,500 in 1999 while in one of Kenya's eight provinces 20 to 30 teachers die each month from AIDS (Gachuhi, 1999). Teachers in rural schools in Kenya are in short supply because most of them have a tendency of being concentrated in urban areas, partly because of AIDS-affected teachers' desire to be close to medical services (Kelly, 2000a). Going by the trend of these statistics, there is evidence that the supply, demand, and quality of education are undermined through teacher morbidity and mortality (Bennell et al., 2002; Badcock–Walters, 2002; ActionAid, 2003; Gachuhi, 1999).

Ennew et al. (2000) carried out a comprehensive study of national scope for the Government of Kenya and UNICEF on the impact of HIV/AIDS on education in Kenya and how education can be used in the prevention and control of HIV/AIDS. The study was predominantly qualitative and child focused. It covered at least one district in each of Kenya's eight provinces and targeted schools within and around the big towns and cities of each district. Based on the HIV/AIDS related attrition of teachers and school administrators the study found out:

> Illness and deaths among the administrative staff at national, regional and local level will negatively affect the system's ability to plan, manage and implement

> policies and programs, and will further distract the planning and managing of educational resources e.g. the projection and planning of future teacher deployment, management and planning of future teacher deployment, management and recruitment will be extremely difficult (p.18).

Gachuhi (1999) reiterates this observation saying, "It is quite apparent that as AIDS continues to take its toll, there will be schools with no head teachers and no inspectors of schools. This has a negative impact on the education system's ability to plan, manage and implement policies and programmes" (p.5).

The Plight of Orphaned Children

A profound finding that Ennew et al. (2000) echo throughout their study is lack of basic needs for orphaned children. The study's analysis of the form of assistance provided by various care structures showed that food, shelter, education, and clothing were the common form of assistance. The least available forms of assistance were health, guidance and counseling, and moral support. Although both studies depict attrition of education managers including that of head teachers in high numbers, they fail to address the influence of intervention strategies on both teachers and students.

A study done in Kenya by the Ministry of Health (1999) indicates that about 20% of student population (ages 15-19) in Kenya is HIV infected. When HIV/AIDS pandemic affects students, it destroys the families' future and erodes the social and economic fabric of communities (Kelly, 2000). Gachuhi (1999) reflects on the same saying that due to the high rates of adult mortality associated with HIV/AIDS especially in the rural areas, there is unprecedented pressure on children to drop out of school to take care of their ailing family members. The high number of young people infected by HIV makes a strong case for the need of HIV/AIDS education programs whose implementation involves them as part of the solution.

Another study in Kenya (Elmore-Meegan et al., 1999) discovered that 52 percent of orphans in four sample communities were not attending school compared with 2 percent of non-orphans. The non-attendance of school, the study concludes, was largely due to lack of money, uniform, and other school materials. In spite of the meager and overstretched family resources, caretakers of affected students still considered education to be very important in addressing the long-term needs of orphans and would go to great lengths to avoid withdrawing children from school. However, according to teachers in the survey areas, most of the students drop out of school two to three years later due to psychosocial, psychological, and social stress convoluted by endemic poverty in their communities.

Similarly, Tarantola and Gruskin (1998) observe that the most devastating impact of HIV/AIDS on children is when their immediate family environment and support system is challenged by the sickness, disability, and premature death of one or both parents from AIDS. UNAIDS (2002), gives a global estimate of 11.8 million young people aged 15-24 living with HIV/AIDS. Within formal education systems, this is the age group that is most vulnerable (Gachuhi, 1999). These studies have detailed the impact of HIV/AIDS on children. However they focus more on the basic needs of children. For those that survive to attend school, schools have a moral responsibility to respond to them in a compassionate way. There is lack of empirical research on how schools institute a compassionate response to orphaned and vulnerable children and remain to be safe havens for all students.

Education as a Social Vaccine Against HIV/AIDS

> Education is the most powerful weapon that can be used to change the world. It is also a weapon that the world cannot do without in the fight against HIV/AIDS. Education saves lives. And ignorance is lethal
> (Nelson Mandela).

Given the absence of a vaccine and the inability of medical science today to contain the AIDS, education is one of the most effective ways to prevent HIV infection (Coombe, 2000). Literature show that 'education vaccine' against HIV is likely to be the only one available for the foreseeable future (Vandemoortele & Delamonica, 2000; World Bank, 2002; Kelly 2002). In this context, education is not only regarded as a means of passing information, skills, and increasing youths' connectedness, but also as a means of changing attitudes and behavior concerning AIDS, both as a disease and as a social phenomenon (UNAIDS, 2002; Kelly & Coombe, 2001). In his speech during the introduction of Free Primary Education, Kenya's president, Mwai Kibaki acknowledged that a good education is one of the most effective ways of helping young people to avoid HIV/AIDS (Kabila, 2004).

Consequently, formal education is often assumed to have significant influence on how young people make informed decisions about their health –including very important areas such as sexual behavior and HIV/AIDS. In Zambia, for instance, the decline in the prevalence rate for 15-19 year old women in Lusaka was more marked for those with secondary and higher levels of education than for those who had not proceeded beyond the primary level (Fylkesnes et al., 1999). Further studies have documented the positive correlation not only between level of education and the probability of engaging in high

risk sexual behavior, but also between level of education and actual infection (Ainsworth et al., 1998; Ainsworth & Semali, 1998; Hargreaves & Glynn, 2000).

The vitality of education in stemming the impact of HIV/AIDS was underscored in The Dakar Framework on HIV/AIDS and Education Systems in Africa. The Framework required governments to develop by 2003, and implement by 2005, national strategies to provide their schools with vastly expanded access to information and education, including youth-specific HIV/AIDS education. The rationale is to help schools help children develop life skills required to reduce risk and vulnerability to HIV infection and create a supportive environment for orphans and children infected and affected by HIV/AIDS (UNECA, 2000). The call for governments to develop meaningful school-based HIV/AIDS education programs builds a case for stronger leadership at the school level. It then follows that an understanding of how schools respond to a crisis such as HIV/AIDS provides an impetus for this study.

Based on a comprehensive literature review on school-based sexual health and HIV/AIDS education, UNAIDS (1997) recommends the following components for an effective school-based program:

- Responsible and safe behavior can be learned
- Sexual education is more effective when it occurs before puberty
- Effective programmes encourage openness in communicating about sex
- Programmes need to be sensitive to the different requirements of boys and girls, but in all cases they should take account of the social context in which sexual behavior takes place and of the personal and social consequences of such behavior.

- Effective programs equip young people with skills to interpret the conflicting messages that come from adult role models, television, other media and advertisements (p.27).

The above components can be used as tools to shape schools in ways that can transform them into learning organizations in the context of HIV/AIDS. Central to this envisaged transformation are head teachers. Head teachers in Kenya are revered and have enormous responsibilities to their students. In rural secondary schools where they hold tremendous strategic influence in their schools and the surrounding community, it is unequivocal to say that their role in the context of HIV/AIDS can make a big difference between a positive impact and no impact at all.

HIV/AIDS: The School and its Community

> Schools can provide the best defence against HIV infection. They offer the best mechanism to deliver HIV prevention information, as well as the long term educational and social skills that protect against infection. With knowledge so critical in the fight against HIV/AIDS, the best defence against the epidemic is keeping vulnerable young people, especially girls, in school (Carol Bellamy, Executive Director of UNICEF, February 2004)

HIV/AIDS crisis continues to claim the lives of an increasing number of parents, teachers, as well as children, and the number of children made vulnerable by HIV/AIDS continues to rise at a rate that far surpasses the ability of available resources and efforts to care for them (UNAIDS, 1997; Gichuhi, 1999; Kelly, 2000a; Coombe, 2001). Schools and communities therefore, are and have critical mechanisms that can be galvanized to collectively blunt the effects of HIV/AIDS in their communities. A surfeit of literature on school community relations indicate that schools and communities must be closely linked so that students are not caught in dangerous conflict between what they learn from teachers and what they observe in their communities (Saxe 1975; UNAIDS, 1997; Kelly,

et al., 2002). "Through its close relationships with the community, the school can gradually contribute to greater gender equity, increased female empowerment, and a more substantial human rights framework within the community. A specific aspect of this would be efforts aimed at dispelling all forms of AIDS-related stigma and discrimination" (Coombe & Kelly, 2000, p.12).

Depending on the leadership, school settings therefore can provide effective venues for the provision of HIV/AIDS intervention programs targeting young people attending school as well as their teachers and the surrounding school community. Understandably, rural schools, far from being self-contained and isolated systems, are nested organizations that have multiple connections with their environment. Kelly (2000a) argues that schools in AIDS-infected settings cannot be the same as the schools in AIDS-free ones. Hence, it is plausible to argue that as significant and ubiquitous social hubs and service providers, rural schools cannot remain aloof from the tragedies that affect families, and some of their own members in the communities they serve. It is logical to assume that rural schools, by extending their missions beyond the strictly academic realm, will attain a conscious continuum of actions that address prevention, support, care and counseling for their affected members. UNAIDS (2000) reiterates, "school can inculcate important life-skills in HIV/AIDS areas by showing compassion and solidarity towards infected individuals and caring for people with AIDS in the family and community" (p.18).

Kelly (2000a) further argues that schools can translate their health and hygiene study programmes into action by training in home-based care for children from all families and modifying their social studies and work programs to include activities in

support of affected families. He says that religious education programmes can be utilized as practical and universal manifestation of the human compassion and concern that are at the heart of all true religion. Such efforts are likely to work best where schools are safe places for learning and playing, and where school-based efforts are reinforced by community-based support (UNAIDS-Inter Agency Task Team on Education, 2002).

Underscoring the importance schools can play in partnership with other stakeholders in reducing the risks and vulnerability associated with HIV/AIDS epidemic, UNAIDS Inter Agency Task Team (2002) suggests that schools should prioritize:

1. Efforts to ensure that teachers are well prepared and supported in their work on HIV/AIDS through pre-service and in-service education and training
2. Preparation and distribution of scientifically accurate, good-quality teaching and learning materials on HIV/AIDS, communication and life skills
3. Promotion of life skills and peer education with children and young people, and among teachers themselves
4. Elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic
5. Support for school health programmes that combine school health policies, a safe and secure school environment for both teachers and learners, skills based health education and school health services, and that explicitly address HIV/AIDS
6. Promotion of policies and practices that favor gender equity, school attendance and effective learning (p.11).

The argument that schools need to take into account the above priorities shows their importance and the centrality of head teachers in actualizing these cogent principles.

With the recent integration of HIV/AIDS issues into the national curriculum in Kenya and the education sector policy on HIV/AIDS as well as NGO's programs, the role and environment under which rural head teachers work to implement these programs is important to understand.

HIV infection is one of the major problems facing school-age children today. They face fear if they are ignorant, discrimination if they or a family member or friend is infected, and suffering and death if they are not able to protect themselves from this preventable disease. Literature shows that keeping vulnerable children in school is the first line of defense since it provides them a secure environment to learn skills that will help them provide for their own needs as they grow into adulthood (Kelly & Coombe 2001; UNAIDS, 2002). For orphaned and vulnerable children, school provides a primary environment outside the family where they can develop competence and experience positive growth. Yet, "critical opportunities for school success may be blocked by circumstances of the family, behavior of the child, misinformation and misunderstanding by educator, the lack of access to programs that promote health, belonging, and the safe expression of feelings and physical energy, or a lack of understanding that the school must act as part of a community team for children living with HIV/AIDS in the families" (Books, 1998, p.60).

It is possible that orphaned and vulnerable children may exhibit a range of problematic behaviors in school that signal the psychological trauma they experience. These behaviors may range from withdrawal, anxiety, verbal disrespect, physical violence, limited concentration, poorly dressed and nourished, difficulties completing homework assignments as well as early and unprotected sex that may expose them to

contracting HIV (UNAIDS, 1997; Bennell, 2003). In this context, the school's role, as a critical part of the early warning system for AIDS-affected children and as a source of support, is best fulfilled when it acts as part of a community team. Rural schools particularly may act as advocates for students who are missing school to care for their ill family members by mobilizing community-based, in-home support services (Books 1998). By so doing, rural schools can gradually contribute to greater gender equity, increased female empowerment and more substantial human rights protection within the communities they serve. In particular, they can help to eliminate all forms of AIDS-related stigma and discrimination (Kelly & Coombe, 2001; USAID, 2002). An understanding of how HIV/AIDS education programs assist rural schools to set HIV/AIDS agenda with a view to understanding, responding, and communicating appropriately is the framework upon which this study rests.

The preceding propositions point to the fact that the role of head teachers in responding to the impact of HIV/AIDS is critical. Saxe (1975) informs us that a school principal represents the school in the local community, meets and knows the various interest groups in church, in local social and political meetings and provides continuity over a period of time. He further observes that the school principal relates the school to the local community of parents and citizens, something that the classroom teachers may not do because they work with relatively small and changing groups of students and parents. Coombe (2001) perceives schools under HIV/AIDS duress in demand of leaders with excellent and updated knowledge of the specifics of immunology, behavior change, epidemiological, and clinical aspects. Head teachers in rural schools may wrestle with their own beliefs, attitudes, conceptions (and misconceptions) and those of the

stakeholders regarding sexual behaviors, substance use, human rights concerns and inter-personal relationships in situating the context of HIV/AIDS (Ennew et al., 2000).

An examination of UNESCO-supported projects in Thailand charged with the development of Advocacy Toolkits for different players in the education sector, missed out head teachers as key players (Wijngaarden et al., 2004). These authors acknowledge, "To our knowledge, currently there are no materials targeting school directors" (p.5). As an integral part of the comprehensive education sector response currently being developed under the Global HIV/AIDS Prevention Education Initiative, recently launched by UNESCO and UNAIDS, Wijngaarden et al., (2004) adroitly explicate reasons why the untapped potential of school directors[2] is so crucial within this framework:

1. School directors are often influential people in the community, and can be role models for good practice – both for HIV prevention (promoting responsible behavior and a healthy lifestyle) and stigma and discrimination reduction, as well as promoting care and support for people living with HIV/AIDS
2. In some countries, school directors and the teachers have an important say in defining parts of the curriculum, especially in countries where HIV/AIDS is not, or not sufficiently, integrated in the curriculum and where part of the curriculum planning is decentralized (i.e. for the school/district to determine), they may be an important channel for increasing students' exposure to HIV/AIDS prevention in the classroom

[2] School directors in this context are the equivalent of head teachers in Kenyan schools and K-12 principals in the US.

3. In countries where sex education is culturally highly sensitive, school directors may need to deal with community resistance (including from religious groups). They need to be armed with arguments as well as scientific information and knowledge to defend their decision to provide young people with information, attitudes, and skills for HIV /AIDS prevention
4. In case the curriculum is overloaded, school directors can be instrumental facilitators of the establishment of 'youth clubs' or other forms of extra-curricular activities such as non-formal, peer-based education on HIV/AIDS prevention, possibly by linking up with Community Learning Centers (CLCs) or with local NGOs or youth groups
5. School directors often need to deal with fear-based resistance of parents against allowing infected or affected pupils to share a classroom with their children. They need to be able to fight these fears of parents (and possibly teachers) and explain clearly that there are no risks involved in sharing a classroom with HIV infected or affected pupils, as long as some basic precautions are taken
6. School directors are often responsible for following up on policies and guidelines from the central or provincial level. In many countries (including Cambodia, Viet Nam, Thailand, and the Philippines), excellent laws and policies exist on, for instance, non-discrimination of teachers and administrators infected and/or affected by HIV/AIDS, or on upholding each child's right to education, including children from AIDS affected families, or on the right of teachers to apply for assistance or treatment when they are ill. However, most of the time these rules and regulations never reach the school level, and school directors and teachers are

therefore not aware of them. Focusing on the knowledge level of the headmaster would 'translate' existing rules, laws, and regulations to the school level and attach them for reference

7. School directors could play a major role as fund raisers in under-resourced environments affected by HIV/AIDS, especially in countries where the education system is insufficiently guided or resourced from the central level (p.6).

The above assertions speak to what Carr-Hill et al. (2000) envisage as new roles for schools: multi-purpose development and welfare institutions, delivering more than formal school education as traditionally understood. School leaders therefore are expected to take on new, and perhaps daunting roles of equipping children with survival skills (Gachuhi, 1999). In the context of rural settings in Kenya where head teachers are held personally responsible for the hopes and dreams of students and their parents, their role in actualizing the above principles in order to meaningfully and coherently address the effects of HIV/AIDS is worth understanding.

School-based HIV/AIDS Programs: Whose Responsibility?

Evidence from around the world suggests that many children could be saved if HIV education and prevention was mainstreamed in schools and universal primary completion was used to underpin an expanded prevention strategy (Bollinger et al., 2004; Kirby et al., 1994; Shuey et al., 1999; Kelly, 2000; Coombe, 2001; World Bank, 2002; Gachuhi, 1999; UNAIDS, 2000). HIV/AIDS education should begin when children are young, before they get involved in any form of sexual activity, which may render them vulnerable (Black & Jones, 1988; Kirby et al., 1991; Kelly, 2000; White & Ballard, 1993).

Reinforcing clear values against risky behavior and strengthening individual values and group norms are therefore central to HIV/AIDS prevention programs (Kirby, 1994). Such reinforcement may require involving parents in the process of development, implementation and monitoring of school-based AIDS education and to serve as a strategy to diminish or manage potential conflicts (Ennew et al., 2000). Unfortunately, this strategy is seldom used (Haignere et al., 1996; Schenker & Greenblatt, 1993). Since parents culturally find it difficult to adequately communicate to their children about sex and sexuality related matters (Gachuhi, 1999; Kelly & Parker, 2002) there is no choice but to turn to formal sources such as school-based education (Geasler et al., 1995; Postrado & Nicholson, 1992; Boler et al., 2003).

It is worth noting that young people growing up in rural and urban areas live in very different contexts. In Kenya, youths in urban areas may experience relative freedom compared to their rural counterparts, where hierarchies of family and community frames regulate (or at least attempt to) all sexual activity, (Boler & Angleton, 2005). Regardless of their setting, youths' attitudes and behavior are deeply influenced by the culture, values, economic conditions, and the social political environments in which they live. School environments are therefore crucial determinants that account for youth behavior.

In most schools across Sub-Saharan Africa, there has been concern that teachers do not act as positive role models for young people, and that their own sexual behavior is in direct contradiction to the behavior that is advocated for in HIV/AIDS education (Bennell, et al., 2002; Bennel, 2003; Gachuhi, 1999; Boler et al., 2003). This observation is reflected in Boler et al. (2003) study where 24% of student informants in Kisumu district, Kenya reported, "teachers did not set good role models when it comes to sexual

Certainly, HIV/AIDS programs in and outside of school may address such sensitive issues as sexuality and longstanding concerns about human rights, poverty, economic development, gender inequality, stigma, and discrimination. Their effective implementation, "require not only community involvement and dedicated, committed personnel, but also detailed planning at all levels, close coordination of the program implementation efforts, careful training and supervision of personnel, and continuous evaluation of program development and impact" (Fisher & Foreit, 2002, p. 1).

HIV/AIDS education is also the responsibility of children, all school-going children. In their study on the impact of HIV/AIDS on education in Kenya, Ennew, et al. (2000) recommend that listening to children's voices is important in HIV/AIDS project design, implementation, and evaluation. By so doing, "communities and institutions working with children suffering psychosocial impacts as a result of HIV/AIDS will be sensitized on the needs of these children" (p.130). Recent studies done on behalf of the Economic Commission for Africa on the impact of the epidemic on education in a number of African countries including Kenya (UNECA, 2000) indicate that, most schools in rural Sub-Saharan Africa are known for providing an authoritarian list of "dos and don'ts" with a view to motivating the youth to adopt sexually safe behavior. The study concludes that such approaches, which are characteristic of methods in a traditional school setting, may fail to speak to young people because, "they do not share the potential of non-formal approaches to enter into dialogue with the underlying cultural imperatives, which motivate young people from within more powerfully than anything the educator may propose from without" (Person and Marin, 1988, p.34).

behavior" (p.8). Consequently, the study recommends, "School must be a safe place for all students, and teachers who sexually harass students or enter into sexual relations with students, must be openly prosecuted," (p.49). Boler's study, however did not probe head teachers to understand how they handle such dicey situations. The study then recommends, "Head teachers should be targeted, and they themselves be the focus on an educational process, so that they are in a better position to support HIV/AIDS education in schools," (p.49).

For the most part in rural Kenya where schools are entrusted with the total safety of the youth, it is reasonable to construe that it is the head teacher's responsibility to facilitate the creation of a safe environment where HIV/AIDS prevention messages are consistent and coherent across the school community. Thus, seeking to influence behavior alone is insufficient if the underlying social factors that shape the behavior remain unchallenged.

A cross sectional response to the impact of HIV/AIDS Haffner (1996) is required for meaningful intervention programs. Haffner asserts that given the nature of HIV/AIDS and the controversy surrounding its discussion particularly in rural settings, targeted interventions could be complemented by reaching out to a wider audience than those considered at risk, and changing the social consensus of the larger communities in which youth are embedded. As Coombe (2002) asserts, "Educators must of necessity move from a narrow 'HIV education' curriculum campaign towards a broader 'HIV and education' paradigm... The pandemic-as-phenomenon is vastly complex, and individual educators, researchers, policy makers and analysts, planners and funders each confront this plague from a different perspective, based on experience and training" (p. xiii).

This study offers students a chance to voice their concerns regarding the influence of HIV/AIDS education on their lives. Are they viewed as part of the solution or part of the problem in the fight against HIV/AIDS? It was critical for this study to understand students' attitudes and perceptions on how the programs empower them with the information, social skills, and self-confidence they need to gain greater control of their own sexual and reproductive health.

Challenges of Implementing HIV/AIDS Education in Schools

In an AIDS-scarred world, sexual health and HIV/AIDS education are a prerequisite for individual prevention and community survival. It is only by preventing the disease that efforts will, ultimately, reduce the number of orphans and vulnerable children (USAID, 2003). Unfortunately, communities where there is denial of HIV/AIDS as a public health problem, schools find little support in developing and implementing HIV/AIDS prevention policies (Booysen & Gumede, 2000). This is because the social environment is also the repository of social meanings and norms for behavior, including the behaviors relevant to avoiding health risks (Boler & Carroll, 2004). On a wider perspective, basic discrepancies between the beliefs and opinions of decision-makers and the epidemiological and social realities of a country may impede the implementation of effective preventive campaigns (UNAIDS, 2000).

Studies indicate that because most HIV/AIDS interventions especially those that target rural communities focus on biomedical concerns, they rarely take into account how sexuality is socially and culturally constructed. Cultural traditions and norms, religious beliefs, health, life and death and practices in relation to sexuality have to be taken into account in HIV/AIDS prevention (UNESCO/UNAIDS, 2000). However, most

HIV/AIDS intervention programs do not acknowledge and build on the understanding and beliefs of those they seek to influence (Kippax, Smith & Aggleton, 2000) and so they are culturally rudderless and flying blind (Singhal & Everett, 2003).

Rural settings in Kenya are largely inhabited by individuals and communities that constitute the bottom rung of the socioeconomic ladder with the least power, the most limited access to information, and the fewest resources with which to fight the epidemic. Hence, there is a wide gap between sex as it is talked about and sex as it is practiced. Consequently, AIDS has been cloaked in different euphemisms (such as malaria, Pneumonia, Typhoid etc) mostly unnamed, unspoken, and often unspeakable to children who then have no name for what has happened to their loved ones and subsequently to themselves (Komugor, 2005). A socially threatening culture of silence has evolved and taken root in Kenya's rural communities. Such culture obstructs disclosure and inhibits the communities from openly engaging with preventative education and care for the victims and their families (Ministry of Health, 2003).

On these grounds, one can argue that the way schools in this settings set agenda regarding HIV/AIDS education is a manifestation of the locals' cultural, religious, economic and social norms, which unfortunately may be barriers to the way schools perceive an effective response to HIV/AIDS pandemic. The role of the head teacher in such environment is crucial in rallying support to demystify and initiate, and/or sustain life saving HIV/AIDS programs for the youth and their communities.

Kenya's education sector policy on HIV/AIDS indicates, "The education sector will ensure adequate structures, staffing and continuity of staffing for HIV/AIDS related functions," (Ministry of Education, Science and Technology, 2004, p.34). In the contrary,

documented lack of trained personnel and administrators to implement HIV/AIDS education programs at the school level cut across the literature (Boler, et al. 2003; Gachuhi, 1999; MOEST/UNICEF, 2004). In particular, Ennew et al. (2000) reveal that although the government of Kenya recognize the importance of reaching young people with information on HIV/AIDS, not much has been done in training teachers to specifically teach AIDS education in schools. The study shows:

> Teachers are not aware of the government's policy on HIV/AIDS education. They also lack adequate knowledge on HIV/AIDS education and are constrained by the overcrowded curriculum. They face personal constraints such as shyness, embarrassment, and fear that they too could be infected and victimized by their communities. Schools lack adequate and appropriate resources to implement HIV/AIDS education (p.134).

Schools in rural settings may find it even harder to adequately cover the HIV/AIDS component of condom use. The study further reveals that:

> The controversy surrounding the use of condoms was identified by children as a constraint. Children stated that they are confused with the information they receive on the use of condoms. While on the one hand they are taught to use condoms as a means of protection, on the other hand some religious groups do not advocate for use of the condoms. Owing to this controversy, teachers also indicated that they avoided talking about condoms (p.105).

In another study to look at how HIV/AIDS curriculum is taught in Nyanza province, Kenya and Tamil Nadu, India, Boler et al. (2003) show that there is overwhelming demand from parents and students for HIV/AIDS education. In Kenya, for instance, over 80% of parents want their children to learn about HIV/AIDS at school compared to less than five per cent who strongly disapprove. Unfortunately, the research reveals that those who strongly disapprove of HIV education overly influence teachers. Consequently, "frightened of parental disapproval, which they perceive to be greater than it is, teachers often skip HIV lessons as laid out in the curriculum or fall back on a very

scientific teaching approach, shying away from talking about sex within the local situation" (p.32). Acknowledging this trend, UNAIDS (1997) observe, "In theory, health education, which could embrace AIDS education is supposed to be taught in schools, but in practice it is often neglected, " (p.4). Although these studies have cogently detailed the barriers that impede implementation of HIV/AIDS programs, they focus on classroom-based barriers.

It is apparent that teaching in most classrooms around the world tend to be didactic, nonparticipatory, inflexible and assessment driven (Boler et al., 2004; Brown, et al., 1989; DiClemente, et al., 1989; Petosa and Wessinger, 1990; Schinke, et al., 1990; Ruder, et al., 1990). This approach has been identified to be a barrier because successful implementation of HIV/AIDS programs is intended to be participatory and responsive, raising questions rather than providing clear-cut answers, and challenging young people and adults to find new ways of relating to one another (Boler, et al., 2004).

In a project carried out in Uganda Shuey et al. (1999) involved students aged 13-14 and teachers trained on reproductive health and HIV/AIDS to demonstrate the value and skills of HIV/AIDS trained teachers. They used existing school structures, a health educator, and the local teacher training college amongst other resources. Two years after the baseline survey, students whose teachers had received the training reported a significant decline both in having sexual intercourse in the past month and in the average number of sexual partners. The control group did not have similar reductions. The study concluded, "to have an impact on behavior, the quality of delivery of the curriculum and [teaching] strategies must be of sufficient quality and intensity. The quality of the

implementation is probably more important than the detailed design of materials or curricula" (p.14.)

Another study carried out in Kenya by the Ministry of Education Science and Technology (MOEST) with support from UNESCO focused on HIV/AIDS preventative training for teachers in Busia, Nandi, and Nyamira districts (UNESCO and MOEST, 2004). Two out of 38 participants in each district were head teachers. The participants were trained to train their colleagues in their respective stations on the subject of HIV/AIDS prevention. In July 2004, an appraisal was carried out in Nyamira and Nandi districts to assess the impact of the training for future planning. The appraisal reveals that the implementation of HIV/AIDS programs in schools where the trainers were head teachers or deputy head teachers were more effective. However, district education officers who received the same training with a view to gaining knowledge and skills to supervise and give necessary support to HIV/AIDS preventive education in schools were not monitoring the implementation process except during panel inspections. The appraisal provides insights that can guide the design and implementation of future HIV/AIDS programs at the school level and points to a number of inadequacies that include:

- Head teachers need to be given an orientation on HIV/AIDS preventative education with a view to ensuring their support for the implementation of the HIV/AIDS programs in school.
- Sensitization workshops need to be conducted on facts about HIV/AIDS with all teachers and head teachers.
- Involve the head teachers in monitoring and evaluation mechanisms.

- There is need for rationalization of training activities of various stakeholder groups through collaboration and coordination, p.14).

The above inadequacies are also reflected in an HIV/AIDS program designed to train teachers on HIV prevention in Zimbabwe. Woelk et al. (1997) found that teachers were keen to undertake HIV education, but experience had taught them that support from head teachers and key personnel from the education department was key to their success.

In the appraisal report (MOEST/UNESCO, 2004), a strong religious influence over government policies in schools including the type and ways of implementing HIV/AIDS programs was discovered. In the context of HIV/AIDS, the report says, such influence revolves around issues of safe sex, condom use, and abstinence. From a religious standpoint, HIV/AIDS may then be wrapped up in questions of personal morality leading religious leaders to view it as a form of divine retribution and even use it as a weapon to bolster their belief of personal morality. Consequently, most religious groups especially the Catholic Church are opposed to condom use even by sexually active youth to prevent sexually transmitted diseases including HIV/AIDS.

Literature indicates that if sex has to be discussed in classrooms in religious sponsored schools, it has to be done within the acceptable boundaries of abstinence (Boler et al., 2003; Gachuhi, 1999; Kelly, 2001; Kelly & Coombe, 2002). Kinsman (1999) did a study in Masaka district of Uganda and distillates four interrelated factors, which deter teachers from discussing condoms in the classroom: (i) The belief that condoms will encourage promiscuity, (ii) the influence of the Roman Catholic Church, (iii) fear that the head teacher will fire the teacher, and (iv) personal beliefs of teachers. Boler et al. (2003) quote a teacher informant in their study, "Being a Catholic-sponsored

school, the use of condoms is definitely totally disapproved and abstinence is taught to girls. There is a motto of 'close your thighs and open your books"' (p.12).

It is indisputable that encouraging abstinence has an important part to play in HIV prevention. However, it is plausible to argue that failure to talk about other methods of prevention such as condom use excludes the youth who are already sexually active or inclined to have sex and limits access to potentially life-saving information, which could make a difference between life or death. Research findings have offered little evidence to support the claim that the use of condoms by sexually active youth increases their sexual activities (Kirby, 1994, Gachuhi, 1999). On the contrary, studies have shown that good quality sex education can actually decrease the likelihood that young people will have sex and increases condom use among those who are actually sexually active (Gachuhi, 1999; Boler, 2004).

The above studies demonstrate the importance of teachers in implementing HIV/AIDS education at the classroom level. The barriers they face have also been articulated. The number of head teachers involved in HIV/AIDS training is negligible. Some studies depict them as stumbling blocks, stifling teachers' willingness to train as HIV/AIDS experts. This study therefore will focus on the role of head teachers and how they influence or get influenced by stakeholders to coherently implement AIDS programs as envisaged by programs designers.

Responding to the Infected and Affected

UNAIDS report (2004) shows that responses to HIV/AIDS epidemic have shown humanity at both their worst and their best. According to the report, experiences from people living with HIV/AIDS in developing countries indicate that to be HIV positive is

to live balanced on a precipice over the edge of which lies an abyss of merciless illness unchecked by treatment and a long downward spiral towards death. Denial, blind panic and victim-blaming have been among the worst responses. Despite most schools capacity to meaningfully respond to the impact of HIV/AIDS, Kelly (2000a) notes that the most striking feature of schools' responses "is what can only be described as the awe-inspiring silence that surrounds the disease at school and community, academic and personal levels. Notwithstanding some qualifications, for all practical purposes both individuals and schools conduct themselves as if the disease did not exist" (p.9). Members of the school infected or affected may feel isolated and consequently suffer psychosocial stress.

Such environment constrains and complicates the efforts of tackling HIV/AIDS stigma and discrimination. In rural settings in Kenya, stigma may derive from associating HIV/AIDS with sex, disease and death, and with behaviors perceived as immoral, forbidden or taboo, such as pre and extramarital sex and sex work (Gachuhi, 1999). In this context, stigma is said to build upon and reinforce existing prejudices (ActionAid, 2003). According to Valerio and Bundy (2004), "stigma that is associated with HIV/AIDS has interfered with the gathering of accurate information about the extent of infection, it is a barrier to prevention programs, it inhibits effective testing, and counseling and in many cases stigma interferes with effective treatment and care" (p. 243). At the school level, the pandemic has an obvious effect on the management of teachers, especially those infected and ill in terms of employees' rights to confidentiality and job retention. The staffing of schools in areas heavily affected by HIV/AIDS could also pose serious logistical problems (Haignere et al., 1996).

Juma (2001) points out that professional and personal interaction between infected teachers, their peers and their pupils, employee treatment and care and the need to transfer infected teachers to areas of the country with better medical care, are issues that require particular attention. In the same light, Ennew et al. (2000) confirm in their study that some head teachers transfer teachers who are suspected of being infected and rightfully suggest, "If head teachers speak out, and stop transferring teachers, they will create the space for people, teachers, and students with HIV/AIDS to speak out fearlessly so that communities are empowered to act against AIDS," (p.129). There is need to focus on rural head teachers since, "they should be sensitized on HIV/AIDS in order to support teachers involved in teaching HIV/AIDS curriculum" (MOEST/UNICEF, 2004, p.6).

One of the most telling and troubling consequences of the pandemic's growing reach is the number of children it has orphaned. Evidence shows, "While the impact of this loss of life differs across families, communities, and societies, one thing is clear: a child's life falls apart when he or she loses a parent" (UNAIDS, 2002, p.3).
As they watch their parents slowly die from debilitating illness, and subsequently endure loss and grief, many children experience anxiety, depression, and anger (Hepburn, 2002). In some families and communities, the grief and despair may be further exacerbated by the burden of caring for remaining siblings, as well as stigma and discrimination from family, community members, and teasing from peers (Moletsane, 2003).

Reid (1997) cogently expounds children's needs that arise long before the death of an ailing parent, which according to him have received least attention in the research community. He views children's needs to be psychosocial, emotional, ethical, legal and spiritual. They are also for acceptance, nurturing, support, counseling and care. They

include financial, material, educational, health and social development. Consequently, the orphaned and affected children are on trajectories of extraordinarily high risk given the multiple losses and stresses in their young lives, their own chronic unmet social, educational, and health care needs, and the sense of isolation they feel because of the continuing stigma surrounding HIV/AIDS (Books, 1998; Carr-Hill et al., 2000; Ennew, et al., 2000).

Ennew et al. (2000) continue to say that most infected and affected students across Kenyan schools are sad and depressed. They also experience shame, embarrassment, and rejection in the school setting, lack school fees and experience increased responsibilities both in and outside home. They also found out that children in households with AIDS patients were likely to remain absent from school because of the need to care for an ailing family member or attending funerals. Their findings are similar to an in-depth study done in Uganda on 20 secondary school students in a district worst hit by HIV/AIDS. Nineteen students reported having been out of school for a period ranging from five weeks to one and half terms within a period of one year. The most common reasons given for their absenteeism were lack of school fees and helping with the care of AIDS patients at home (Carr-Hill, et al. 2000). In his study in Kenya, (Gachuhi, 1999) makes a similar observation:

> There is likely to be discrimination, ostracism and isolation in the classroom and school of those pupils and teachers who are infected or ill or are members of affected families. Teachers may face the suspension of social and health benefits and/or dismissal from the system. Pupils may face formal suspension by the system or be pressured to leave school if they have not already been pushed or dropped out (p.7).

In order to respond appropriately to cases of HIV/AIDS within schools and their communities, Ennew et al. (2000) propose:

> Communities should be encouraged to integrate safe procedures in their social-cultural practices that fuel HIV infection. There should be immediate interventions in schools through guidance and counseling for infected and affected children. Mechanisms should be put in place for follow up in the implementation of HIV/AIDS in schools. School children should be educated in life skills, peer education and counseling. There is need for information and messages that are targeted at and are appropriate for children (p.89).

Reinforcing the observation above, Books (1998) recognizes that schools can strengthen infected and affected students by, "providing them both with opportunities to distance themselves from what is going on in their immediate family and with mental health support, problem-solving skills, esteem building experiences, positive outlets for physical energy and emotional expression, a chance to be actively involved (in an age-appropriate way) in planning what happens to them" (p. 57).

Logically therefore, designing and implementing local and school-based HIV/AIDS programs should involve parents, community opinion leaders and local religious leaders, teachers, school administrators, youth agencies, health organizations and the adolescents themselves to ensure that they are culturally relevant and consistent social beliefs and values (Siegel 1996). The success of such response depends largely on schools that focus their HIV/AIDS programs on power and communication issues in wider human relationships, so that an agenda can be set to address some of the power issues involved in sexual relationships (Boler et al., 2003). As it is evident from the literature, there is promise in intervention programs that are produced and implemented with a gender based approach, those that take into account the ways in which gender norms influence HIV vulnerability, ability to adopt protective behavior, and the care and support of people living with HIV/AIDS, (UNAIDS, 1998; Weiss and Gupta, 1998).

A synthesis report for United Nations Economic Commission for Africa (UNECA) (2000) stipulates a list of principles that can be utilized to respond and successfully implement school-based HIV/AIDS programs, which include:

- Involving young people in program design and delivery, with a firm focus on promoting peer education
- Involving community members, especially local and religious leaders, parents, and youths with standing among their peers, in content specification and delivery
- Drawing heavily on the resources of two different cultures-the quasi-modern youth culture and the traditional culture of a region or people
- Approaching sexual and reproductive health education from the broader perspective of human sexuality and accommodating the physiological details within this as a part of a more comprehensive whole.
- Using participatory methods and experiential learning techniques
- Developing a learning climate that firmly and frequently re-affirms the principles of respect, responsibility, rights and transparency (p.34)

These principles may serve as the way forward for head teachers in rural schools willing to wear a new hat of leadership that assume responsibility to address the most important issues facing their schools, including bringing down the barriers of shame and silence at all levels in order to promote openness and help turn people living with HIV/AIDS into leaders. On a wider level, literature indicates that the struggle against HIV/AIDS will be won, "community by community, school by school, in every family, village, town, city and nation. Indeed, communities are replete with leaders including

youth, each fulfilling certain roles and responsibilities, as mother, traditional leader, soccer coach, priest, head teacher, teacher or politician", (Bentsi-Enchill, et al. 2000).

Gaps and Conclusion

Gleaned from the literature review, is the far reaching impact of HIV/AIDS on the education sector. The social and biomedical dimensions of HIV/AIDS coalesce in the field of education as students and teachers struggle to make sense out of the multiple, and often times conflicting messages about the disease circulating inside and outside their classrooms (Vandemoortele & Delamonica 2000; Bennell, et al., 2002). In response, there have been commendable efforts to capitalize on the potential of formal education as a 'social vaccine' in the fight against HIV/AIDS. HIV/AIDS education programs have been introduced in schools to complement the potentiality of formal education.

As literature indicates, prevention efforts to curtail the spread of HIV/AIDS epidemic have been premised on the links between education and behavior change (Boler et al., 2003). The underlying assumption is that teaching people how to protect themselves from HIV can lead to a reduction in risk behavior and hence a reduction in HIV incidence (UNAIDS, 1997). The literature shows that the concept of behavior change has long been the rallying cry of HIV/AIDS interventions and campaigns. I feel that this model has led to a focus on the individual rather than on the social context within which the individual functions. Knowledge in and of itself is often not enough to change behavior. As this study will show, HIV/AIDS education programs should address mentalities and the culture within which they are embedded in order to generate the attitudes, provide the skills, and sustain the motivation necessary for changing behavior to reduce risk and vulnerability. For now, prevention education is the best vaccination.

In the context of HIV/AIDS, the literature further articulates that school settings are strategically placed to act as effective venues for implementing HIV/AIDS intervention programs targeting the youth attending school, their teachers as well as their surrounding communities. Additionally, the literature review presents an overwhelming resistance of various stakeholders regarding what needs to be said and done in schools regarding HIV/AIDS intervention programs. It does not however illuminate how head teachers especially in rural schools navigate this terrain to establish meaningful collaboration and coordination among stakeholders of political, social, cultural, and religious divide to implement HIV/AIDS education as envisaged.

It was therefore the intention of this study to engage in an ethnographic research in order to understand the experiences of head teachers and perceptions of students in implementing HIV/AIDS education programs in rural secondary schools in Kisii, Kenya. In particular, the study sought to understand the role of head teachers in creating an enabling environment that informatively responds and communicates issues of HIV/AIDS in and out of school. Further, it was importance to understand the influence of HIV/AIDS education programs on students' behavior. Even when they are exposed to a lot of information on the dangers of HIV infection, why do they still take risks and remain vulnerable? This study focused both on the individual and the context upon which the individual operates to explicate a more realistic picture about what rural schools can or cannot accomplish in implementing HIV/AIDS prevention methods. The methodology used in this study to understand the implementation process is explained in the next chapter.

Chapter III

RESEARCH METHODOLOGY AND DESIGN

Introduction

In the literature review, I attempted to capture the impact of HIV/AIDS on individuals and institutions, using the education sector as a point of reference and discussed further how education can be utilized as a social vaccine to fight HIV/AIDS. At the school setting, the social vaccine is manifested in school-based HIV/AIDS education programs, which are supposed to serve as guidelines for students to understand the nature of HIV/AIDS epidemic and the specific actions they can take to prevent HIV infection. With literature showing that successful implementation of such programs is dependent upon the involvement of all stakeholders in all phases of the HIV/AIDS prevention intervention, I sought to understand how such implementation is done in resource-scarce areas.

The purpose of this study therefore was to understand the experiences of head teachers in implementing HIV/AIDS education programs and the meaning of such programs to students. Head teachers and students were afforded a chance to express their viewpoints and experiences regarding school-based HIV/AIDS education. Four questions guided this study. (a) What role do head teachers play in implementing HIV/AIDS programs? (b) How do head teachers respond to HIV/AIDS cases in their schools? (c) How do head teachers communicate matters related to HIV/AIDS in schools? Finally, (d) What are students' perceptions of HIV/AIDS education programs? To answer these questions, I employed a qualitative design with an ethnographic approach.

Paradigm Assumptions

Doing research requires that a researcher assume a particular philosophical assumption. According to Creswell (1998), "Qualitative researchers approach their studies with a certain paradigm or worldview; a basic set of beliefs or assumptions that guide their inquiry" (p. 74). The paradigmatic assumptions rest upon tenets of ontological (what is the nature of reality?), epistemological (what is the relationship between the researcher and researched?), axiological (what is the role of values?), rhetorical (what is the language of research?), and methodological (what is the process of research?) (Creswell, 1994, 1998; Guba & Lincoln, 1994). Since "questions of method are secondary to questions of paradigm" (Guba & Lincoln, 1994 p. 105) my assumptions concerning epistemology, ontology, and methodology dictated my selection of a paradigm.

I believe that the way one perceives the world is subjective because it is filtered through his interaction and relationship with the environment. Thus, is reality an individualistic phenomenon, something defined for people by their communities? Or is reality shaped by social, economic, and cultural values accumulated and accepted over time? Or both? The axiological perspective reflects the researcher's sense of values and qualitative research acknowledges the value-ladenness of the research inquiry (Guba & Lincoln, 1994). I believe that individuals construct their views, but those views are heavily influenced by socio-cultural realities that impact their individual experience.

For instance, the debates among prominent politicians, researchers, and activists highlight an important socio-cultural aspect of the AIDS epidemic. What one 'knows' about AIDS and how one acts based on that knowledge depends on socially constructed

messages about the disease that are meaningful for an individual. In other words, "Our social constructions of AIDS (in terms of global devastation, the threat to civil rights, the emblem of sex and death, the 'gay plague,' the postmodern condition, whatever) are based not on objective, scientifically determined 'reality' but on what we are told about this reality" (Treichler, 1999, p.15). I decided to include students as informants in this study with a view to understanding their perceptions on the implementation of HIV/AIDS education programs as part of the process by which they link the biomedical 'reality' of AIDS from the official curriculum with the social 'reality' of their peers to form their own constructions of personal risk. Schools settings, therefore serve as critical sites in the epidemic because they are places where biomedical messages about the disease become reinterpreted and incorporated into the social world of adolescents.

In this study, I sought to understand experiences of head teachers and students' perceptions of implementing HIV/AIDS education programs. I believe that rural schools' cultural orientations and that of their stakeholders influence their understanding of the impact of HIV/AIDS and ways to mitigate it. I realized that schools in rural Kisii serve as social constructions that revolve around their community's shared meanings. Thus, 'the way we do things here' (Bolman & Deal, 1997) is a mirror of their stakeholders' social, religious, and personal beliefs, norms, and values. Hence, the cultural paradigm forms the framework upon which this study was framed.

According to Goodenough (1971), "Culture is that collection of behavior patterns and beliefs that constitute "standards for deciding what is, standards for deciding what can be, standards for deciding how one feels about it, and standards for deciding how to go about it" (Cited in Patton, 2002, p.81). School culture therefore may reflect and

express the values or social ideals and beliefs that pervade their communities. These values or patterns of beliefs can be manifested by symbolic devices, rituals, myths, and specialized language used in the context of HIV/AIDS (Smircich, 1983).

From a cultural approach, UNESCO and UNAIDS (2002) show that the interpretation of HIV infection as punishment involves holding sufferers "culpably responsible for their sickness". Rooted in age-old explanatory theories according to which disease is caused by breaking "taboos", an act punishable by supernatural powers, this rationale regards AIDS as the consequence of a failure to observe social norms and patients as guilty persons who have been "punished" and have to bear the consequences of their reprehensible behavior. Because of its links with behavior relating to sex and blood, both carrying high symbolic charges, HIV infection particularly lends itself to this interpretation legitimizing rejection and condemnation. Hence, fear of discrimination and stigma may cause people to shun screening tests and prompt those infected with and affected by HIV/AIDS to remain silent and deprive themselves of essential treatment and social care and concern.

From an organizational perspective, "culture induces purpose, commitment and order; provides meaning and social cohesion and clarifies and explains behavioral expectations. Through the people within it, culture influences the organization" (Masland, 1985, p. 158). Culture also can be understood as "a set of solutions devised by a group of people to meet specific problems posed by situations they face in common (Van Manen & Barley, 1985, p. 33). In this sense culture consists of a set of behaviors and rules, which give a shared significance to common experiences and problems. Educational leaders in school organizations therefore are expected to learn to create

psychological spaces for genuine exploration of difference, initiate conversations where problems and challenges may be identified and discussed and create a climate in which staff and students feel safe in clarifying their assumptions to deal with cultural dissonance (Brown, 2004). As we will read in the subsequent chapters, culture entraps or overwhelms most rural schools' symbolic resourcefulness, strength, and courage to support the implementation of HIV/AIDS education programs.

Utilizing the cultural theory framework, I sought to understand how head teachers synchronize stakeholders' persistent, pervasive, and significantly disparate views on HIV/AIDS prevention strategies at the school level. With the changing phase of HIV/AIDS, such an understanding underscores the urgent need for schools to confront socially difficult topics with respect, dialogue, and a continuous expansion of awareness, acknowledgment, and action.

Rationale for Qualitative Research Design

> Choosing a study design requires understanding the philosophical foundations underlying the type of research, taking stock of whether there is a good match between the type of research and your personality, attributes, and skills, and becoming informed as to the design choices available to you within the paradigm (Merriam, 1998, p.1).

My research question aimed at understanding the experiences of high school head teachers and students' perceptions in implementing HIV/AIDS education programs in rural Kisii district, Kenya. I used a qualitative methodology with an ethnographic approach to answer this question. Qualitative approach assumes that all persons construct their individual subjective accounts of each event in which they are participants. "Those subjective constructions are accepted as the realities of the social world. Thus, what is real is regarded as invariably multiple and immutably relative to person and context"

(Locke et al., 2000, p. 96). Reality and/or experience in qualitative approach is socially constructed, complex, and ever changing (Glesne, 1999; Greene & Hogan, 2005; Peshkin, 1986) and there is an intimate relationship between the researcher and the researched and the situational constraints that shape inquiry (Stainback & Stainback, 1988). Therefore, understanding what people value and the meanings they attach to experiences, from their own personal and cultural perspectives, are major inquiry arenas for qualitative inquiry (Patton, 2002; Creswell, 1998).

Qualitative approach allows a researcher to seek answers regarding the "how" and "what" of a topic, and provide a mechanism for exploration into an uncharted question on a detailed level (Creswell, 1998; Yin, 2003; Patton, 2002; Lincoln & Guba, 1985; Merriam, 1998; Miles & Huberman, 1994; Denzin & Lincoln, 2000; Glesne, 1999). This approach allows one to "inquire about specific social processes or particular persons' perspectives through direct contact with those involved – observing, interacting, and asking questions - in natural contexts where people function" (Locke, et al., 2000, p.97). Qualitative approach then "implies a direct concern with experience as it is 'lived' or 'felt' or 'undergone' has the aim of understanding experiences as nearly as its participants feel it or live it" (Sherman & Webb, 1988, p. 7). I found these tenets to be consonant to the purpose of this study, to understand and articulate the experiences of head teachers and students' perceptions regarding the implementation of HIV/AIDS education programs. I found the ethnographic approach, whose essence is to understand another way of life from the native perspective, a sufficient research vehicle upon which anchored my study.

Ethnographic Approach

Ethnography is the work of describing a culture (Spradley, 1979). Fieldwork, then, "involves the disciplined study of what the world is like to people who have learned to see, hear, speak, think, and act in ways that are different. Rather than studying people, ethnography means learning from people", (p.3). Ethnography, as used by cultural anthropologists, denotes both a way of studying people – a process - and a way of presenting the results of the study - a product (Wolcott, 1975). As a researcher in this study, I did not only interview the head teachers and students, but chose the contextual factors to organize the results of the study. Researchers with no interest in culture, then, would find no use for ethnographic design" (LeCompte & Preissle, 1994, p.4)

This study underscored the fact that HIV/AIDS is a dreaded disease whose characterization ranges from silence, fear, stigma and discrimination to acceptance, concern, and humanity. Intervention strategies such as HIV/AIDS education programs "usually address such sensitive issues as sexuality and longstanding concerns about human rights, poverty, economic development, gender inequality, stigma, and discrimination" (Fisher & Forest, 2002, p.1). Because of its sensitivity, it takes along time for an infected or affected person to trust one to open up to tell his story. As Gaskins, Miller, and Corsaro (1992) write, "ethnographic research typically involves prolonged fieldwork in which the researcher gains access to a social group and carries out intensive observation in natural settings for a period of months or years" (p. 15). My research interest on HIV/AIDS in rural secondary schools in Kisii District started in 2004 with two head teachers whom I met in a funeral of another head teacher. With close contacts, they were my entry points to the research site where I interviewed informants, observed and

recorded their emotional states, but also went beyond to discover their perceptions of the meaning of fear, stigma, anxiety, anger, and other feelings based on the context of HIV/AIDS.

Research shows that we do not have a homogenous culture; that people who live in modern and complex societies actually live by many different cultural codes (Greene & Hogan, 2005). In the context of implementing HIV/AIDS programs in rural secondary schools in Kenya, different cultural codes manifested in stakeholders' beliefs might get on the way of schools trying to understand and mitigate the impact of HIV/AIDS. This study explicated that from a religious standpoint, HIV/AIDS is wrapped up in questions of personal morality. On societal and community account, people who are infected or affected by HIV/AIDS are viewed as social misfits or deviants. Such normative view is likely to place sex education marginal to education rather than a reproductive necessity.

Ethnographic approach therefore offered me a chance to balances attention to sometimes-nitty gritty everyday detail of students and head teachers lives with wider social structures (Grills, 1998). Ethnographic approach further helped me to capture empirical data that conveys the subjective reality of the informants' lived experiences in situations where meaning making is informed by disparate constituencies.

Based on my own experience, societal norms in rural Kenya subjugate young people in making decisions that affect their social life. It is plausible to say that students in many Kenyan school contexts are largely viewed as socially inadequate in that a school teacher or adult has to validate their behavior. Seldom are they viewed as part of a solution. This academic view, which stems from the larger societal milieu, pervades the implementation of school policies and programs especially in rural settings. Hence,

HIV/AIDS education programs among the school-going youth do not "catch students before they catch HIV/AIDS risks" (Valerio & Bundy, 2004, p.351). The thnographic genre offered both students and head teachers a chance to reflect and find their voices in their stories and dreams.

Utilizing ethnographic methods of in-depth open-ended interviews and participant observation gave me the opportunity to 'unload' the head teachers experiences and the patterns of their shared meaning of leading schools riddled with HIV/AIDS. According to Patton (2002), an open-ended interview permits the informant to describe what is meaningful and salient without being *pigeon holed* into standardized categories. Since ethnographic interviewing begins with the assumption that the perspective of the other is meaningful, knowable, and able to be made explicit (Patton, 2002), the open-ended interview process allowed the informants to convey their situations from their own perspective and in their own words.

Data collection procedures

The tradition of inquiry directs an investigator's attention toward preferred approaches to data collection (Creswell, 1998). Creswell identifies four types of information to collect data: observations (ranging from nonparticipant to participant), interviews (ranging from semistructured to open-ended), documents (ranging from private to public), and audio-visual materials (including materials such as photographs, compact disks, and videotapes" (p.120). For this study, I utilized interviews, observations, and focus group discussions as the main avenues of collecting data.

Interviews

Interview is regarded not only as a tool of data gathering but also an active interaction between two (or more) people leading to negotiated contextually based results (Fontana & Frey, 2000). Qualitative studies indicate that the purpose of research interview is first and foremost to gather data, not to change people (Patton, 2002; Creswell, 1998; Kvale, 1996; Glesne, 1999). Thus, in striving to come closer to understanding people's meanings and their situations with increasing clarity, the ethnographic interviewer learns from them as informants and seeks to discover how they organize their behavior (Bogdan & Biklen, 2003; Kvale, 1996; Spradley, 1979).

For this study, I employed unstructured open-ended interviews with the aim of getting my informants to talk about their experiences, feelings, opinions, and knowledge (Patton, 2002) related to the implementation of HIV/AIDS programs in their schools. Each interview took approximately 60 minutes. During the interview process, my informants became meaning makers and not passive conduits for retrieving information. This experience is in line with Gubrium and Holstein (2002) observation, which says that the purpose of qualitative interviewing is to derive interpretations, not facts or laws, from informants. Mills (2002) says that open-ended interviews allow the researcher and the researched to establish a link of openness and engagement that "speaks to the difference between gaining mere data and understanding a person's life experiences" (p.107).

Given that discourse on HIV/AIDS can provoke strong reactions presumably due to the inherent unpleasantness of being a victim, I respected the informants' stand on sensitive issues by heightening my sensitivity. In probing for clarity, I learned how to balance the value of a potential response against the potential distress for the informants.

As a Kenyan (insider) coming from America to do research at home, my alertness was heightened by always remembering, "sensitivity to and respect for other people's values, norms and worldviews is as needed at home as a broad" (Patton, 2002, p.394).

I used the "insider" advantage to ask not only culturally sensitive questions, but asked them in a culturally relevant manner. By so doing, I embraced the view that the art of interviewing entails framing questions in a way that allows interviewees to maintain their dignity while they tell the stories that are important to them. As the interviews evolved, so did the confidence of the interviewees and the information I sought. This was most evident in Mercy, the student informant who self-selected to be interviewed alone.

Focus Group Discussions

I also used focus group interviews with students to gain insights of their shared understanding and perceptions regarding the implementation of HIV/AIDS programs. Research shows that focus groups are particularly useful when there are power differences between the participants and decision-makers or professionals, when the everyday use of language and culture of particular groups is of interest, and when one wants to explore the degree of consensus on a given topic (Morgan & Kreuger, 1993).

I conducted 2 focus group discussion, one from a Girls Boarding secondary school and the other from a mixed Day secondary school. While Boarding focus group was comprised of seven girls, Day focus group consisted of 4 boys and 3 girls. In my view, the 2 focus group interviews I conducted offered students greater openness to voice their views on the influence of HIV/AIDS programs on them, a topic otherwise inaccessible in ordinary discourse between youth and adults in rural settings in Kenya.

With prior informants' consent, I audiotaped all interviews. Patton (2002) notes, "No matter what style of interviewing you use and no matter how carefully you word your questions, it all comes to naught if you fail to capture the actual words of the person being interviewed" (p.380). More than just increasing the accuracy of data collection, tape recording permitted me to be more attentive to the interviewee and focus on the topic and the dynamics of the interview process. Hence, my informants' "words and their tone, pauses, and the like, are recorded in a permanent form that can be returned to again and again for relistening" (Kvale, 1996, p.160).

When I interviewed Mercy, the only student informant who self-selected to be interviewed individually, she was overwhelmed by her changed life due to HIV/AIDS. When she divulged her HIV positive status, she requested me to switch off the tape-recorder. I obliged and took extensive notes, on which I later relied to construct her story. Mercy's reconstructed narrative and verbatim transcriptions of the rest of the informants' responses provided the basis for the subsequent interpretation of meaning.

Participant Observation

Participant observation is one of the most essential means of gathering data. Lofland and Lofland (1984) observe that participant observation:

> Always involves the interweaving of looking and listening ... of watching and asking – and some of that listening and asking may approach or be identical to intense interviewing. Conversely, intensive interviewing studies may involve repeated and prolonged contact between researchers and informants, sometimes extending over a period of years, with considerable mutual involvement in personal lives – a characteristic often considered a hallmark of participant observation (p.13).

In this study, I assumed the role of a limited participant observer, which means "observing, asking questions, and building trust over time, but doesn't have a public role other than researcher" (p.94).

I observed and listened to what two of the head teachers were saying and doing in their routine work related to HIV/AIDS. I attended Monday morning and Friday evening assemblies, rituals that are characteristic of secondary schools in Kenya. I was also allowed to attend staff meetings in two schools. Although I had arranged with one head teacher to attend a Board of Governors' meeting, it did not take off as was expected. Instead, I was invited to attend Parents Day activities, which usually occurs in first term of every year as one of the critical decision-making organ. As a former teacher in urban Kisii District, I can attest that these annual activities have symbolic significance. Each action, meeting, communication artifact, and policy offers a glimpse of meaning out of which stakeholders make sense. While the two meetings I attended did not have any HIV/AIDS aspect as one of their agendas, I utilize the head teachers' interviews and students focus groups to offer a detailed account of what I saw, heard and observed which when analyzed will become the eyes, ears, and perceptual senses for this study's readers.

Sampling

The sample of informants in this study was purposefully selected. "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research" (Patton, 2002, p.169). I utilized snowball or chain sampling strategy, which "identifies cases of interest from people who know people who know what cases are information-rich" (Miles & Huberman, 1994, p.

28). For this study, I traveled to Kenya in September 2004 to attend a friend's funeral where, I identified two secondary school head teachers as potential informants. Together with the assistance of Kisii District education officer, they put me in touch with 4 other potential head teachers with whom I have since kept in touch.

Hence, my primary sample comprised of 5 head teachers (3 females and 2 males). These were head teachers of secondary schools in rural Kisii District. All their schools were affiliated to their religious sponsor (See Appendix 3). I settled on head teachers as my primary informants because in my view, they are information-rich in understanding the context upon which implementation of school-based HIV/AIDS education programs take place. In rural Kenya, head teachers are respected leaders. They are assumed to be knowledgeable and in times of crises, believably, they possess the moral authority that can enable students, teachers, and the local community to challenge their own assumptions, clarify and strengthen their own values, and work on aligning their own behaviors and practice.

Head teachers are also believed to have the skills to interpret and implement school programs including HIV/AIDS education programs and related policies. Based on my frame of reference, I perceive head teachers as embodiments of morals and their leadership an enactment of values in the local settings. Hence, they have the competence, a repertoire of vocabulary, skills, and knowledge necessary to engage in substantive discussions concerning HIV/AIDS both at school and in the community.

My other sample consisted of 14 students drawn from schools whose head teachers I had or was meant to interview. Their ages ranged between 14 – 18 years and

they were either in Forms 2, 3 or 4, a level I thought was sufficient for them to have had a reasonable exposure to and experience with HIV/AIDS education programs.

I sought permission from the head teachers to issue forms three and four students with consent letters stating the purpose of the study, the voluntary participation, and ethical considerations that were in place to ensure their privacy and confidentiality. While many students expressed interest to participate in the study, I had limited resources to include all of them. In one of the Girls' school, I sought the help of guidance and counseling teacher to identify students, from those who had shown interest, who could be willing talk about such an emotive topic as HIV/AIDS. In the mixed Day school, I enlisted the help of the deputy head teacher, based on his knowledge of the students, to help me select potential student informants from the list I had. I contacted potential student informants in each school and made arrangements for a briefing of the study and plan for the interview. Two of the students self-select to be interviewed individually while the rest were willing to be put in 2 focus groups each comprising of 7 students. Of the 2 students who self-selected to be interviewed individually, I managed to interview only one.

Role of Researcher

Since the researcher provides the primary instrument for data collection, analysis, biases, values, and judgment of the researcher are critical in qualitative research (Creswell, 1998; Patton, 2002; Glesne, 1999). Throughout this study, I was aware that HIV/AIDS is a topic that touches on sensitive and potentially stigmatizing issues. This awareness played to my advantage when I interviewed Mercy, one of the students who self-selected to be interviewed individually. It (AIDS) challenges ones perception of what

is moral or amoral in different cultural contexts. With this in mind and with a view to getting a worthwhile feeling of the interview process and help with the ongoing rapport, I was sensitive, patient, nonjudgmental, friendly, and inoffensive with my informants. Research shows that in the process of collecting data, "It is important to the success of the interview for the researcher to disclose something about him or herself to the interviewees. This is foundation work; that is, it tells the interviewee where the researcher is coming from" (Dunbar Jr. et al., in Gabrium & Holstein, 2001, p.291). In view of this, I brought to the informants' attention how all of us are trapped by HIV/AIDS pandemic and moved them to understand how their openness can contribute to improving the context and content of HIV/AIDS programs in their schools and indeed for the lives of those with whom we are entrusted.

As part of my biases in this study and to encourage the informants to open up and tell their stories, I shared my story on the impact of HIV/AIDS in my family. In 1998, I lost a cousin, a secondary school deputy head teacher, to AIDS related complications. Two years later his wife died of the same complications. I support the deceased couple's two children, a boy and a girl with their schooling and upkeep. The boy, who is in 10^{th} grade, was suspended from his school in April 2006 "because of gross indiscipline including drug abuse", the head teacher's letter read. The girl will be sitting for her standard 8 national exam in the year 2007.

By sharing my story, I hoped to 'fit in', to establish a strong relationship based on trust and rapport, which became a basis for a richer interview. My story made me "one of them" and enhanced their comfort level to freely confide in me their experiences,

perceptions, attitudes, and worldviews on how HIV/AIDS has ruined our hopes and expectations. This worked well with Mercy, who was understandably tense and nervous.

Ethical Considerations

A research code of ethics is generally "concerned with aspirations as well as avoidances; it represents our desire and attempt to respect the rights of others, fulfill obligations, avoid harm and augment benefits to those we interact with" (Cassell & Jacobs, 1987, p.2). A researcher's paramount responsibility is to those he/she studies (Spradley, 1979; Grills, 998). Ethical considerations therefore, form a fundamental base upon which respect for human dignity and the need for mutually agreed ethical and moral underpinnings that guide all research should be viewed as sacrosanct. They are not simply a preliminary stage or hurdle to be got out of the way at the beginning of a study but need to be borne in mind throughout the research process (Morrow & Richards, 1996)

One of the tenets of ethical considerations for researching with human beings is allowing the informants to give an informed consent to participate or withdraw from the study at any time without any penalty (Creswell, 1998; Glesne & Peshkin, 1992; Grills, 1998; Rudestam & Newton, 2001; Glesne, 1999; Patton, 2002; Spradley, 1979, Greene & Hogan, 2005). In adherence to this tenet, I got informed written consent from the head teachers and students and communicated in clear terms, the aims of my research and made it a process of unfolding rather than a once-and-for-all declaration.

I explained to all informants that their participation in the study was strictly voluntary and that they would reject or withdraw from the study at any time without penalty. This study was also approved by the Michigan State University Committee on

Research Involving Human Subjects (Appendix A). Rigorous protection of and respect for the participants' privacy was observed to the extent provided by law.

To protect my informants' anonymity, I asked them to use pseudonyms or aliases and I also made a commitment to keep all data in a locked cabinet and/or in password-protected computers. This is consonant with the informant's right to welfare, dignity, and privacy.

Data Analysis procedure

First, I transcribed the interview responses and constructed an accurate story of the student who self-selected to be interviewed alone. My analysis of data therefore, involved making sense out of what the informants aid, looking for patterns, putting together what was said in one place with what was said in another place, and integrating what they all said. In other words, an organization of what a researcher saw, heard, and read in the field with a view to categorizing, synthesizing, searching for patterns, descriptive units, themes, and interpreting the data collected make up data analysis (Glesne, 1999; Denzin, 1989; Miles & Huberman, 1994; Patton, 2002; Pole & Morrison, 2003).

My data analysis started as soon as I entered the research field. This was through the observations I made of the school setting, structure, and student population. Qualitative research involves almost continuous and certainly progressive data analysis from the very beginning of data collection (Lincoln & Guba, 1985; Creswell, 1995; Grills, 1998; Glesne, 1999; Ely, 1991). I used my experience with the first informant, to re-shape, re-phrase research questions, insights, ideas and views in order to refocus my subsequent interviews and observations.

From an ethnographic standpoint the goal of analysis is to create less data, not more. "The raw data is coded, counted, tallied, and summarized so that what the ethnographer ends up with are much more concise collection of "crunched" data rather than piles of interviews and file cabinets full of fieldnotes" (LeCompte & Schensul, 1999, p3).

To make my analysis meaningful, I use thick descriptions to capture my informants' experiences and narratives. Thick description:

> Goes beyond mere fact and surface appearances. It presents detail, context, emotion, and the webs of social relationships that join persons to one another. Thick Description evokes emotionality and self-feelings. It inserts history into experience. It establishes the significance of and experience, or the sequence of events, for the person or persons in question. In thick description, the voices, feelings, actions, and meanings of interacting individuals are heard" (Denzin, 1989b in Patton, 2002, p.503).

I also used informants' direct quotes to enrich emerging thematic concerns, analysis, and most importantly to capture informants in their own terms in reporting the study findings. Direct quotations are a basic source of raw data in qualitative inquiry, revealing respondents' depth of emotion, the ways they have organized their world, their thoughts about what is happening, their experiences, and their basic perceptions (Patton, 2002; Denzin & Lincoln 2000).

HIV/AIDS is a disease, whose communication assumes the use of tacit language. Metaphors, analogies, and euphemistic phrases only understood to an insider are commonly employed when one makes reference to HIV/AIDS. This is very common in this study. Hardly is HIV/AIDS referred to by its real name, HIV/AIDS. It is shrouded in heightened language such as "list of shame" and "radio disease". I use the informants' metaphors, analogies, phrases, and concepts such as "Chill and seal", "selling wealthy to

buy poverty", "we are family", great expectations, ruined hopes" and many others to accurately and sensitively analyze data and communicate findings.

Categories and subcategories (or properties) are most commonly constructed through the constant comparative method of data analysis I tried to discover the convergence and divergence of the head teachers' perspectives as well as student informants' perceptions to compare emerging categories for common schema or themes. In this study, narratives provide informants with the voice, a closer personal account of their contextual experiences and reflection. I use the informant's narratives from the in-depth interviews, to embellish their analysis of themes. Narrative analysis, says Catherine Riessman (1993), "allows for systematic study of personal experience and meaning: how events have been constructed by active subjects" (p. 70).

These data analysis strategies serve as the templates upon which I script the work of "pulling the reader in", "re-creating experiential mood", "adding surprise", "reconstructing ethnographic experience", and "creating closure" to my research process (Charmaz & Mitchell in Grills, 1998, p.15). In other words, the product of my analysis is the creation that speaks to the heart of what I learned in the field.

Methods of verification

Although issues of validity and reliability in qualitative and quantitative research are different, both paradigms seek honest, meaningful, credible, and empirically supported findings (Patton, 2002; Lincoln & Guba, 1985). As a researcher in this ethnographic study, my commitment was to "understand the world as it unfolds, be true to complexities and multiple perspectives as they emerge, and be balanced in reporting

both confirmatory and disconfirmatory evidence with regard to any conclusions offered" (Patton, 2002, p.51).

I used triangulation of data sources such as unstructured open-ended interviews, participant observation, and focus group discussions to enhance the credibility of the findings. Wolcott (1988) suggests that triangulated techniques are helpful "for cross-checking or for ferreting out varying perspectives on complex issues and events" (p 192). In my analysis, I have also tried to triangulate informants' perspectives to the same data set (Yin, 2003). For instance, my observations, head teachers' worldview, and students' perceptions sometimes corroborate each other's comments or provide a divergent interpretation of the same data.

To further increase the trustworthiness of my findings, I used member checking, "the most crucial technique for establishing credibility" (Lincoln & Guba, 1985 p.314). I involved informants during data collection and later when I traveled to Kenya in December 2006, I gave them a draft of this document and asked them to verify the accuracy and credibility of the collected data, interpretations, and conclusions. I will send a copy of the final report to the head teachers to verify if it captures their experiences with HIV/AIDS and the environments in which they operate.

Since the human being is the instrument of data collection in qualitative inquiry, Patton (2002), the investigator is required to carefully reflect on, deal with, and report potential sources of bias and error. In lieu of this assertion, I monitored my subjectivity during data collection by increasing my awareness of the ways subjectivity might distort, skew or shape data. I also increased my awareness of its virtuous capacity in the context of trustworthiness of the findings (Glesne, 1999).

CHAPTER IV

PRESENTATION OF DATA: THE PORTRAITS OF FIVE HEAD TEACHERS

Setting

This study was carried out in Kisii Central District, Kenya. Kenya is divided into 8 administrative provinces and 71 districts. Kisii District is one of the 12 districts that make up Nyanza Province. It borders Nyamira to the East, Transmara to the South, Migori to the Southwest, Homabay to the West and Rachuonyo to the North. It occupies an area of about 1302.1 sq kms land and it is subdivided into five administrative divisions.

Kenya is multi-ethnic with 43 ethno-linguistic groups. It has diverse cultural and religious communities, and each of these communities has certain rules and norms, traditions and customs, which serve as regulating mechanisms in people's lives. Some have common cultural, social, and religious practices while others are so diverse. These commonalities and diversities have relevance to social behavior, which is related to transmission and spread of HIV/AIDS.

Christianity and Islam are the major religions in Kenya. Within Christianity, the Catholic Church, Seventh Day Adventist and Lutheran Church exert immense influence not only in the lives of rural folks but also in educational institutions. Their influence dates back from the colonial period when Christian Missionary Societies (CMS) established formal educational institutions to train Africans the principles of Christianity. From the time Kenya gained her independence from the British in 1963 to date, Christianity has played a pivotal role in establishing schools and churches in rural areas. In the context of HIV/AIDS, churches in rural areas help pray for the sick, provide basic

necessitates for the poor and dispossessed, and assist HIV/AIDS orphans to meet their daily needs.

Kisii Central District is predominantly rural and agricultural. The favorable climate in the district supports growth of cash crops such as tea, pyrethrum, coffee and a variety of subsistence crops, which includes maize, beans, potatoes, groundnuts, bananas and dairy farming. Both cash and subsistence crops form the bulky of the economic livelihoods of most inhabitant of Kisii District. Most parents market these crops to meet educational needs of their children such as paying their fees and tuition, buying uniforms and other school supplies.

Introduction

In this study, my purpose was to understand how HIV/AIDS education programs are implemented in schools in rural Kisii district from the lens of head teachers. At the same time, I sought to understand student perceptions regarding the implementation of such programs. The goal of HIV/AIDS education programs is to increase knowledge and skills needed for healthy relationships, effective communication and responsible decision-making that would protect learners from HIV infection, and to promote positive and responsible attitudes towards people living with HIV/AIDS. The study was guided by an overarching grand tour question and four min-tour questions. The grand tour question was: What are the experiences of head teachers in implementing HIV/AIDS education programs and students' perceptions of its implementation in rural secondary schools in Kisii Central District, Kenya? In other words, how do head teachers influence or get influenced by internal and external factors which ultimately create, shape, and guide

school-based HIV/AIDS implementation process. The following 4 questions guided this research.

1. What role do head teachers play in implementing HIV/AIDS programs?
2. How do head teachers respond to HIV/AIDS cases in their schools?
3. How do they communicate matters related to HIV/AIDS in schools?
4. What are students' perceptions of HIV/AIDS education programs?

In this chapter, I paint a brief portrait of each head teacher to give the reader a sense of their experiences, beliefs, social and economic settings of their schools, and the relationships between their schools, the community and other stakeholders. I paint them through narrative portraits in order to capture their stories and voices. According to Lawrence-Lightfoot & Davis (1997):

> Portraiture is a method of inquiry that combines empirical description with aesthetic expression. Portraits are designed to capture the richness and complexity, and dimensionality of human experience in social and cultural context. It is meant to convey perspectives of the people who are negotiating those experiences (p. 3).

Due to the sensitivity of the topic, I used pseudonyms to protect the identity of the informants. For those who did not, I assigned them one. While the focus of this study was to understand the experiences of the informants in implementing HIV/AIDS education programs, it served as a platform for them to reveal their daily life experiences, beliefs, social and cultural context as well as challenges in leading schools in rural settings.

The Head Teachers in the Study

Neema

Neema was the head teacher of Hope Mixed Secondary School. While Neema had experience of 15 years as a head teacher of various secondary schools in the country, this was her first year at Hope Mixed Secondary School. The community had locked the previous head teacher out of the school because under his administration, students had not improved their performance in national exams. Neema's priority therefore was to lay strategies that would improve Hope students' performance in national exams. Her school had 346 students, girls being the majority. The teaching staff consisted of 13 teachers amongst who were 3 on teaching practice (TP) and 2 employed by Board of Governors (BOG). The government of Kenya through Teachers Service Commission (TSC) employs all trained teachers.

Like other schools that Neema had headed, the silence that pervaded Kisii community regarding HIV/AIDS and the tenacity of religious organizations to teach and emphasize abstinence in schools was annoying but not surprising to her. She however, confessed that coming from another ethnic community to head a school in Kisii community, she had a lot of learning and unlearning to do. Neema was married with 5 grown children whom she had brought up in the Catholic Church and her only fear for them was dying of HIV/AIDS. "I don't fear my children dying of anything, I fear them dying of HIV/AIDS".

Mr. Bidii

Mr. Bidii was in his 14th year as head teacher of Saba Mixed Day Secondary School. He hailed from the community where Saba Day was located and commuted from his home. He said that he had taken over the leadership of the school 14 years ago when,

> My predecessor was ejected out of this school for flimsy reasons. The parents came and put a padlock on his office and the church [Catholic Church] supported the parents' allegations. He was suspected of impregnating 2 school girls from a neighboring school, mismanaging school funds and student performance was down (Bidii, personal interview, December 2005).

That time, Mr. Bidii was a senior teacher in a provincial school. So, "as a catholic and a *son of the soil*[3], Saba Day Board of Governors (BOG) asked me to come home and help bring the school back to its feet". Saba has 260 students and 10 teachers including 3 who are employed by BOG and hail from the local community. Mr. Bidii is a family man blessed with 6 children, with the eldest doing his 2nd year in a local university. He strongly believes in HIV/AIDS programs that emphasize abstinence but lack of resources and openness in discussing HIV/AIDS seemed to be the biggest problem for him, the school and the local community.

Sister Alice

Sister Alice was the head teacher of Our Lady of Mercy Tumaini Girls High School. Tumaini Girls is a Catholic sponsored school and consisted of 450 girls, 18 teaching staff and 12 subordinate staff members. This was Sister Alice's 11th year as the head teacher of Tumaini Girls. Although Sister Alice did not have any biological children, she had adopted five children, 3 girls and 2 boys, with whom she lived and cared for. In the context of HIV/AIDS, Sister Alice believes, "All of us can deal with HIV/AIDS when we acknowledge its devastating impact by talking about it openly and

[3] Heading a school in the same locality where one hails from is considered being a son of the soil

supporting those who are 'victims' [infected]" (Personal interview, November 2005). However, she blames the culture of silence, the Catholic Church's policy of preaching abstinence and ignoring the reality on the ground and the concomitant relationship of how HIV/AIDS exacerbates poverty and vice versa.

Mr. Sawa

Mr. Sawa was doing his sixth year as the head teacher of Happy Day Secondary School. The Seventh Day Adventist Church (SDA) sponsored Happy Day. Mr. Sawa, an SDA worshipper himself, had served as a deputy head teacher for Happy Day for 2 years before he was promoted to the position of a head teacher. Like Bidii, Mr. Sawa hailed from the local Kisii community where Happy Day was embedded. Almost all the 280 students who attended Happy Day hailed from the local community. Due to endemic poverty in the community, most students who merited joining provincial and sometimes national schools ended up in Happy Day and Mr. Sawa nurtured them to excel in national exams. If bright children who were selected to join best national schools in the country were not able to, then government assistance, in the form of bursaries, was not reaching needy children. Mr. Bidii had used the local Member of Parliament twice to fundraise for school projects and support kids from poor families including orphans.

Besides school administrative responsibilities, Mr. Sawa owned a retail business in the local market that served the community including 10 teachers who taught at Happy Mixed. Of the 10 teachers, seven were trained and employed by the government through Teachers Service Commission (TSC) while the remaining 3 were untrained and hired by BOG. Mr. Sawa was married and blessed with 7 children. His eldest son was a senior in the University of Nairobi, while his youngest daughter was in standard 7. Two of his

daughters had disappointed him by dropping out of school and getting married. His wife taught in Happy Primary School.

Regarding implementing HIV/AIDS education programs, Mr. Sawa strongly believed in HIV/AIDS programs that promoted abstinence amongst students. His belief was congruent with the beliefs and standpoints of the local community and teaching of the church that sponsored his school. However, he blamed endemic poverty and some cultural practices that acted as barriers to successful dissemination of HIV/AIDS education in rural areas. Noting that the local community, the church and the government had put a lot of pressure on head teachers to produce good results in national exams, he lamented that HIV/AIDS had ruined many students' hopes and dreams and that had greatly affected the schools.

Ms. Maria

Maria was into her 4th year as the head teacher of Manor Girls Secondary School. The school was 15 kilometers from Kisii town and half a kilometer from the highway, which connected major urban centers, Kisii town being the nearest. The school consisted of a student population of 405 girls and 14 teachers. Maria was a devoted mother of 3 children, two who were in college. She was also an active community leader as she led three women groups. She supported six orphans, two of who attended Manor Girls.

Having lost close relatives to AIDS, Maria saw everybody as part of her family. Acknowledging that the youth were disproportionately affected by HIV/AIDS, Maria said that the problem in rural schools and their communities is not lack of HIV prevention strategies, the problem is that communities and churches in rural settings are trapped in some cultural and religious ideologies already overtaken by events. She views

herself as a negotiator, an advocate and a victim at the same time navigating through opposing forces to educate her school family about the debilitating effects of HIV/AIDS. Using the construct, family in a metaphorical manner, Maria cogently said that for parents and the church to conspire to influence schools to shy away from telling the youth the truth about HIV/AIDS prevention strategies including condom use was tantamount to "selling wealth to buy poverty" (Maria, personal interview, February 2006).

Table 1.1 Summary of the Teachers in the Study

Name of School	**Name of Head Teacher**	**Number of Students**	**Number of Teaching staff**		**Church Sponsor of the school**
Hope Mixed Secondary School	Ms. Neema	346	Trained 8	Untrained 5	Lutheran Church
Saba Mixed Day Sec. School	Mr. Bidii	260	7	3	Catholic Church
Our Lady of Mercy Girls Tumaini	Sister Alice	450	16	2	Catholic Church
Happy Day Secondary school	Mr. Sawa	280	7	3	Seventh Day-Adventist Church
Manor Girls Secondary School	Ms. Maria	405	13	1	Lutheran Church

Neema: Sympathetic but sympathy alone does not help

I met Neema as she walked out of the school gate to see off the chairman Board of Governors. By the gate-side, a woman and 2 young girls selling bananas, sugar cane and avocado stood to acknowledge her. A huge sign bearing the school's name with the motto: *Strive for Excellence* stood by the gate. Just next to the school sign, was a huge

HIV/AIDS billboard with traffic lights imagery conveying the message: *Kaa chonjo epuka ukimwi* meaning [Stop, Prepare Yourself and Avoid AIDS]. Neema told me that the billboard is meant to raise protective awareness among the local people and other road commuters especially truck drivers who collect sugar cane and bananas from the locality and deliver them in other countries such as Uganda and Rwanda. "The billboard helps these mobile populations make wise choices about sexual behavior to protect themselves and their families from HIV infection. This includes our girls, who mostly get lured by these men who drive the trucks". I asked her to describe how the local community perceived such billboards. She said, "Our community is full of deceit and denial. Whether we like it or not, there is an explosion of sexual [activity] ... among the youths, who have refused to zip up. Unless we have the key to their zips it will be wrong to ignore such billboards and the message they carry" (Neema, personal interview, January 2006).

Neema's comment reminded me of my cousin. He never thought that he could die of anything, least AIDS. He was in his early twenties when he died of AIDS. He was the only son in a family of four and in college. His father, a businessman had spoiled him with a lot of money, cars and he owned a cell phone, all of which had made him a magnet that attracted many college women. He was a "dot com boy" a nickname he had earned from his love for computers, cars and cell phones.

The life my cousin had led before he was influenced to squander it had striking resemblance to the lives of young men who appeared in a television program I had watched the previous day on Kenya's national TV about the influence of the family, friends, and culture in shaping the attitudes and behavior of young men. Set in South

Africa, the program probes the impact of early sexual initiation, drugs, alcohol, crime, the pressure to conform, and the values and inner thoughts of male youths. As these moments flashbacked in my mind, a creaking noise from the rusty gate being pushed through some overgrown grass by the watchman jostled me back to reality. The watchman was closing the gate. From the rugged feeder road, next to the school, a semi trailer carrying sugar cane snaked out roaring to join the main road. Three young boys and a girl run by its side oblivious of the effect of the huge mass of dust in which they were consumed.

Right ahead of us was a beautiful and imposing building with glittering glasses emboldened with a cross of Jesus. It stood out in this remote area. Neema told me that it served as the chapel for the school during weekdays and the community utilized it during Sunday Mass. There was another building and a water tank under construction. In Neema's office were more signs of HIV/AIDS mounted on the wall all round next to many athletic and sports trophies that were paraded along the wall. As we settled down to the interview, she sent for the watchman and asked him to get some cold soda from the school canteen. I was delighted to be in this expansive office.

Since societal and cultural problems associated with HIV/AIDS in Kenya are ubiquitous and have become increasingly complex, my first question was to get an overview of how much HIV/AIDS is a problem in Kisii district and in schools in particular. She said:

> "It is a big issue. Physically you may look at Kisii district and see that not much has changed. But, if you get into social interaction with people, that is when you will learn that a lot has gone wrong in relation with HIV and AIDS. Just talk to any of your relatives, they will tell you how many they have buried, how many are ailing in hospitals, how many are just about to quit. In fact a time like now is when you see how much our social lives have been destroyed. We deal with

> several orphans in school, we deal with ailing mothers, we deal with students who are affected, in fact those that are positive in school waiting for their day to quit [die]" (Personal interview, January 2006).

With this alarming picture of the epidemic in Kisii community, I went further and asked Neema to describe a case where teachers are also affected. She recounted so many instances of cases where teachers are infected and affected. According to Kenya National Union of Teachers, Kisii branch's report, "the district buries at least 3 teachers in a month known to have died of HIV and AIDS not suspected. With that, I can say that teachers are infected in high numbers" (Personal interview, January 2006).

In Neema's view, there are so many avenues in and outside the district that make teachers vulnerable. She narrated

> Teachers are human beings and so they get attracted. They are involved in school programs and activities that make them vulnerable. For instances, we have drama which takes a way teachers for some time. We have the marking of national exams, where we have couples during such times in the marking centers. This is where you find most teachers long for December when they can meet once again and express their emotions to each other. We have athletics, Drama, Music festivals all, which take away teachers from their spouses. These are avenues through which HIV and AIDS is suspected to be spreading among teachers in high numbers. The bulky of the working force in society is made of teachers. They have the finance, they are the rich people in rural parts and so they can inherit as many widows as they can. Most teachers are infected but we fear going for the test because we all carry our past with us. So one will count the number of strays he has in his/her life and realizes the number is so huge and sees no need to go for the test because chances are, it will be positive. Our teachers in rural areas are quietly suffering yet they don't know. With ARV around, there is need for them to know their status" (Personal interview, January 2006).

Since the youth have always been said to be the group that is disproportionately affected by HIV/AIDS they are prime targets of most HIV/AIDS education programs in and outside school settings. The goal of HIV/AIDS education programs is to increase knowledge and skills needed for healthy relationships, effective communication and responsible decision-making that would protect learners from HIV infection, and to

promote positive and responsible attitudes towards people living with HIV/AIDS. With this in mind, I asked Neema to describe how her students are impacted by HIV/AIDS, to which she said:

> We deal with about 2-4 cases of infected students every year. The number of orphans is very high and keeps rising every year. For instance, in form 2, we have now 20 cases of orphans. We have not started handling form 1s yet. Think of form 3s and 4s. The whole school has an average of 80 students orphaned by HIV and AIDS and the number continues to rise every year. It is a sad situation because we know that there are schools that are worse than ours in the district. (Personal interview, January 2006)

Neema's vivid description of the number of infected and affected students in her school was indicative of what I thought was the case in other schools in rural Kisii district. I wondered of the number of young people who, because of poverty, could not afford to access secondary education. Based on the cases she had handled, Neema said that most student orphans struggle to survive not only at home but also while in school. Most of these orphans are not documented and so do not receive any systemic financial or social support network to help them in their struggles. The schools' reliance on student tuition to run its programs is not enough nor supposed to support needy cases. In a resigned way, Neema said, "We sympathize with these students, but sympathy alone will not help them. They need money to be in school, they need medication and food at home and they need to live the life of a teenager like any other teenager". To illustrate her point, Neema narrated a story of a boy in her school whose parents had died of what was suspected to be complications of HIV/AIDS.

> We have one boy in form three who is the first-born in his family. Behind him are four other siblings. This boy acts as a mother, father, a brother and a student to all four siblings. The uncles, who are expected to help, have isolated these children because after all they feel they can infect them. These children's parents were suspected to have died of AIDS and so even the children are suspected to be HIV positive. Their relatives are like 'they should not touch anything in our homes, for

> they can infect the 'clean'. So, his family is viewed as a family of AIDS. You can imagine of a form three student struggling to fetch water, firewood, look for vegetables and cook for the family, and send the siblings to bed and he has to be in school at 7 in the morning. We keep counseling this boy and in some cases we give this boy some little financial support from our pockets to help him meet their immediate needs. But the community, the immediate family you expect to support this family has isolated them so much that this boy in most cases does not concentrate in school work. He is always quiet and withdrawn. One time he came to school with his sickly young brother. He left the young brother by the gate and walked to school to report that today he will not be in school because he was taking his young sick brother to hospital. You can imagine the kind of society we live in (Personal interview, January 2006).

The above story almost brought Neema to tears. Her voice went dry several times as she described case after case of bright students who dropped out of school due to lack of financial resources and the unwillingness of relatives to help. HIV/AIDS stigma and discrimination also is rife in this excerpt. This brought us to the next sub-question of how schools in rural areas respond to infected and affected members of the school community.

Infected People are Human Beings, Human Beings Human Beings

The passion to treat people who are infected and affected by HIV/AIDS was evident in Neema's facial expression and voice. When I posed the question; *Tell me how you feel about HIV/AIDS infected and affected people?* She quickly responded, "Infected people are human beings, were human beings and will be human beings, just like me and you and all of us. They need to be loved and treated better". She spoke of a girl who donated blood to save the life of her mother but became infected in the process of donation. Her mother had ailed for along time and "nobody knew or understood the strange disease that had taken her hair away, infected her with a bad cough and left her weak and bedridden". When the doctors asked for blood, her daughter was ready to save the life of her mother, if that is what it took. However, she Neema said that it was rumored that the nurse who drew that girl's blood used a needle that had been used by

another patient, who later was diagnosed with HIV virus. It is in that process that they believed she was infected. When she died, at form two while a student in Neema's school:

> All of us were touched. The students were really touched. They demanded that they be allowed to bury her like the soldiers bury their own. She was very active in school. We tried to meet her needs if that could help her forget that she was HIV positive status. I can say that we successfully accomplished that but unfortunately we did not stop her from dying. She was a singer and had just won the district music festival best soloist award. She was in drama and students loved her. I was very close to her especially during her last days in this world. I took her to hospital and every evening on my way home, I could pass by her house to see her. The students who buried this girl made the funeral attendees mourn like I have never seen before. I have attended numerous funerals in this community but I have never seen one quite like that. (Personal interview, January 2006).

Neema confessed that she had no powers to dissuade certain teachers from propagating what she thought was "a cultural cancer" that was taking the lives of many young people. Without mentioning names, she said that there was one senior teacher, "who is about to retire and continues to tell students that our culture is the best cure for HIV/AIDS. Observe our culture and religion and you will stop the spread of HIV/AIDS". This was the dominant message in funerals and in the church. She was bitter with such perception. In her observation:

> Culture is a stumbling block. We should put culture aside and empower our students with life saving information. Culture is not ashamed and does not die, but we get ashamed and die. What a shame to the people, to us who are caught in the snare of culture. We don't lose a finger or a lip if we tell our kids how to use condoms if they must have sex. Let us be ashamed after we have told our children and the students we teach the truth, the truth that will make them exercise informed choices and decisions about their lives. After all we are not going to put them on our back and get to know what they do every minute and second. It is a matter of life and death. (Personal interview, January 2006)

Neema's observation captures the reactive nature of the church and the local culture, which frustrated most schools' efforts to implement comprehensive prevention

strategies to save the youth from sexually transmitted diseases including HIV. So, "we are always loud when mentioning abstinence and being faithful, but we mumble when it comes to condoms". Talking about prevention from a realistic standpoint seemed to be held responsible for the breakdown of sexual morality. For Neema, the church believes that prevention of sexual immorality is abstinence. She feared loosing her job if she went against what the church prescribed as the only message that students must be taught in school and in church, abstinence.

> Rarely does the church come in. Whenever it comes in during the teaching of HIV/AIDS, it insists that students and indeed all people must be taught according to our church doctrine. For instance, they insist on abstinence. If a teacher is found teaching contrary to this doctrine, they must go. It [the church] comes in to bury the dead. To pray for the dead if the dead used to go to their church. The schools are feeling the heat now. (Personal interview, January 2006)

While Neema acknowledged that religious organizations especially the Catholic Church has great and persuasive force in the community including educational institutions, she simply does not take serious, religious preaching of any sort as an effective way to preventing many young people from dying tragically at an early age from an infectious disease that could have been prevented. Her view augments Gould's (1993) that preaching total sexual abstinence to young people in the first and emotionally intense throes of adolescent sexuality is preaching a prescription of death.

Communicating about a crisis: Avoid being caught in the web of diseases some of which are not curable

Despite religious and cultural constraints upon HIV/AIDS crisis, Neema employed heightened language to caution students to avoid situations that could expose them to contracting HIV/AIDS. She advised students to take care of themselves to avoid getting "caught in the web of diseases some of which are not curable". She used such

language with students during assemblies, staff meetings and in BOG and PTA meetings but she carefully chose her words.

> We talk about HIV/AIDS in morning parades and in special assemblies, in staff meetings and parents meetings. In fact we also talk about it in BOG meetings although it is quickly brushed off since BOG deals with everything to do with money and its usage in school. In my class [she teaches one Social and Ethics course], I cannot miss a statement about AIDS all the time. It is part of our daily life. (Personal interview, January 2006)

Neema also indicated that amongst issues affecting the country such as corruption, AIDS messages were prominent in music festivals, AIDS clubs and interschool debates. She had initiated the revival of the guidance and counseling department at Hope secondary school to deal with not only discipline but also issues affecting adolescent boy-girl relationships, indiscipline and girl pregnancy. She remained open and hopeful that with time she would learn the tricks of sending the right message to all students in and out of school in an open environment. With the networks she had started to establish in the community with NGOs, businesspeople and other schools in the district, she remained hopeful that HIV/AIDS prevention would become firmly grounded in a moral and purposeful approach that makes all of us, the infected and affected especially orphans and vulnerable children (OVC), 'human beings, human beings, human beings'.

Mr. Bidii: Son of the Soil

Upon my arrival at Saba Mixed Day Secondary School, the compound was a beehive of activity. Students were busy moving chairs around the compound. I learned, upon inquiry that form fours [12th graders] were required to return their chairs to the maintenance teacher and be formerly cleared to leave the school after end- year-exams. Students who had fees balances or unresolved discipline cases experienced difficulties in

getting cleared and could not clinch the coveted school-leaving certificate that is needed to secure a job. Mr. Bidii's office was full of students awaiting clearance. My interview with him lasted for 47 minutes. Halfway into the interview, the school watchman came into the office shaken and panting and reported that the area chief had arrested 3 boys and 1 girl for drunkenness. Mr. Bidii seemed to know who these students were. He told the watchman to look for the deputy head teacher and the senior teacher to take control of that situation. This incident seemed to capture my question, "*how do you respond to students who are known or suspected to be infected or affected with HIV/AIDS?* Reacting to this incident, Bidii took some time to elaborate on the root of the whole issues.

> Many people around our school are engaged in *Changaa*[4] brewing and some sell bhang as the only source of income. This is what gives them food, and pays their children's fees and tuition. Students happen to be a big magnet for such people. These have truly affected the school. First it is cheap, that students can afford. Whenever children go home, they are not well taken care of. They have to cook their own food, do their washing. Parents make preference in brewing *changaa* and not anything to do with children's education. Children in primary schools specifically are forced to grow and take up adult roles before their time. They have no time and will hardly have time to be children. Hence, when such students transition to secondary schools, they are out of control. They don't want to take any orders from an adult because they consider themselves adults already. You will find them in the list of those we catch abusing drugs, going to discos, acting as middlemen for some sugar-daddies and our girls, stealing from other students and most unfortunately financially deserving yet not deserving based on their behavior. In general, they form the bulk of all discipline cases that we have to deal with all the time. Finally, when we get tired of them, they drop out of school. (Personal interview, December 2005).

Mr. Bidii revealed that the school's response to those students suspected to be affected by HIV/AIDS had been very minimal for lack of resources and for the misconduct that students, "such as those now you hear have been arrested". While Mr. Bidii appeared frustrated, he assured me that his deputy would take care of the situation. He continued to recount at the high number of neglected, dispossessed and forsaken

[4] Liquor that is locally brewed and commonly used as a socializing agent among men in Kisii community.

orphans roaming in the local markets and community besides those that had a chance to be in school. Hence, they need love and compassion. This prompted me to ask him how his school protects, cares and supports those teachers or student orphans and vulnerable ones. He promptly responded that all these people need love and compassion.

Love and Compassion

Mr. Bidii stressed on love for all those who are either infected or affected. He gave a number of examples of people who had died but needed not to have died. While noting that his community is not endowed with a lot of wealth to afford antiretroviral [ARV] medicine for those who are infected, he used two examples to justify why he felt that all of us need love and compassion for the AIDS victims. First, he narrated a story of a teacher in his school, who was 'positive' [HIV infected] but because she received a lot of support from the staff, she lived a little longer.

> My staff gave her a lot of support. They did not go selling [talk behind her back] this lady to others or even talk on her back. Although she passed away much later, I can say that the attributes that made her live a little longer was the way she was treated. They loved her until her last day in this world. The teachers helped teach her subjects whenever she was not able to come to school. I also could understand that she is not able to come to school today and arrange how to teach her classes. Her own family loved her and I believe most people who crossed her path were compassionate to her. (Personal interview, December 2005).

Mr. Bidii noted that while the number of AIDS orphans in rural areas is high, the documented cases are few and their plight is little known. As a *son of the soil* [an insider] in this community, he observed that poverty had made their situation worse. Poverty had made many young people to drop out of school and engage in drugs and delinquent behavior. For those who had an opportunity to be in school:

> We categorize them into those who have lost either one or both parents and those who are infected. For those who are affected, we encourage and counsel them to accept the reality and live on. We deal with such cases as at that; they are affected

> just like all of us. For those who are infected, their cases are terrible. You realize a student is HIV positive, you are seeing this life going, but it shouldn't go. We try to counsel them but it is very difficult for them to believe that they are HIV positive. They suffer a lot of psychosocial stress. Most of them are grossly indisciplined. They see it that they have lost everything and nothing remains for them. They are in school because their age-mates are in school. They care less. We are advantaged that our school borders a sub-district hospital, where we refer some cases to that we cannot handle. Occasionally we have students who keep falling sick and some of them have been diagnosed with HIV and put on ARV. The medical practitioners have told us in confidence so that we can handle such cases with care. Other students do not know about such cases until a student really becomes sick and starts showing symptoms believed to be associated with HIV and AIDS. Otherwise, the issue of infected students is a very delicate issue. (Personal interview, December 2005).

Mr. Bidii indicated further that they consider a number of orphans or those who are known to come from very poor families for bursaries [government scholarships]. His school also uses the school chaplain and utilizes services of guidance and counseling unit to guide needy cases. He however confessed that his school does not have a trained counselor to handle sensitive cases such as that of an infected student or teacher. When I asked him if the school had a mechanism that it utilized to identify students who were either HIV infected or affected, Mr. Bidii pointed to the role of class teacher. Class teachers comprised of ordinary instruction teachers who were appointed by the head teacher to be in charge of students in each stream. A class teacher is responsible to know the background of each student of the class s/he is assigned and identify needy cases and recommend them for available assistance such as bursaries. Mr. Bidii stated:

> It is these teachers in various classes that identify needy students. When the students are not free to share personal information with their class teachers, we encourage them to talk either to the school chaplain or guidance and counseling. Using these mechanisms, we are able to understand better the students' social needs and home background and respond to them as per our means. (Personal interview, December 2005).

Based on the fact that implementing HIV/AIDS education programs can be controversial especially in settings such as Kisii district where taboos and religious tenacity prohibit open discussion of such issues, I switched gears and sought to understand if and how Mr. Bidii communicated with students and parents about HIV and AIDS and student misconduct. His response indicated that depending on the severity of reported cases of student misconduct, he involved the parents by suspending the affected student.

Parents and the Church: The real wall of silence

Bidii acknowledged that neither him nor parents communicated about cases of HIV/AIDS. However, they met in funerals, which happened almost every week in the community surrounding his school. Mr. Bidii further shared that he had, together with some prominent parents, church officials as well as local district education officials, attended four funerals of his own staff members and one for a student but never did he mention anything to do with HIV/AIDS even when he was certain that it was an AIDS-related case. Hence, "You will hardly find a parent or somebody coming to the office to talk about such case because people generally don't talk about it". According to him, a wall of silence seemed to be the norm in the community. Expounding on the consequences of embracing a wall of silence around issues related to HIV/AIDS, Bidii narrated a common cultural practice that he blamed for the spread of HIV/AIDS, wife inheritance.

> The idea of saying that so and so died of an opportunistic disease [diseases triggered by weakened immune system] has made many rural men to believe that it is ok to inherit a widow whose husband has died of an opportunistic disease. After all, they are made to believe that way by the professionals, the doctors. Hence, the issue of culture rolls in. In Kisii, the issue of wife inheritance is

> terrible, it is worrying. It is not like in other communities such as Luo[5] where the inheritor is known or assigned by the elders as per their culture. In Kisii, it is open. A widow whose husband has died is inherited secretly by more than one man. Even people you think are informed, teachers, they inherit these women [widows] secretly and the widow wants the financial assistance they offer. It is chaos. When the widow knows that she is 'going' [dying] she welcomes even more men for comfort. And these are married men and breadwinners of their families. (Personal interview, January 2006).

It is worth noting that originally, wife inheritance was meant to ensure that the bereaved woman, the widow is not left uncared for. Unfortunately, the practice has now focused heavily on the sexual part rather than the material and economic support.

The less they hear and know the better

According to Bidii, communication about HIV/AIDS issues to the extent that the church and local culture permitted, was manifested in school forums such as assemblies and staff meetings. He also said that his school utilizes resource people from either the Ministry of Health or NGOs operating locally to come and talk to students about HIV/AIDS. His other resource targets from the local community included a variety of local officials as AIDS educators, traditional healers, religious leaders, and leaders of local youth groups. Mr. Bidii does not believe in teaching students or allowing students to be taught about condoms use. He seemed to be very passionate about his belief that students "must wait until marriage to know about condoms. Talking about condoms does not allow us, as a school to provide especially to the youth necessary moral, social and spiritual preparation they need to navigate the social environment when they become of age". I inquired if the Catholic Church, which sponsored his school subscribed to his opinion about condoms.

[5] An ethnic community bordering Kisii ethnic community that is well known for wife inheritance.

> Remember that ours is a Catholic sponsored school. There are rules set by the dioceses about what we can teach or not teach to these kids. I believe you have heard of standoffs between a number of schools and their sponsor, the Catholic Church. Some of these cases have been in the newspapers. Just recently there was a standoff in our neighboring school between the principal and the sponsor. The principal had to be removed. He was transferred from the school. It was alleged that he was encouraging students, I mean introducing the idea of condom use among students. This is an idea that is not tolerated by the Catholic Church here. In fact they later said that the principal himself was not a genuine Catholic and that is why he did not care about the Catholic doctrines. So in essence, we are not going to go out of our way to tell the students to use condoms because there are boundaries. (Personal interview, December 2005).

This excerpt is clearly illustrative of the strong influence of the Catholic Church and the influence it had imbued in school leaders such as Mr. Bidii who were complacent of prevention methods of HIV virus.

It was ironical that Mr. Bidii's views and the religious stand of Catholic Church on the issue of condom use among students was a sharp contrast to the writings on the giant and conspicuous billboard planted a short distance from his school. The billboard was attractive and unambiguous in approving condoms as one of the effective means of reducing the risk of contracting Sexually transmitted infections including HIV as well as a method of reducing the risk of unintended pregnancy among teens. According to Mr. Bidii, such billboards served as more evidence of the moral decadence into which Kenya had succumbed. In other words, such billboards were creating a very permissive rather than prohibitive of premarital and extra marital sex by aggressive emphasis on safe sex using a condom. He confessed that if it were not because of the law protecting such billboards, they could have long been uprooted.

Lack of an education sector policy and guidelines on what or what should not be taught in schools seemed to contribute to Bidii's line of thinking. Mr. Bidii indicated that even the integration of HIV/AIDS component in the national curriculum did not say at

any point that students should be taught about condoms. "The emphasis is on abstinence and being faithful when they get married". He further observed, "Teachers feel pressed for time to talk about this and I feel they need to concentrate on examinable subjects. HIV/AIDS education is not a core subject, is not being tested. It is not a priority".

The interview with Mr. Bidii elicited great confusion and obstacles in implementing HIV/AIDS education programs in rural school. The presence of the church in school management and its stand and influence on HIV/AIDS prevention strategies is a challenge to head teachers such as Mr. Bidii. Although one may view Bidii as a product of the cultural and religious influence, to me he seemed to have some understanding that knowledge, while not sufficient, is indispensable in preventing HIV/AIDS. Literature attest that knowledge of how HIV/AIDS is contracted and prevented provides protection against individual vulnerability and gives the tools for understanding and avoiding risk (Kelly, 2002). It also creates a context in which the epidemic can be discussed and understood, and in which those infected and affected are cared for and included in society (UNAIDS, 2004). However, Mr. Bidii's personal opinion, the socio-cultural and religious contexts that fan the 'wall of silence' remain unchallenged and unchanged.

Sister Alice: We are our own enemies

When I visited Sister Alice at her school inn December 2005 to set up an interview, she was busy clearing form four students who had completed their national examinations. As I drove to the school, an elderly man, a watchman stopped me by the gate and handed me a book where I wrote my name, registration of the car and the reason for my visit. As he showed me where to park, the students' uniform caught my attention. The girls looked beautiful in them. They donned green skirts and white long-sleeved

blouses covered by a green sleeve-less cardigan. The black shoes and white socks made their uniform complete. Like the Penguins in the film *The March of the Penguins*, they looked just beautiful as they streamed in and out of the gate. The elderly man knew them by name. Upon inquiring how long he had worked as a watchman for Our Lady of Mercy Tumaini Girls, I learned that he had been there for 29 years. Sister Alice was the 4th principal he was serving under. I parked next to the gate and he asked one of the students to walk me to the head teacher's office.

The school compound was huge with a neatly kept fence around it. Save for few girls streaming out of the principal's office, the compound was quiet. Since this was close to the end of 3rd term, I knew that most students were either busy preparing or doing their end of year exams. Sister Alice welcomed me to her office with a smile. Her conversation with the girl (student) who walked me to her office indicated that they knew each other at a personal level. It later happened that this same girl would become one of my self-selected informants. Since Sister Alice's office was a beehive of students' activities, she proposed that we meet at St. Vincent's Center, one of the Catholic Church's hotel facilities in the outskirts of Kisii town.

At St. Vincent Center, I realized that Sister Alice had reserved a quiet room. I did not know before that such a nice place existed in Kisii town, which for the most part was noisy and rainy. St. Vincent's Center housed most of the Church activities and visitors that were affiliated with the Diocese of Kisii. For instance, all Catholic affiliated heads of institutions including Catholic sponsored schools in Nyanza Province met in the Center every end of term for retreat and leadership nourishment. Once we settled down, I reminded Sister Alice the subject of my interview and wasted no time but asked her to

describe what she thought was the situation of HIV/AIDS in Kisii district. She took a deep breath and stated that Kisii community needed to 'rock the boat' to overcome the current tragedy associated with HIV/AIDS. She contended:

> HIV and AIDS is a major problem in the entire country and especially in the rural communities, where our schools are located. AIDS in Kisii district is one of very disturbing problems infecting and affecting people, the young included. Our school community and the suburbs of the school are going through a lot because of AIDS. There is high resource expenditure treating the infected and taking care of them, going to funeral expenses for those who die and a lot of time lost due to school program interruptions to attend to the surrounding community's funerals because we are part of it. (Personal interview, November 2005).

She indicated that the current HIV/AIDS reality did not portray the hope and vision that most churches preach nor the dreams they inculcate in students both at school and home. She argued that the community and local churches' passive response towards fighting HIV/AIDS for those in rural areas was "a kiss of death to many young people who need not die". She contended, "We are our own enemies".

HIV/AIDS: Current Reality and the Constraints of the Vision

Like the rest of the head teachers I had interviewed, Sister Alice seemed to blame the culture of silence that is pervasive in most conservative communities in Kenya, including the Kisii community, which constrains people from freely talking about HIV/AIDS issues. Her faith notwithstanding, she detested the silence and attributed it to the spread of HIV/AIDS.

> We are a culture that knows nothing but hiding the disease. It is difficult for people to come out and say that they are sick or so and so is sick of this disease because most of the time it is hidden. We always talk about it being malaria, typhoid. The victims are not only struggling with the epidemic of the disease but also with the epidemic of the stigma. It is several epidemics in one and all these combined snatch away the victims faster than expected. It is difficult for the community to say that so and so is suffering of HIV/AIDS. (Personal interview, November 2005).

Sister Alice shared that she "was not alien" to what was happening in the community. She had attended so many funerals in the community to know what was going on. She had "seen the other side of the world, the world beyond this clothes [holding out her holy gown]. She always authorized the use of the school bus during funerals by the local community. She also availed the school address system to help with functions in the community, including funerals. She had preached and prayed for the sick and helped distribute food and clothes from the Diocese to the poor. Her agricultural teacher and his students were using a local farm as a demonstrative unit for academic purposes but the local community benefited by learning how to grow and eat nutritious food. At the same time, "All food that is usually harvested from such demonstrative farms is distributed among the needy in the community". She also coordinated a number of organizations meant to help parishioners in the community. As a way of understanding the pain and agony of parents who struggled to keep their children in school, she usually allowed parents to supply the school with firewood, fresh kale, beans and corn as part of their children's fees. The Church supplemented or was paying in full, tuition for about 80 students. Allowing parents to pay tuition for their children in kind was meant to alleviate the frustrations and uncertainty of many parents in the locality who had nothing but the farm produces as their money in the bank.

Sister Alice considered herself approachable since most parents and other members from the community were free to talk to her. She however considered such freedom to mean asking for some help. "If it is not about food, it is about school fees, or borrowing my car to take a sick one to hospital. Nowadays my car is known as 'Our Lady of Mercy car'". She revealed that she capitalized on such occasions to "sow seeds of

change in terms of attitudes, to break the thick wall of silence surrounding HIV/AID" but she confessed, "it is hard since we have chosen to let this catastrophe to define our families, our names, our needs, our lives. We are our own worst enemies."

The Invisible and Indiscriminate that is HIV/AIDS

Sister Alice was talking a lot and talking fast. She sometimes seemed to be carried away by emotions whenever she described a case either in school or in the community of people she had witnessed get bludgeoned by what she suspected to be HIV/AIDS related opportunistic diseases. For instance, tears welled up in her eyes when she remembered a case that involved her former head mistress. She elaborately narrated:

> She was very understanding, kind, very compassionate and generous. She was absent from school most of the time. As a senior teacher, she could call me to take more administrative duties that were out of my domain. Sometimes her children could run to my house in the middle of the night and knock on my door very hard crying, "mom is sick, mom is dying". When you go there she is really having it very rough in bed. She is in terrible pain, vomiting, sweating, the kids are young and they don't know what to do but to cry. So, I could do the necessary to make sure that we have rushed her to hospital. She could stay there for 3 days or sometimes one week and she gets better and comes back to continue running the school. We could reach at a point and tell her to go home and rest. In such cases, I could take up all administrative duties, a burden that sometimes put me in crossroads with other teachers who were ambitious to become head teachers. I could take up all discipline cases among students especially in the evening to make her comfortable but she never survived. She died. So, the cost of the disease in the management of schools is so high. We lost a very capable leader whose replacement will take a long time. Teachers have to take extra lessons, they have to take extra duties, which normally is not theirs. You hire a taxi to take one of your own to hospital and you don't expect the school to pay you back. It is terrible. (Personal interview, November 2005).

Sister Alice used the aforementioned narrative to open the realm of suffering experienced by both teachers and students. In her descriptions, the concomitant relationship of how HIV/AIDS exacerbates poverty and poverty exacerbates HIV/AIDS starts to crystallize. She shared an incident that had happened in a neighboring school

where a head teacher had suspended a form one [9th grade] girl who used other students' socks as sanitary protection. According to Sister Alice, the poor girl was a total orphan [had lost both parents] and was under the aegis of her uncle. The most unfortunate thing was that the same girl dropped out of school and ended up as a housemaid for the head teacher's relative living in the city of Nairobi. Looking disgusted by this story, Sister Alice claimed, "We can deal with HIV/AIDS when we acknowledge its devastating impact by talking about it openly and supporting those who are victims". This claim reiterates what Neema said in her view that the first line of fighting HIV/AIDS is to acknowledge its devastating impact.

In her own school, Sister Alice recounted a current case of a form four girl, who had two weeks to complete her national exams but had for some time been involved in an intergenerational relationship.

> Last term she was out of school for a whole week. When they went home for half term, she never turned up in school the day they were supposed to report. We sent information home to find out where she was. She was not there. When we asked her friends, they were not forthcoming with information but when I probed further, and tried to piece the strings of information we were getting together, we found out that this girl was picked up by a well-off married businessman based in Kisii town. The man drives a good car and maybe lives good life. He picked this girl and stayed in a hotel at Rongo [a town 30 km from Kisii town] for the whole time. The girl was found in a hotel when she was rescued. We had to involve the police to rescue her because the girls had given information that led us believe that she was kidnapped. I know this girl. She comes from a very poor family. Like other most girls, this girl is hit by poverty. They don't have money to buy essentials that girls are supposed to have. They get somebody who is ready to give them the money and so they are ready to do anything including using their own bodies to get what they lack. This was a heartbreaking case for a parent, for a teacher. She is in a critical class, form 4. I hope she is not pregnant or infected. We do not have the right to check all these. I personally counseled this girl and allowed her to sit for her exams. I believe she will finish this week. (Personal interview, November 2005).

Using the girl in the narrative as an example, Sister Alice shared that such girls got raped and some parents knew that their daughters were involved with older men but had chosen to look aside because that is what put food on the table for them. Despite such girls' behavioral problems and the apparent threats and financial intimidation of 'sugar daddies', Sister Alice seemed to offer the girls, in her school, some emotional support to complete their education.

Literature is replete with incidents of intergenerational men/sugar daddies luring young schoolgirls with niceties with the aim of having sex with them. Researchers from Population Services International (Kaiser Family Foundation, July 2004) conducted a survey of men and young girls in Kenya, Uganda and South Africa and found that sexual relationships between young girls and older, married men -- known as "sugar daddies" -- open up "huge networks" for HIV transmission in Africa. According to the report, men preferred not to use condoms and often had sex with younger women because they perceive them as "pure" and unlikely to be HIV-positive. In the survey, the girls, who were between 14 and 20 years old, said that the men provided them with money for school books, food or small luxuries in return for the sexual liaisons. The survey report further asserted that many girls assumed that the men previously had been faithful to their wives and thus were not HIV-positive.

Avenues of HIV Infection Among the Youth

Besides poverty, Sister Alice talked about other factors that make students, especially girls vulnerable to HIV infection in rural Kisii District. She singled out the passivity of parents to tackle issues of reproductive health including sex and sexuality with their children. "Mothers' voices are missing in girls' transitional stages, from babies

to women. In a patriarchal society, most girls are disenfranchised and left to learn on their own". She also pointed out drug abuse, peer pressure and amorous teachers. "We have a few girls who come from alcoholic homes and they try to influence other students to engage in unruly behavior. There are cases where girls have landed in my office for being drunk and sneaking out of the school compound without permission. We know that some of these girls are new in the game, they are trying to learn from the unruly ones". She also described a case where the school watchman was acting as a middleman for students to get drugs. "I remember last year, a watchman was involved in buying some orange juice for students. We realized that it was not just orange juice but wine or alcohol mixed in juice. The students were giving the watchman money as a soft bribe and in return he could buy them such stuff from the locality. We dismissed the watchman and banned girls from brining juice of any type to school".

Despite all these traps that students find themselves in, Sister Alice seemed disturbed by those teachers who romantically get involved with their students. Such teachers, in her view:

> Betray the trust of the students and make a mockery of the teaching profession. Most of the teachers are parents. Actually they need to give these children guidance. I see it as a disease, an abnormal thing. That a teacher can move with a form one girl or a standard six pupil. There is something very wrong with such a teacher. Teachers should stop doing this because it can shame you, make you loose your job or even make such student drop out of school. Nowadays, such cases are going down. We are talking about those that are known. The unknowns are many. Sometimes most head teachers transfer such teachers because if they recommend that they lose their jobs, then it is the head teacher vs. the community where this teacher comes from. So I have to choose what is easier. (Personal interview, November 2005).

Based on the aforementioned excerpt, Sister Alice's view bring out a number of issues. First, the students' trust and teachers' betrayal when they engage in romantic

relationship with their students. Second, it also paints a bad picture of the teaching profession. Finally, transfers serve as the common punishment for such teachers and sometimes, interdictions are recommended. For interdictions, communities where such teachers hail from come out strongly to defend their *'son of the soil'* and this puts the head teacher in collision with the community, thereby impairing relationships that are core to both school and community development. In the context of HIV/AIDS and school-community interdependence, I asked Sister Alice to describe how her school's relationship with the community enhanced or constrained the implementation of HIV/AIDS programs.

> The link between the school and the community is crucial for development. If parents do not allow their children to come to school or if parents see wrongdoing on the part of students and they do nothing about it, they don't expect schools to do miracles. We are not going to do miracles if parents do not tell their children, do not drink, do not smoke. Sometimes, people who are parents sit and drink with these students and smoke with them and they send them to school and expect schools to do miracles. That is hard. We have to work together. (Personal interview, November 2006).

Since Sister Alice had pointed out that insensitive culture, amorous teachers, sugar daddies, drug abuse and over and above poverty had robbed most students of their lives and left a high number of them vulnerable, I was curious to understand how they empower them. Hence my question; *How do you empower your students to make responsible and informed choices regarding reproductive health*? Sister Alice paused for some time before she responded to my question.

HIV/AIDS education programs: What we do, what we must do

Sister Alice reached out and closed the door, looked around to make sure nobody was listening to her answer and said:

> As head teachers we need to come out clear of what we need of our students, and teachers. When the community sees what is going on in the school, we can be the light and the community will see reason to change. We need to tell those students who cannot abstain to use condoms. We cannot keep quiet any more. We need to tell our girls that it is not about the money but about their lives. The sugar daddies cheat them and they trade their valuable and innocent bodies for money. The meetings in the *barazaa*[6], the chiefs need to talk about it. The church needs to keep the trumpet on through youth groups in the community. If the message from the community is strong, we can assist one another. We cannot do it alone. We have so many forces that are against us in the educational sector. We all along want to avoid believing that students are having sex. We need to get the cultural skeletons of our communities out of the closets. We have to face it and tell these kids the truth. We need the church to come out and let these students know that it is okay to use condoms if they cannot avoid having sex. We need to come clean. The church need to be open and show us the way. I am not saying these to contravene the Catholic doctrines. I am a Catholic as you can see [pointing to her dressing] but remember, these are our children and as a head teacher this is where I see a problem. We know some of these kids have sex, let them use protection. We have to tell them and show the way, now when they are alive than when they are dead. Most of them say it is a cold, it is a flu and will come and go away. We need to tell them the truth. It is neither a cold nor flu. (Personal interview, November 2005).

This was a powerful statement passionately conveyed, for head teachers, the Church as well as the community, but it poses a moral dilemma with multiple complexities. I wondered how much of what Sister Alice had said was actually going on in schools and in her school in particular! "The way I see it, our school is not involved fully in prevention education, but actively in care and support, especially for orphans". She indicated that in her school, like most schools in Kisii District, they lay priority on sexual chastity prior to marriage and sexual fidelity within marriage.

> As teachers, we always tell students to abstain completely from sex until marriage. But, last year, we invited a resource person to our school to talk to the students about HIV and AIDS. During the open forum, almost 90% of all questions the girls asked were centered on the use of condoms. As I have said, as teachers, we tell them to abstain from sex until marriage. But nobody gave us a question tilted to abstinence. We concluded that these people are real determined to use the condom. Meaning they are active, they are sexually active. As parents,

[6] Community meetings chaired by the local chief

> it is difficult to believe that they are sexually active, but in reality they are sexually active. (Personal interview, November 2005).

All along during this interview session, Sister Alice tried to share with me the complexity and challenges of being a head teacher in charge of teenagers in the eon of HIV/AIDS. Using spiritual platforms such as Voluntary Counseling and Testing (VCT) services that the diocese had established in her school, the huge Cathedral Church, the school farm and two teachers whom she had supported to undergo HIV/AIDS training, Sister Alice used these avenues to "build the capacity of students to support themselves here and out there", she said. For instance, the drama teacher who liked attending HIV/AIDS seminars and workshops used the new school's hall to train students how to perform skits, dances and songs related to HIV/AIDS. Ms. Members of drama club presented their work during PTA meetings and some times in the Cathedral. To foster competition and encourage open discussion of HIV/AIDS, Our Lady of Mercy Tumaini Secondary had introduced inter-dormitory competitions where students were encouraged to compete in performing themes related to HIV/AIDS.

With Sister Alice's blessings and that of the District Education officer, Our Lady of Mercy teachers in liaison with others from neighboring schools had started interschool competitions based on themes of HIV/AIDS, corruption and gender inequality. The previous year, her school drama club with their play, "Somebody in School has AIDS" had qualified up to provincial levels. In addition, I learned that students in Sister Alice's school were encouraged and required to participate in one club or another.

> Everyday when class programs end, students gather in various clubs to perform certain activities. We have designated some time and days when these students meet in these clubs such as debating club, School Health Club, Geographical club, Young farmers club, Young Parishioners club, Historical club and recently 12th graders formed, Youth Against HIV and AIDS club. We also have The School

> Magazine Report, which is a monthly magazine written by students for students. It is published in our church's publishing unit with financial donations from the local business community. (Personal interview, November 2005).

Sister Alice further indicated that some employees from the diocese provided training and technical support to youth leaders of most clubs in school and initiated networking activities with local NGOs. From this description, it was apparent that students were involved in some form to break the "thick wall" to bring HIV/AIDS out of the box.

With the understanding that the Catholic Church had established a VCT center in the school to help with testing both for students and the community, I sought to understand how frequent VCT services were utilized: Sister Alice responded:

> HIV testing, as it is understood now falls under VCT programs run by the Ministry of Health and some NGOs. Most of the VCTs are located in big cities and towns and the few that are located here in the rural areas they are usually run by the local people, who in most cases leak ones HIV status. We had to change our staff because of that. But still few students use the VCT services. (Personal interview, November 2005)

Due to the small number of students who were utilizing VCT services, "we decided to open it to the community on Saturdays so that they don't affect our normal programs during school days". Even after opening this crucial service to benefit the community, Sister Alice observed that the number of people that were coming out to use it were small. Safe for the women whom Sister Alice and the Agricultural class were working with from the immediate local community, "not many people come to use it. Few people are convinced that they can get what they need. One woman told me that even if they come here for testing, they know they cannot afford ARV, so they are comfortable in not knowing than knowing and getting isolated and no medicine". It is not surprising that with little prospect of confidential counseling and testing services or

affordable access to treatment, the students and the community are afraid to disclose their status.

The underutilization of VCT services in Sister Alice's school both by students and the local community pointed to the epidemic of stigma and discrimination that characterizes people and society's common response to HIV/AIDS. A plethora of literature findings attest to the fact that HIV/AIDS is a stigmatizing disease and efforts to tackle HIV/AIDS-related stigma and discrimination have been constrained by the complexity and deep-rooted nature of the problem. For instance, stigma and discrimination of children and people infected or affected by HIV/AIDS is not an individual process but a manifestation of what a community ascribes to in its socio-cultural norms. While Ms. Alice said that cases of discrimination and stigma amongst her students took the form of teasing, she said that discrimination and stigma was more pervasive in the local community. She said that her school had a strong guidance and counseling department and a well connected referral system. Wherever they suspect a student to be HIV infected, "we make our own investigation to establish the truth and confidentially link such student to the local medical clinics especially the one run by our diocese", she added.

For the teachers, Sister Alice said that the school comes in to help only when the affected teacher divulges that there is a problem. She encouraged teachers to open up and freely discuss "this animal". Her view of stigma and discrimination based on ones HIV status augments that of the church. She said, "From my standpoint and I believe that of the church, we know that HIV/AIDS is not a punishment from God. Stigma is a denial

that we are created in the image of God. As a result it destroys self-esteem, decimates families and disrupts communities' hope".

Education Sector Policy on HIV/AIDS: The missing link

While the government of Kenya has demonstrated its commitment to fighting HIV/AIDS as depicted in the National AIDS Control Council (NACC), the same commitment seems to be haphazard or lacking in the education sector. Along this line, I asked Sister Alice if her school had and used a government policy or guidelines that helped them to implement HIV/AIDS education related programs. She answered:

> Unless there is any other, I am only aware of the infusion of HIV/AIDS in the curriculum. We teach about HIV/AIDS because it is in the curriculum. In each subject, there is a lesson once in a week and we do it during PE lesson or after classes. [But] most teachers are not trained to teach HIV and AIDS. We usually rely on the two I said and the information we get during seminars, radios, learning materials sent from the ministry and the resource persons who come talk about it. The dioceses supplement these materials with spiritual nourishments. (Personal interview, November 2005).

Just like the three previous head teachers I had interviewed, Sister Alice had mistaken the integration of HIV/AIDS to the education curriculum to be the policy. Infusion of HIV/AIDS component in the curriculum was one of the HIV/AIDS education programs but not an education sector policy on HIV/AIDS. The week before I started the interviews, I had downloaded from the Internet, Republic of Kenya's Education Sector Policy on HIV and AIDS. The policy, "formalizes the rights and responsibilities of every person involved, directly or indirectly, in the education sector with regard to HIV and AIDS: the learners, their parents and care-givers, educators, managers, administrators, support staff and the civil society" (Kenya's Ministry of Education, 2004). It became clear to me that most head teachers might not have received this policy document. In my view, the government of Kenya's education sector policy on HIV/AIDS is sound but

what meaning did it have if it had not filtered through the bureaucratic cracks to reach the delivery level, schools! I believe that it is in the translation into practice that the appropriateness and viability of a sound policy message is tested, and from here that the opportunity to adjust policy in the light of experiences arises.

Without a government policy with clear guidelines to show educators how to create friendly and encouraging environments for students and teachers to be actively and meaningfully involved in the fight against HIV/AIDS, it is arguable that the government contributes to the slow fight of HIV/AIDS in rural areas. Through Sister Alice's lens, I see the strengths and areas of improvement for school administrators. Until they are ready to take the risk to 'rock the boat' the social cultural and religious contexts that HIV/AIDS thrives on will remain as people continue dying in large numbers.

Mr. Sawa: Think about the children

The road leading to Mr. Sawa's school, Happy Seventh Day Adventist Mixed Secondary School, was narrow and muddy and impassable the day I went to interview him. Mr. Sawa suggested that I interview him in the nearest market where I realized he owned one of the well-stocked stores, christened *SawaSawa* Stores. We settled in one of the rooms at the back of the store for the interview.

Our Children: Great Expectations Ruined Hopes

At the onset of our interview, I asked Mr. Sawa to describe the HIV/AIDS situation in his community. He painted a dismal picture that focused on children:

> Many children in this community are orphans. They really suffer and poverty has increased. Funeral expenses are an issue in our community. Almost every week, we fund raise to bury people, young people in our community. Here in school, we have about 32 known student orphans. Those we don't know are many. We have so many school dropouts because parents are not there to pay their school fees. (Personal interview, January 2006).

Mr. Sawa himself was not immune to the suffering HIV/AIDS had brought in his community. He had lost close relatives to the pandemic of AIDS. "My cousin died young. I am sure she died of this 'thing' [HIV/AIDS]. She died and left 5 children. After a short while, 6 months later, it took the father and now the children are typical orphans. The children are shared among us, I mean the relatives but I can tell you that they don't live any good life. One has joined school and others are just at home". Mr. Sawa also emotionally shared that he had lost his brother and he was responsible for the upkeep of his 3 children since the brother's wife had moved out shortly after his death and got married elsewhere. He was not ready to share further the experience of his brother's death and I did not probe him further.

Mr. Sawa's painful cup seemed to be full when he narrated how his two daughters had dropped out of school because of pregnancy and gotten married. Since I did not want to stretch his emotions, I asked him if and how he talked to his children regarding the dangers of getting infected with Sexually Transmitted Infections including HIV/AIDS. "I tell them to take care. To wait, abstain until their time. I tell them that AIDS kills and they see it all the time. In their families, communities and hospitals and funerals". I extended my question further and asked him to share with me if he talked to his students about HIV/AIDS and what he talked to them about. He said:

> For the safety measure that is very appropriate, we tell them to abstain completely. This is the best way. We emphasize on this because it gives the best results. Well, in society like ours, communicating about condoms is difficult because it might dilute the message of abstinence. Options such as the use of condoms will be degrading morally. We want our boys and girls to be perfect, for they are the pilots of tomorrow to be told what works 100%. It is difficult to sell the use of condoms. My teachers have over and over again confiscated a lot of *boots* [condoms] from our boys during Friday inspections. (Personal interview, January 2006).

Mr. Sawa's description is a vivid testimony that students were sexually active and they were conscious of engaging in protective sex. However, culture embodied by the teachers, head teachers and parents, betrayed the students for it did not support their consciousness and intention to practice safe sex.

When I asked Mr. Sawa why so many students were dropping out of school not only in his locality but also in the district, his answer was quick and direct:

> Poverty. I believe it is poverty. There are some people who brew *changaa*[7] as a way of earning a living. They find the students to be a big pool of customers. So it is poverty. In some cases, we have had some students dropping out of school and cases of unwanted pregnancies. Last year, we had one of our teachers interdicted for drinking with students in the open and engaging in what was suspected to be immoral conduct that left 2 girls pregnant and now one is so sickly. It is unfortunate that the teacher past away a month ago of what was rumored to be the big thing [HIV/AIDS]. The girls he is said to have had sex with disappeared from school, and now one is bedridden at home. (Personal interview, January 2006].

The fact that he talked about unwanted pregnancies again here, I asked him to talk about girls getting pregnant in his school. He seemed to be bitter when he answered to my question:

> One of the things as a teacher and a parent I have come to find out that money is significantly responsible for students' irresponsible sexual behaviors. Poverty has claimed many innocent students. They are given money by older men, my age or even older who in addition promise them nice things such as expensive gifts. They can give them money to use in school, buy nice clothes and in turn they have sex with them not knowing the consequences. This is the most disturbing part, coz these are 16, 17 year-old girls dealing with old men. (Personal interview, January 2006)

Mr. Sawa's account once again provides a glimpse into the complex interaction between girls' social and economic status and risk of HIV infection. Poverty seems to play a big part in propelling young schoolgirls to barter sex for survival thereby increasing their vulnerability to HIV infection and compromising their self-esteem.

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[7] locally brewed beer.

To understand how schools deal with girls who become pregnant, Mr. Sawa said that in the past they used to send them home. However, because of the government's directive, they encourage them to come back after they give birth but it is the girl's choice to come back or not. When I probed further if the girls really come back, he observed, "I have not seen such girls coming back. Probably I am meant to understand that they go to other schools where they are comfortable because coming back is an embarrassment to them. They find it difficult to come back". While girls drop out of school once they realize that they are pregnant, boys who are responsible for the girls' pregnancy are asked to bring a parent and just warned to desist from such behavior and left to continue with school.

Mr. Sawa identified resources or programs that are in place in his school to enlighten the school community on the pandemic of HIV/AIDS. In particular, he singled out the integrated HIV/AIDS component in the curriculum, but he was quick to add that since it is not examined in the national examination, he does not make a follow-up to know if it's taught. Other programs include:

> Guidance and counseling for both teachers and students. Books that teachers use to bring awareness to the children. There are also seminars carried out in our school about HIV and AIDS. People come here to talk about HIV/AIDS or we go out to seminars to listen to them. They include people living with HIV and AIDS, people from hospital, and sometimes from the ministry of health as well as NGOs. Our community accepts their message but does nothing with it. (Personal interview, January 2006)

In addition to the programs that depend on school personnel for their implementation, Mr. Sawa was cognizant of mobile Voluntary Counseling and Testing (VCT) units, which rarely reach those in the rural areas.

> We have mobile VCT although they are concentrated in urban centers. They have forgotten us those who are deeper in the rural areas. We also have chief's barazas

> who try to sensitize the community. We have sponsors in drama, FIDA, the Big Noise. The Big Noise comes when we have drama festivals and give gifts to those who stage any plays or poetry that address HIV and AIDS issues. Teachers who come up with verses, narratives or poetry that is dramatized in public get awards and children are some times given cash incentives to act their roles. (Personal interview, January 2006)

Although Mr. Sawa identified these programs, he seemed frustrated because his school experienced scarcity of resources to implement them. Much of what he did was to link his students and teachers to other local schools that had facilities such as electricity and experts who could stage most of the programs. He observed:

> Those of us without electricity are forgotten. Also we do not have sufficient force trained to teach or handle HIV/AIDS related cases. We don't know what to do. The teachers need hands-on training. We do not have resources. It is only twice when I have sent my teachers to attend a 2-day seminar. Teachers are the ones who are in contact with the students. They need to be trained. And our culture has contributed so much to us keeping quiet. What is going to happen is we need to get out of our culture and talk about HIV and AIDS. (Personal interview, January 2006).

Lack of resources got us talking about the wasteful expenditure the government of Kenya was spending in boardrooms talking about HIV/AIDS as people who needed such resources died endlessly and needlessly. While there is massive donor funding given to the government of Kenya to stem the tight of HIV/AIDS, resources funneled from the government for HIV/AIDS-related activities go through an hierarchical, top-down system and schools are supposed to receive their share from the constituency committee chaired by the local Member of Parliament. This arrangement shows that different levels of the hierarchy through which funds are channeled have the ability to control the behavior of the next level. Mr. Sawa wanted HIV/AIDS funds to be sent directly to the school. His view reminded me of Elmore (1995) assertion that implementation from the bottom-up

perspective means recognizing the complexity of social problems at the point where policy meets a social problem directly.

It is imperative to recognize that Mr. Sawa's identification of lack of resources to implement HIV/AIDS education programs is endemic in the schools where I had interviewed the head teachers. I was beginning to think that it was the case in most schools in Kisii District. With a lot of schools in rural settings employing untrained teachers, the implementation of the integrated HIV/AIDS component in the national curriculum requires a substantial rethinking of the policymakers.

Too little too late: The strength of the church is felt after the damage is done

My question about the role of the church came when Mr. Sawa's youngest daughter came into the room to pick a Bible for Bible study lessons. I learned then that Mr. Sawa and family were Seventh Day Adventist. I asked Mr. Sawa to describe, in the context of HIV/AIDS, the influence the church had in his school. He said "the church, in this case SDA, does not really put a lot of pressure on us to teach or not to teach about HIV/AIDS. The school chaplain talks about it in the meetings he has with students or when he talks to all of us in parade". As much as Mr. Sawa believed in abstinence, I inquired if the church supported the idea of not only teaching students the dividends of abstinence but also empowering sexually active ones to engage in safe sex. His response was quick:

> I know what you are asking. We don't go there. We don't talk about condoms. We don't talk about contraception or condoms because that would be crossing the line of the church and community beliefs. We don't mention the word 'condom' at all. If a student brings it up, we direct them to the school chaplain (Personal interview, January 2006)

In the community, Mr. Sawa viewed the role of the church [not necessarily SDA] being strong and visible when the "damage has been done mostly in the funerals".

According to Mr. Sawa, the church was actively involved in praying for the sick and for the dead during funerals. The church also sponsored and helped to organize youth crusades where controversial topics such as HIV/AIDS were discussed. It supported a minimal number of students with payment of their tuition besides running a dispensary in the local community. This was similar to what was going on in other schools. Mr. Sawa also elucidated the reasons that make students vulnerable which are either socio-cultural or economic. They include poverty, drug abuse, a silent culture and the church's 'after the damage' response to a crisis where prevention means death or life.

Maria: We are all family

Maria's school, Manor Girls High School, was 15 kilometers from Kisii town and half a kilometer from the highway, which connected major urban centers, Kisii town being the nearest. Manor was well known for its stellar performance in national examinations in the District. The school was neatly kept with a trimmed fence and a new building stood right behind the huge main gate with sharp metallic spikes. Manor was an icon in Nyanza province, known for posting impressive end-of-year results in national exams. It was the *Harvard* of Kisii Central District and acquiring admission to the school was competitive. For the most part, children from rich families attended Manor since its tuition was prohibitively high.

Throughout the interview, Maria was very flamboyant in her responses and was proud of her openness. In the context of HIV/AIDS, Maria saw herself as instrumental in mobilizing resources.

> I mobilize and see that the teaching staff understands what HIV and AIDS is. I send teachers to seminars and conferences to learn about issues of HIV and AIDS. Sending out can be expensive so I also bring in resource persons from the Ministry of Health and any other NGO which is actually having a connection to HIV and AIDS so that learners have not only an understanding but an individual deeper responsibility of what they are supposed to do and to be in order to avoid contracting AIDS. In any school, the H/M [head teacher] is a key to all these. Without the blessings of a H/T a lot of other things will not run within and outside the school. (Personal Interview, February 2006).

Maria confessed that she had not been so keen about characteristics of a person infected by HIV and AIDS until she participated in a one-week HIV/AIDS workshop sponsored by World Vision in collaboration with her church, the Lutheran Church. This was the same church that sponsored Manor School. "It was not until I took this course that I was able to understand symptoms of HIV. When I am outside there, in the community, I have seen and not only that, if we are not infected we are really being affected. I have seen many families. The wife dies and soon a husband follows or vise versa". Maria remembered many cases she had witnessed bludgeoned by HIV and AIDS, some involving her own family members. She narrated a story of her lady friend who worked for a *mzungu* [white person] in a big company that paid her handsomely:

> She was living some life, you know a free life. Then she became a victim [infected by HIV]. As I was at her bedside and you know what she could share with me. She was suffering of a lot of opportunistic diseases. When I was on her bedside, she could tell me. 'Mum, have a look at me', you know, that time she could stretch her thin shaky hand to me. 'People cannot recognize me just as I cannot recognize myself in the mirror. Sometime, I wonder if you ever believe that this is me! You know, I had a lot of money and for your information mum, I have a lot of money but look at me. I am going. That money cannot help me'. I was really touched. I cried when I left her hospital bed. She died shortly after. The most unfortunate thing is that she was severely stigmatized. Her own family members could not understand or see the sense why we used to go and see her. I realized that these people still need to be loved, to be appreciated. And for the mistakes they have made, it doesn't really mean that it should be suicidal in away that they have to die for those mistakes. That case really touched me. Since then, I have been quite positive and even now I have people living with HIV. They have come out and said that they suffer from HIV and AIDS. I see them as part of my

> family. They are my friends and when need arises, we help where we can. I see them every now and again when I have a chance and they don't shy away from telling me that 'mummy today we don't have anything'. I support them financially and let their lives be. They are quite many and most of them are not working. (Personal interview, February 2006).

Maria's story depicts the stigmatizing effects of HIV/AIDS, the betrayal of a family as well as the compassion and love that is so rare from the human race since the onset of HIV/AIDS close to 3 decades today.

In her school, Maria indicated that she has two teachers trained to tackle HIV/AIDS cases. Her school arranges some HIV/AIDS related video shows and resource persons to come and talk to the students. She remembered an incident "when I went telling the form fours [12th graders] to go and watch an HIV/AIDS program in the chapel. They told me, 'go tell the form ones and form twos'. It is like so much has been said about HIV/AIDS. It is now saturated. So, we can live now, I wonder whether they can live now"! This observation depicts a scenario where the students had started showing signs of HIV/AIDS information fatigue and being tired or bored of constantly hearing about the impact of the disease, a clear sign of changing the tactic of disseminating HIV/AIDS education programs.

Maria confided in me that at least 4 teachers in her school were *positive* [HIV infected] and they had come out clean to say it. When I remarked at the high number of the infected teachers, all in one school, Maria said that I should read the Kenya National Union of Teachers report. According to the report, 3 teachers die every month of HIV/AIDS related complications in Kisii Central district. Maria added that the government hardly replaces such teachers. The ones in her school had decided to live positively. "They even take steps on how they live, what they eat, and for sure they are

living and they are healthy that you cannot know that AIDS is with them. For the teachers, there aren't many pathetic cases and because they have education and money for AIDS drugs [antiretroviral].

Advocating for HIV/AIDS Orphans and Vulnerable Children (OVC)

Maria painted a contrast between the suffering of HIV infected teachers and students. Some teachers in her school had decided to disclose their HIV status and could afford antiretroviral medicine. Inversely, in her observation students who were either infected or came from families that experienced effects of AIDS, tended to be absent minded, showed signs of depression, anxiety and low self-esteem in the case of girls. Boys, more than girls were involved in sociopathic behavior such as stealing, truancy, aggression and unnecessarily running away from school. Some students exhibited difficult in concentrating in schoolwork, experienced difficult in making friends and were generally emotionally detached.

When Maria affirmed that the number of orphans in her school was increasing by term, I could hear from her voice the grit to make a difference for them. She had passion about her "school family," and she was eager to talk about her experiences.

> During visiting day, we ask teachers to donate anything into the kitty of the orphans so that we can take care of them. We ask those teachers who stay within the compound to cook for them some times especially during visiting days. They cook for them rice, chapatti, and beans, which is different from the food they are provided with by the school. Now that they know that we know them, we call them and provide them with whatever little we manage to get. Individual teachers, especially those in the department of guidance and counseling are trying to think of how we can get this group to be registered so that they can get wider support and write proposal for funding to help pay their school fees. Most of these orphan's parents are dead and they were not employed. Some churches that have been financially supporting some of them are really straining. When they finish form four and they are not able to clear their fees, we give them their certificates and ask them to remember one day to come and help others like them. We also give some of them scholarships and bursaries. If we are lucky and we get a strong

> person in the BOG, we get some money from NCCK[8] that we use to pay fees for some. But they are so many. Sometimes some are financed by CDF[9], but the school does not have any responsibility to organize for this money. It is the relatives, guardians and local leaders who organize to finance these orphans' education. (Personal interview, February 2006)

Despite this compassionate response to the orphans in her school, Maria said that the majority of orphans were in the community. Many of them were young and had dropped out of school to take up domestic tasks such as caring for their ailing parents or siblings or supporting them in some way. "Girls more than boys are in this mess". This observation augments limited research which does exist suggesting that parental illness triggers a role reversal in which children – particularly girls – begin to care for sick adults and take on income-generating activities (Morgan 2000; Patel 2000; Ainsworth, Beegle et al. 2002).

Maria had initiated a program geared to help girls to pledge to abstain from sex. She affirmed that a Swedish volunteer in her church had told her about it and she thought it was a cool program to try on her girls. As much as the program targeted students who had not engaged in sexual intercourse, she was sure, "even those who are sexually active can renew their virginity and avoid contracting sexually transmitted disease". Her Swedish friend was helping her to work on situations where she could involve parents and the community. With time, she intended to "convince the girls and organize virginity pledge ceremonies at which students vow before their parents and other community members to remain virgins until marriage". While she was aware of the resistance she was likely to face from the community and some opinion leaders, she was ready to 'rock the boat'. I remembered watching a related program video documentary, *A Night to Last*

[8] National Council of Churches of Kenya
[9] Constituency Development Fund

a Lifetime", set in Texas, where adolescents pledge before God to remain sexually abstinent until marriage. Most schools had adopted this program and made it part of their parent/student weekend meeting sessions. I hoped Maria would break through the 'think wall' of the community and open up the parents' kernel to free up some space to discuss issues considered taboo such as HIV/AIDS.

Disclosure of HIV Infection to Fight Stigma and Discrimination

Maria indicated that due to stigma and discrimination directed at people suspected to be HIV positive, many of them were not coming out openly to talk about their status. This is a problem that bedevils the world and has escalated the spread of HIV/AIDS. Many people are infected but they don't know that they are until they start suffering from life threatening opportunistic disease, Malaria, Tuberculosis, and Pneumonia being the most common. Maria envisioned a situation where information on how to treat HIV infected and affected people in school settings would start with the training of teachers and other school personnel. Her prayers were:

> That a majority of us, administrators and teachers, can go for guidance and counseling or some workshop or seminar dealing with HIV and AIDS. In these workshops, people are made to understand the point of humanity and to look at the cases as other diseases and give them assistance and support them in their move. A majority of those teachers who have gotten some knowledge in these workshops and seminars are really different the way they handle cases of AIDS affected people especially students. They are quite very different from those who have not. Maybe those who have not still think that these people need to be held responsible for their sins. We are fortunate in our school that we have managed to get some teachers to the counseling seminars. Some have sponsored themselves, they have trained as counselors and now they have the materials to help. (Personal interview, February 2006)

Maria's 'prayer' is indicative of lack of trained personnel at the school level and testimony of the difference between those educators who have undergone HIV/AIDS training and those who have not. She further shared two examples of teachers whom she

had transferred from her school because of what she called "chronic absence". She was later sorry when she learned that they were both suffering the effects of HIV/AIDS but "they had decided not to disclose what was happening in their lives. I could have taken different steps", Maria lamented. Using these transfer cases as her point of reference, Maria emphasized that people infected by HIV/AIDS are central to making other people treat them with dignity and love. "I believe that the infected individuals have a bigger part to play in making the rest of us to accept them the way they are. It is shock at the first time but people get used to them. These individuals kept quiet, and I strongly believe that change starts with an individual". In other words, Maria was saying that the first line of fighting HIV/AIDS starts with acknowledging being infected or affected.

Nowadays, Maria transfers teachers who are 'victims' [infected] upon their request.

> I transferred one case last December because this teacher wanted to. He had become very weak and had missed so many weeks, running to months from active class teaching. I did not want to have him taken off the payroll because I know he really needed the money. His wife had been laid off from her place of work on suspicion that she was suffering from HIV/AIDS. They had lost a child. I did not want to cause more pain to this teacher. Teachers were willing to teach his classes until such a time when we could get a replacement from the government, if we are lucky. To date, we have not received any to replace him. (Personal interview, February 2006)

Maria also encourages open discourse of HIV/AIDS and sexuality "although this sometimes puts me on the spot with our church". Taboos connected with such sensitive topic notwithstanding, Maria also encourages resource people, whenever they go to her school to be explicit in their presentations. So, "they talk the facts without fear and place the materials to their audiences without shame. Shame has sent many people to the grave. Shame for shame is not going to help", she added.

Selling our Wealth to Buy Poverty

When Maria took over the leadership of Manor Girls High School, most parents complained that she was allowing teachers to talk embarrassing words to and before their children. "They put a lot of heat on us, but we kept pressing on and getting hard. We told them that it is either we talk about these shameful and embarrassing words or we leave your daughters and sons and you to die. We continued bargaining that nowadays they don't complain that we are using the embarrassing words". As a matter of fact, Maria had used her influence to convince PTA members in their monthly meetings to have it in the minutes, the commitment of parents to support the orphans.

> Last year we had to highlight the plight of orphans, because they are quite many who have lost both parents. We even minuted that whenever the school opens, every term, if possible all parents should come with a piece of soap and Ksh.10 [$0.14]. They can buy their children full bars of soap but help us with a single piece so that we can help these orphans. The Ksh.10 will go a long way to buy personal effects for these girls. When they come to visit their children, we asked them to also think of a child who doesn't have anybody to visit her. It is so painful that some of these girls are using dirty socks as pads. (Personal interview, February 2006).

Maria seemed to have made some headway with the parents by 'bargaining' for some space to talk about taboo matters. I wondered if this was the same case with the church. I wondered how much she was navigating through the church's stand on prevention issues since most of the informants I had interviewed had portrayed the church ambiguously, involved, yet not involved. So I asked Maria, What of the church? What kind of pressure do you get from it?

> The only pressure I feel from the church is that of telling our students to close their thighs and open their books. It is not happening. With time, I know we will get a break through but our silence today means death to these kids tomorrow. In other ways, the church is upfront but when it comes to HIV and AIDS prevention it is abstinence. They are not open and do not allow us to talk freely. The church wants us to work, walk and talk within particular lines. We need to walk what the

> church wants us to talk and I see a disconnection between what the church wants us to believe and the practice, the reality with our students. These theories don't work any more, students are sexually active. It is not like during our time when one could not dare have a boyfriend while in school. Today, the reality is that students are having sex, they are getting infected, pregnant and dying. We need to open up. (Personal interview, February 2006).

Espousing the belief that children are the foundation of our future and that everybody; teachers, parents, and communities are crucial to a child's right to grow, know and develop, Maria used a profound metaphorical analogy that juxtaposed wealth and poverty to illuminate how communities, parents and religious organizations 'sell' their investment, the children. She aptly observed:

> The biggest problem in our schools today is not that we lack HIV prevention strategies for our youth, the problem is that our communities and churches are trapped in some cultural and religious ideologies already overtaken by events. [HIV and] AIDS is a step ahead of us. We invest a lot in our children. You know that in our community, children are our wealth. But as long as we deny them information to know, learn, access and use all ways to prevent themselves from evils such as HIV, we are selling our wealth and in return buying poverty expensively. (Personal interview, January 2006).

Maria was particularly concerned that society looks at HIV/AIDS synonymously to immorality. "People look at HIV as being immoral in that girls who get it are immoral and so do her all relatives". While contracting HIV/AIDS is predominantly heterosexual in most parts of the world, Maria said that other means such as blood transfusion is not talked of. "The other causes that one gets HIV such as blood transfusion is on a very low percentage, something that is accidental". She gave an example, from the local community, of a pastor who was about to be sent to United States of America for further pastoral studies when he was diagnosed with HIV.

> When he was told what was going on with his health, he was devastated but he decided to tell his wife. I remember the wife was mad, so hard. She was so negative at first. She could say: How can you tell me, 'you holy angel, how could you?' The man could not think of any encounter outside of his marriage. Later, it

> was discovered that he had gotten it through blood transfusion. They accepted it although it was too late, the wife had also been infected. They were put on a nutritional diet and ARV [antiretroviral]. (Personal interview, February 2006).

Our Policy is our Culture and What we See is Best for Each Case

Maria had recounted a number of cases that involved either students or teachers struggling with effects of HIV/AIDS. I was curious to understand if her school's response to such cases was based on a government policy or some guidelines. She said:

> We do not have any government or local policy to guide us. We deal with these cases as they come. We draw largely from our community, our culture and what we see is best that is supposed to be done. For instance, during funerals we sometimes send students to help, it may not be AIDS related. We may give school chairs or even ask students to help build podiums or fetch water. We get involved in the funerals just like the community expects us to. If there is a way we can do to help those who are suffering, we come in. (Personal interview, January 2006).

The absence of an education sector policy in schools to guide administrators and other HIV/AIDS educators how to respond to cases of HIV/AIDS, was ominous in all the schools I had visited. The district education officers were nowhere involved to understand the beleaguering blow that HIV/AIDS was dealing schools in their jurisdiction. At the best, I conclude that Kenya's education sector policy on HIV/AIDS is a plan awaiting some approval to be translated to policy and move to the implementation level. As much as this might seem to be a biased observation, I did not come across cases where schools are assisted to develop a locally appropriate and acceptable policy, dissemination of materials and resources, training teachers and other school personnel, monitoring prevalence of risk behaviors among students and evaluating the impact of programs and activities including the non-examinable component of HIV/AIDS integrated in the nation curriculum.

Like the response I had gotten from head teachers I had interviewed earlier, my interview with Maria was profound in so many ways. It had so many contradictions and innovativeness, prayers and challenges in her experience with HIV/AIDS education programs. First she was very open and forthcoming with her views in some issues, which some of the informants I had interviewed before had found difficult to advance. She also seemed to take the problem to the environment that fuels it, the community's beliefs such as parents finding it difficult to talk to their children on issues that matter to the students. I wondered how far she would push the community to give her space to talk about controversial issues. I then remembered her comment that 'change starts with an individual'.

CHAPTER V

STUDENTS' PERCEPTION OF HIV/AIDS EDUCATION PROGRAMS

Introduction

Education is so strongly predictive of better knowledge, safer behavior and reduced infection rates that it has been described as the "social vaccine" and "the single most effective preventive weapon against HIV/AIDS" (World Bank, 2002 p.3). According to Gachuhi (2000), young people, especially those between 5 and 17 years, both in and out of school offer a window of hope in stopping the spread of HIV/AIDS if they are reached early by HIV/AIDS education programs especially life skills interventions. For the youth, HIV/AIDS education programs aim at developing the awareness, knowledge, skills, attitudes and values that will reduce infections and impact of HIV.

With this in mind, I present in this chapter, data from two focus groups and a vignette of an informant who self-selected to be interviewed individually. I utilize the informants' words and voices to unpack their perceptual experiences in the implementation of HIV/AIDS education programs in rural settings. This was one of the objectives of my overarching question that sought to understand the experiences of head teachers in implementing HIV/AIDS education programs and students perceptions of such programs in secondary schools in rural Kisii Central District. Four main questions guided this study.

1. What role do head teachers play in implementing HIV/AIDS programs?
2. How do head teachers respond to HIV/AIDS cases in their schools?
3. How do they communicate matters related to HIV/AIDS in school?

4. What are students' perceptions of HIV/AIDS education programs?

The focus groups comprised of informants drawn from schools whose head teachers I had already interviewed. One focus group was from a girls' boarding school and consisted of 5 girls while the other one was from a mixed (boys and girls) day secondary school and was composed of 3 boys and 2 girls. For the purposes of this study, I refer to the girls' boarding school as Boarding School and the mixed school as Day school. With the help of the head teacher in the Boarding school and a guidance and counseling teacher in Day school, I met and interviewed the informants in their schools' staff rooms during a weekend. This arrangement was meant to avoid any interference to normal school programs that required the informants' participation.

For the purposes of this section, I utilized three questions to unpack student informants' perceptions in the implementation of HIV/AIDS education programs in rural secondary schools. (1) I sought to understand students' sources of HIV/AIDS information, (2) their construction of HIV/AIDS vulnerability and prevention and (3) their views on the way forward. Through these three areas, I aimed at not only understanding their perceptions of HIV/AIDS education programs but also the contexts upon which such programs are implemented and their influence on their behavior.

Students' Sources of HIV/AIDS Information and HIV/AIDS programs in Schools

Students in the focus groups acknowledged the devastating impact of HIV/AIDS in schools, their communities and families. While some said that they had lost close relatives due to AIDS, others noted that they had attended funerals of people who had been perceived to suffer from HIV/AIDS. One girl said, "We have relatives who have it and so we have come to know what it is through the agonies of the sick".

Both groups exhibited high levels of HIV/AIDS information in terms of contracting it and preventing it. For both groups, school, the radio, teachers, parents, the church and reading magazines and related literature was cited as the most common source of HIV/AIDS information. Radio as one form of HIV/AIDS awareness was popular with Day School informants to the extent that HIV/AIDS in the villages was dubbed, "the radio disease". Unlike in Day school, students in Boarding school also watched videos, (a program I thought existed because of availability of electricity). However, such video programs streamed "scary images of people about to die of HIV/AIDS". A girl from Boarding school recounted her experience of the source:

> Apart from getting it from the teachers and books, we get it from our peers, in the newspapers, radio, magazines, it is in the streets, it is on the walls and billboards. And of course for me, it is the number of people that are buried in my village that talks louder than all these that we are told. In my village I see like 5 people buried whenever I go home for holidays. Always my father is out to attend a funeral and when he comes home, you hear him say, 'this thing is wiping out the whole village'. (Focus group interview, November 2005).

Boarding school informants shared that they hear about HIV/AIDS in parade, in church, PTA gatherings, music festivals, AIDS clubs and interschool debates. They further indicated that their school required them to visit the local general hospital once a month, to share and talk with people infected with HIV/AIDS. "At times we normally go to the hospitals to talk to patients willing to share their experiences. Sometimes, it is young girls like us who are in those beds and it scary". While this was not the case with students from Day school, all of them seemed to have visited a sick relative they perceived to be suffering from HIV/AIDS in a local clinic, dispensary, and hospital or in their homes.

Informants from the two focus groups described their feelings based on their visitations and interactions with people they perceived to be infected by HIV/AIDS. Their description is captured in phrases such as, "It is all fear and frustrations", "you feel rejected and an outcast", "You feel not the same, not a human being", "Something is lost that you will never get back again, life". Boarding school informants revealed that videos shows "are hard to watch. It is terrible. Sometimes you think it is exaggerated. The people who are infected do not look like human beings in there. They are wasted, their bodies are not there. You can only see the bones. They are scary to look at. They don't look good. Their wasted bodies scare me and bring nightmares". The informants' emotional descriptions and facial expressions punctuated with immense sadness projected some tension of an endeavor meant to stimulate a humane response from them for those who are on "the list of shame" [infected] but was devoid of prior counseling and guidance on what awaited them.

Both Boarding and Day School informants seemed to identify themselves more with programs that other students directed or where resource persons were of their age. Additionally, they said that they preferred programs, which are facilitated by people living with HIV/AIDS. According to one girl from Boarding school, "when a person stands before you and tell you that he is [HIV] positive is powerful. Although they look healthy, you have to take their word. They help answer many questions whose answers we cannot get from our teachers, leave alone our parents".

In the context of resource persons, Day school informants thought that their schools would do better if they utilized people from the local communities, some who had gone public about their HIV status. "Some of them are as young as us", said one

boy. Both informants from Day and Boarding school confirmed that they had attended a resource person's talk claiming to have been infected by HIV/AIDS and got "cured by the power of God". When I probed the informants further, it was clear that all resources persons that had given talks in their schools or churches invoked the "power of God". In my view, I such people advance the views of the church and not the reality that HIV/AIDS "is a very bad disease. It is a killer disease that is sexually transmitted and currently it has no cure". One boy observed:

> He came to our school preaching that he had been healed of HIV and AIDS, but when you look at him it was clear that he had lost hair, his skin had rushes all over as one could see the neck and face and hands, he was really thin and he was coughing really hard. He told us that he had HIV and AIDS and after praying to God, he had tested 7 times negative. This preacher came to our school twice. The second time he came, I was seated on the back. The students seated on the back did not believe that he was healed because he still showed symptoms we believed are related to HIV and AIDS. (Focus group interview, November 2005).

Such preaching, from the students' view, constitutes cheating, confusion and presents false impression that HIV/AIDS is curable. From what I garnered, it occurred to me that some resource persons misinform and to some extent mislead students that HIV/AIDS is curable. This includes those who allow such people who misinform the students and those who facilitate or allow such lies in their organizations.

To Chill and Seal: Preventing HIV/AIDS among students

The question, *Do you fear contracting HIV and AIDS?* drew the informants chorus response, 'oh, yeah'. One student said, "Very much of course. We fear. It is a killer disease, it is frustrations. And I have also a future to look to so that makes me fear". With such instantaneous response, I probed them to discuss steps they took to prevent HIV infection. Based on their responses to the ABC (Abstain, be Faithful and

use a Condom) framework, student informants used a heightened language to exalt abstinence as the best method. "To *chill* and *seal* [abstain] is the best method. To *chill* and *seal* "has helped many girls to find a language that is not so intruding and culturally embarrassing to say no to sex. It is easier to tell a boy, who is making advances, off by saying, "*nimechill* and *nimeseal*" [I have chosen to abstain] instead of going to details, it is a common language that is understood by all teenagers that means no to sex".

Confusion about HIV/AIDS Prevention

The ABC approach to HIV/AIDS prevention in its basic form suggests that individuals Abstain or delay first sex, be Faithful to one partner or by reducing the number of sexual partners and correct and consistent use of Condoms for sexually active young people. The government of Uganda is credited for starting ABC model in 1990s to curb a high prevalence rate of HIV/AIDS among her youth. According to Cory Silverberg of *About: Sexuality* (2006), an online newsletter, Uganda encouraged a variety of social initiatives including bettering the status of women, fighting stigma of HIV, improving testing facilities across the country, and providing better care for people living with HIV/AIDS. Importantly, there was also a dramatic increase in the distribution and use of condoms. The result was a decrease in HIV transmission rates. The ABC model is now universally accepted as the best HIV/AIDS prevention strategy.

The head teachers I interviewed as well as student informants expressed high understanding of ABC approach. While head teachers preferred that prevention strategies be manifested in "A" and "B", student informants said that they believed in "A", but due to their exploratory stage it was logical that they be told how to practice "C". Within this framework, student informants added a '*D*' part, meaning that if one cannot embrace

ABC, then D (Death) becomes the ultimate end. Even with this information, all informants indicated that abstaining was a difficult undertaking for most teenagers. Day school informants felt that since "our communities and schools do not allow us to have a boyfriend or girlfriend, B-'be faithful' is confusing". On the other hand, Boarding school acknowledged that "Very few abstain if at all" and so "Yes, we should talk about other methods such as condom use. They [schools and communities] should talk about it all the time because it is actually a personal decision to *chill* and *seal* [abstain]". This discussion evolved to the issue of condom use among the youth, in their age group.

Condom Use

Overwhelming evidence indicate that it is critical to reach young people with comprehensive prevention messages to both delay first intercourse among teens and to increase condom use among young people who are sexually active. Acknowledging that all they heard from their parents and teachers was to "take care", student informants contended that they [parents and teachers] "discover that we are sexually active when things have gone very wrong. When one is pregnant or infected or dropped out of school and married", said one boy. In their view, parents need to be:

> More realistic and get to believe that we are teenagers and we have blood and feelings too. If they tell us all the information including that which they avoid, then we can make informed decisions. After all, when I come to school, my parents don't know what I do. The choice is mine. So they had rather tell me the truth such as using a condom if I get myself in a situation than keeping it from me like we will not know. (Focus group interview, November 2005).

Another informant viewed the use of condoms to prevent the spread of STIs including HIV as a lesser evil than contracting it. While informants from Day school indicated that they were prone to finding themselves in situations that lead to sex most of the times, Boarding school informants considered school holidays as "exceptional

times" in which they perceive themselves as in higher risk to contracting STD/HIV because there is greater chance to have sex with a known or unknown partner. This affirmation underscores the important role parents and family can but seldom play in HIV prevention among young people. As the most proximal and fundamental social system influencing child development, I believe that parents and family should provide many of the factors that protect their children from engaging in sexual risk behaviors. Among these are positive family relations, effective communication about sexuality and safer sexual practices, enhancement and support of academic functioning as well as monitoring of peer activities.

At the school level just like at home, abstinence until marriage takes precedence over all other prevention methods. The informants indicated that it is abstinence that teachers emphasize when they teach about HIV/AIDS as mandated in the curriculum. An informant from Boarding school said:

> Our head teacher and teachers never tell us to use any method but believe that abstaining is the best method. But, they don't want to believe that we teenagers have sex whenever we have a chance. Some teachers might mention the use of condoms as method in a lesson in class but proceed to tell us that condoms are not meant for us because we are students and students are not supposed to have sex. So they tell us to abstain and stick to that. They don't want to face the reality. As teenagers, most of us have sex. But since the teachers and parents believe that teenagers don't have sex, they don't talk much about the use of that *thing* [condoms]. (Focus group interview, November 2005).

This excerpt presents two inconsistent assumptions of safer sex. One assumption is that students are having sex and might be vulnerable to HIV infection which necessitates the discussion of HIV prevention beyond abstinence while the second one is that students are not supposed to have sex and are not having sex so there is no need to talk about HIV prevention beyond abstinence. The first assumption leans towards the students' view

while the second one seems to mirror societal moral expectations of youth who are not married. In my view, the tension inherent in this paradox exacerbates the ground upon which the wall of silence thrives.

Since most HIV/AIDS education programs at the school level are by and large lead by teachers, who often lack training in HIV/AIDS, informants affirmed that students with questions related to either HIV prevention or willing to respond to other students' questions feign ignorance so that they can preserve their reputation before teachers and students. A student from Day school said:

> Sometimes if you talk too much about either condoms or ask many questions, teachers and other students are going to think that you are experienced in sex or know much about it and start looking at you differently. So to keep ones reputation, or what you know, you must keep quiet. (Focus group interview, November 2005)

Another student from Boarding school stated:

> Mostly, they emphasize that we *chill and seal* [abstain until marriage] and rarely talk about condoms. In most cases when we watch a video in class about HIV and AIDS, it is the teachers who ask questions and most of us are shy to answer them even when you know the answer because you don't know how this teacher or other students will perceive you. Whenever we have questions, we get better answers from other students than from teachers. We feel free discussing with other students minus a teacher. (Focus group interview, November 2005).

Informants from both Day and Boarding schools argued that abstinence might mean delaying having sex but that did not mean that they would wait until marriage. Boys said that teachers always confiscated packets of condoms whenever they carried impromptu inspections in school. One boy who had become a victim of 'condom confiscation' recounted his experience and embarrassing moment before teachers in the teachers' lounge. Since then, he said he developed "feelings of fear, kind of insecure and despair". This was a clear indication that students are sexually active and conscious

of having protective sex. However, teachers were taking away the very power that might mean life or death for them instead of utilizing such times as learning moments for both students and teachers.

On the other hand, female informants in both focus groups felt that culture was harsh on them since if they carried the condoms, they were viewed as "loose", "immoral", "unfaithful" and "ready to have sex with anybody". They said that they are likely to use a condom with a guy for a one-night stand but not with a long-term boy friend. In other words, long-term relationships do not attract the use of condoms. This view was in conformity with what the boys agreed to: "If the girl decides to sleep with me the first time we start "pushing" [being intimate], I will definitely wear the "socks" [condom] but if she takes some time to give in, then I will trust her and there are chances that I might not use a condom".

Another boy added: "If my girl tells me that her days are bad [likely to conceive], and if she comes from a *poa* [rich or well established family] family, then I will use a condom. Otherwise, nobody wants to use those *things* [condoms] on a girl you really trust". In this case, the reason for wearing the condom is not disease prevention but to avoid pregnancy whereas not wearing them means trust. It is apparent that even if girls are conscious of protecting themselves, they are likely to find it difficult to obtain, carry or use preventative measures due to the social and cultural expectations of a girl. When I probed both groups to state what determined their use of a condom, both girls and boys expressed a subjective view of "it depends with whom". While boys said that they were unlikely to use a condom with a girl who in their view possessed attributes such as good behavior, virginity, beauty, cleanness,

innocence and naïveté, girls perceived a safe boy as one who is well known, family background, not using drugs and previous HIV test.

Gender Inequality

There was general consensus among student informants that boys and not girls have more power to say what happens in a sexual encounter. One girl's views seemed to resonate with the rest of the group members.

> I should say that the way we have been socialized gives the boys a higher conversation power. Whenever I am with my boyfriend, I feel somehow, inferior. There are things I cannot initiate but can participate if only he brings them up. Otherwise, I mysteriously understand that the boy has the overall dominance to initiate most aspects related to sex compared to a girl. My mother did not tell me this nor did I learn it in class but I see most things going this way. Our culture does not allow a girl to question some aspects a boy says. In our community for example, a girl can have a crush on a boy but you cannot walk to that boy and say, hi John, I am in love with you. You cannot do that. Everybody including that boy is going to look at you like you are a prostitute, morally loose. If a boy has not asked for sex, a girl is not going to come up and say, John I want us to have sex now. You cannot do that. I don't know how to do that. As girls, it is in our mind that it is not right to do that. (Focus group interview, November 2005).

The excerpt above captures the socially and culturally ingrained gender inequality and power imbalance relations that disfavor girls not only in Kisii community but in most communities around the world. The inclusion of gender inequality component in program design and implementation is a necessary aspect but lacking in most HIV/AIDS education programs both in school settings and in the community. Hence, it is clear that knowledge of HIV/AIDS is not conceptualized and contextualized within a social and cultural framework, but isolated in a strictly sexual level. Thus, sexual behavior may be intricate to change in isolation from socio-cultural norms and customs.

Based on the paradox where teachers and parents opt to believe that students are not sexually active because they are not supposed to engage in sex, presents an argument

to the effect that if the possibility of sexual intercourse is not acknowledged, methods of having safe sex are unlikely to be discussed. In other words, avoiding talk about sex means avoiding talk about condoms.

Student Vulnerability and Unsafe School Environments

According to a wealth of literature (USAID, 2002; Human Rights watch, 2004; UNICEF/WHO 2004; FAWE 2005) unsafe learning environments are among the reasons that girls more than boys discontinue their studies or parents refuse to enroll and keep their daughters in school. In the context of HIV/AIDS, schools have a role to assist students practice healthier, gender-equitable behaviors in a supportive and reinforcing environment. On the other hand, male teachers have a responsibility to protect rather than prey upon young girls. This can be achieved in part by ensuring that power relations between girls and boys and students and teachers are based on respect for the dignity and rights of all.

Influence of Drugs and Alcohol

Participants in the focus groups advanced various reasons that predispose them to unhealthy environments that may lead to sexual activities. Drug and alcohol abuse was top in the list but this vice affected boys more than girls. While drinking local *busaa* or *changaa*, both which are locally brewed beer brands in Kisii community was a significant social event among men, poverty has led many families to commercialize this activity in order to finance the education of their children or eke a living out of it. Women, by and large, brew the beer and distil alcohol and the men consume it.

Both students from Day and Boarding schools seemed to be affected equally by drug abuse but boys were more predisposed to either drinking or selling *changaa*

and/or *busaa* [local brew]. Both focus groups agreed that injecting drugs had infiltrated their schools and they knew students in their respective schools who were engaged in drug activities. A girl from Boarding school narrated an episode involving three girls:

> I know of 3 girls in my school who sneak to the bathroom to inject themselves with what I can only suspect to be drugs. I am told they share the syringe and once they do that, they are uncontrollable. They used to make a lot of noise in the dormitories during the night and almost all girls feared them. We could not have enough courage to report them to the authority. They used to have a lot of money and all of them had cell phones. We used to call them dot.com girls. There are girls who smoke in my school and drink. In fact, if you happened to go to the dumpster on Saturday morning you could find a lot of empty beer bottles. At one moment, some boys were caught passing over changaa to some girls through the school fence. It was discovered later that one of the boys was sent by the school watchman. He could not be sacked because he was the headmistress's uncle. (Focus group interview, November 2005).

A girl from Day school who had been transferred from a city school confessed of being involved in drugs and viewed her transfer as some form of punishment. While she acknowledged that being in a rural school had helped her in someway to avoid drugs, she stated that drugs were readily available in rural places at a cheap price compared to the city. "Drugs that people inject themselves are common with students especially in cities. In fact we have them here in Kisii. I know of these boys, students who share the needle. They become high once they inject themselves with the drugs". Using her experience to voice her views about drugs, the same girl said:

> Nowadays, most teens think that taking drugs is a cool thing. If you engage in drugs, you are called "*umechanuka*" [cool] and most teens want to *chanuka* [be cool]. We have a number of local musicians who have come up singing that it is ok to take alcohol, but I believe that one can *chanuka* without taking alcohol or engaging in drugs. You can stay sober and still have fun. (Focus group interview, November 2005).

While selling of *changaa* and *busaa* seemed to be rampant in Day school environs, its presence in the neighborhoods of Boarding school was remarkable. Informants from Boarding indicated that some families around the school sold *changaa* and students could sneak out to drink. "In fact, our neighbors sell *changaa* and some students go there. In our school, we were stopped from bring juice to school because some students used to mix juice with alcohol. Five of them were caught and they banned all of us from bringing juice to school", said one girl.

On the same tone, informants from Boarding school further shared that a nightclub that opened not far from their school and Kisii town was making many students drop out of school or get involved in "immoral activities". One student who confessed to have been tempted to go there shared her story:

> 21st Century nightclub [not the real name] is really an immoral place. Ok, some of us have been tempted to go there. There is dirty dancing, lights are off and you are forced to take alcohol. I think the government should ban totally such places if they cannot regulate who goes there. Anybody can go there. Many students have *chewed* [spent] their tuition and lives in there. (Focus group interview, November 2005).

Tatoos, Sharing Objects and HIV/AIDS

Tattoo business, which I had least thought about, had penetrated rural Kisii and presented potential risks for HIV infection among the youth. Both Day and Boarding school informants acknowledged being aware of this practice but quickly added that they did not regard it. An informant from Boarding school said: "We have of late somebody who provides the services of tattoos. This person comes from Tanzania and most youth go for tattoos to have their girlfriend's names written in their shoulders. So, the tattoo man uses the same tool in all the people who go for it". Health experts

indicate that a risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. It is recommended that people who do tatooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings.

While tattoo business might not be regarded as a potential conduit for HIV transmission by many parents and teachers because of lack of information, students from Boarding school shared their experiences that they thought are least talked about in boarding schools. This involves students sharing piercing needles and other sharp objects in school. One student captured the views of the rest by underpinning the need for HIV educators to focus on other factors that make the youth vulnerable to contracting HIV/AIDS than emphasizing only on being infected through sex:

> The resource persons and other media prints talk so much about getting infected through sex and forget other ways one can get it. Here in school for example, we share a lot of things. Razor blades for instance, piercing ears and other sharp objectives. One cannot know who is infected so that we avoid her. They don't talk about that and believe that teenagers are thinking all about sex. They also tell us to avoid boys. I don't think boy-girl relationships are bad. We are teenagers. I personally could like to know how besides abstaining one can have protective sex. I can be with a boy and do so many intimate things without necessarily having sex. I think they should face the reality because there is no way we, teenage girls can keep away from boys. They fail to talk about facts and dwell on theory. They are out of touch with reality. (Focus group Interview, November 2005).

This was a pointer that students need to be involved in designing HIV/AIDS education programs and such programs need to draw from students' experiences, language and culture for their successful implementation.

It is not heterosexual

A new phenomenon that surprised me was when informants revealed the existence of same-sex friendships and sexual relations among girls. I had thought that such relationships happened only in Western countries. While the first impression I developed when I learned that some girls from Boarding school engaged in same sex relationships, I did not find empirical evidence that explains the vulnerability of those who subscribe to this practice.

Informants from Boarding school affirmed that they were aware of students who engaged in or were curious to know more about same-sex relations. One girl whose views concurred with the rest said, "I know of girls who have been curious to know about that lifestyle and now they are hooked". Informants further revealed, "You need to come to our dormitories during Friday night. Almost all top deck beds are empty and almost all lower deck beds are covered with bed sheets". According to the informants, school administration was not aware of such activities.

I took the initiative to ask my wife, who attended school in rural Kisii District in the 1980s to help me understand if such activities existed in the girls' boarding school she attended. To my surprise, her answer was affirmative. She shared that such affairs were not common and only girls who had some experience living in urban areas engaged in such activities. In the context of HIV/AIDS prevention, I argue that regardless of the sexual orientation, whether sexual behaviors are safe or unsafe in such relationships depends on the chances of one partner's bodily fluids coming into contact with the other's blood.

Female Genital Mutilation (FGM)

Since social and cultural norms play a key role in shaping sexual behavior it is imperative that school-based HIV/AIDS education programs target not only students but also the social and cultural environments that make them vulnerable to HIV infection. Informants from both focus groups thought that there are certain cultural practices within the Kisii community that need review to reflect the current crisis of HIV/AIDS. These practices include; Female Genital Mutilation (FGM), wife inheritance, and taboos of openly discussing sex and sexuality. Female genital mutilation (FGM) is the cutting, or partial or total removal, of the external female genitalia for cultural purposes. Within the Kisii community, this cultural practice is considered a rite of passage for girls aged between 8-14 years old. At the same time, it is believed that FGM or girl circumcision preserves virginity and increases girls' chances of being married.

Female student informants exhibited deep misconceptions about FGM practice. While some of them strongly felt that FGM should be discarded, others expressed doubt that those who do not undergo such practice have minimal chances of getting married. This misconception was illustrated by a Day school female informant, who said that she knew two women in her villages who had "refused to be cut" and had not been married. However, most female informants embraced the views of a girl from Boarding school who stated:

> It does not serve any purpose in our times. My mother told me that people are circumcised to reduce their sexual urge. Men can be circumcised to be clean but in girls we don't think it is purposeful. I know girls who refused to be circumcised. They are still living although people say that they have not been married because they refused to be circumcised. One of them is 36 and the younger one is 31. I sometimes believe so but I dismiss it. (Focus group interview, November 2005).

A girl from Day school also added:

> You find that the same knife that is used on one girl is the same one that is used on the rest of the girls that are initiated that day. I believe this happens to the boys too. There is a likelihood of someone's body fluids getting into another and that is one way one gets HIV. (Focus group Interview, November 2005)

While this practice is constitutionally outlawed in Kenya, its tenacity in rural areas reigns high. A ray of hope seemed to be encapsulated in the boys' response when they indicated that they did not care befriending or marrying a girl who had not undergone such retrogressive practice.

Wife Inheritance

Informants also recounted cases in their villages where the practice of wife inheritance had broken many families and left many women widows HIV infected. All participants seemed to know more than one person in their village who was either inheriting or inherited. A boy from Day school shared:

> Wife inheritance is a crude cultural practice. I know of this young woman in my village. Her husband died and within that month, I could see married men I knew, some who were my teachers in primary, with this woman. I don't understand how a whole teacher sleeps with a woman suspected of being HIV positive. (Focus group interview, November 2005).

The above observation on wife inheritance echoed what I had gleaned from some head teachers regarding cultural practices that fuel the spread of HIV in their community.

The Virgin Cure

Of all cultural practices that informants said had created an unhealthy environment for their learning about HIV/AIDS, none was more scary and distressing as cases where young innocent girls were raped by HIV infected men desperate to be cured of HIV/AIDS. While the aspect of rape is not unique in Kisii community and Kenya as a whole, rape of young defenseless virgin girls including infants is unique and

deeply disturbing. I take this chance to underscore the point that sex with an uninfected virgin is a myth and does not cure an HIV-infected person. If anything, such contact will expose the uninfected individual to HIV, potentially further spreading the disease. ONE WONDERS IF VIRGINITY DESTROYS EVIL! One boy from Day school recounted:

> It is a dirty way, when infected men believe that if they have sex with a virgin girl, they will get cured. They call it virgin cure. It does not work. It is crazy. Many innocent girls' lives have been destroyed. I also know people who have tried to use the local traditional doctors, who tell them that they can cure them. They cheat them. AIDS does not have a cure. (Focus group interview, November 2005).

Students from Boarding school reiterated the same message. One girl, who feared for her little sister, expressed her disgust:

> I have heard about infected people raping young girls, virgins because they believe these innocent babies hold the cure. That sends chill to me. It scares me stiff because I think of my young sister. (Focus group interview, November 2005).

It emerged from the informants that local traditional healers were perceived to be responsible for advising infected men to "be cleansed" by sleeping with virgin girls. There is an illusion that virginity is associated with purity and since it is the bedrock of most churches' emphasis on abstinence, it is perceived to provide some form of inoculation against HIV infection. It is apparent that traditional herbs and remedies cannot take the place of comprehensive treatment and care for people living with HIV. This misconception underpins the importance of evidence-based approaches to HIV/AIDS treatments as part of a comprehensive response to the pandemic of HIV/AIDS. This is the rallying call from The Joint United Nations Programme on HIV/AIDS (UNAIDS).

Amorous Teachers: A case of Trust and Betrayal

According to the informants, cases of teachers involved in intimate relationships with their students were rampant both in secondary and primary schools in rural areas. Informant students said that teachers pursued their amorous advances openly during class, sports activities, and during school holidays thereby increasing their vulnerability to HIV infection. Students from Day school indicated that teachers openly drank locally brewed beer in their villages and sometimes got entangled in relationships that more often than not compromised their integrity.

Both Day and Boarding school informants viewed teacher-student relationships as some form of violence. For girls, particular aspects of this violence include sexual abuse and harassment by older male pupils, male teachers, and 'sugar daddies', who sought sex in exchange for money or gifts. Although participant boys said that girls had sex with teachers in exchange for money and better grades, some girls viewed such perception as an elevation of their (girls) sense of worth, "feel important" and sometimes to "avoid punishment".

Male teachers on Teaching Practice (TP) were singled out by both focus group informants as most notorious in having sexual affairs with female students. Seldom were female teachers on teaching practice involved with school boys. According to a Boarding school informant, "either these teachers [TP] easily fell in love with the girls or the girls targeted them". All informants were aware of a case in the district where TP teachers had been attacked by a mob of boys from a neighboring school for "snatching our girls".

School Canteen, Watchmen and 'Sugar Daddies'

Canteens located within or near schools and school watchmen were also cited as potential avenues that predispose students to engage in activities that put them at risk of HIV infection. Boarding school girls described a case where the canteen owner, a relative of the local Member of Parliament, "was determined to sleep with every girl". Because he could offer bread, soda and sometimes money, the canteen was said to be a magnet for many girls. Sometimes, the canteen man would come with other guys from the community just to hook the girls. They could play music that most girls wanted to hear and during weekends, girls could just hang out around the canteen to listen to music. When the school administration became aware of the situation, one girl had become pregnant and dropped out of school.

Boarding school informants further disclosed that their school watchman helped girls to sneak out of the school compound during the night or connected them with men from the local community in return for *kitu kidogo* [bribe]. 'Sugar daddies' featured prominently as a source that bribe watchmen and hook girls with the *4Cs* [Cars, Cell phones, Chicken and Chips (French fries)]. From both focus groups, came statements such as, "Cell phones are very popular with girls". "Most girls brag to others when they have cell phones". "Most girls who have cell phones must have gotten them by exchanging sex for it". "The school administration does not know much of what goes on with girls and cell phones here in school. It is a big thing".

Boarding school girls confessed that cell phones had become a nuisance to some students because, "During night, girls who have them want to show off by changing ring tones. Today it is one ring tone tomorrow it is another. I think we pretty much have

ourselves to take care of ourselves", said a member of the focus group. Some kind of advise that came from another member indicated, "The choices we make about cell phones and cars and money are personal and so we are responsible for putting ourselves at risk".

The informants' responses on how school administration handles known cases where girls are cheated either by teachers, school boys or subordinate staff members echoed responses I had obtained from some head teachers. Teacher transfers and interdictions, student suspensions and parental involvement seemed to be common strategies of addressing such cases. Such complacent responses as well as other in and out of school factors are indicative of unhealthy school environment that constrains students and the entire school community to meaningfully participate in programs meant to inform, empower and change risk behaviors with a view to preventing the spread of Sexually Transmitted Infections (STIs) including HIV virus.

In the Students' View: The Way Forward

While informants from both focus groups demonstrated a high level of HIV/AIDS knowledge and awareness, there was lack of information and strategies to integrate HIV/AIDS education into situations involving relationships and sexual activity. Hence, when I asked them the question: *If there was one thing that you would tell your fellow students, teachers, parents, the Church and the government, what could that be?*

To the students

The informants acknowledged, "All of us are either infected or affected" and underscored the importance for young people in and out of school to *chill* and *seal*

[abstain] and be given confidential youth-friendly assistance to know their HIV status. "Lately, if you are seen hovering around a VCT, students can spoil your name by spreading the rumor that you are a victim [HIV infected]". While the informants noted that abstinence is the ideal but the least embraced practice among their age group, they were of the view that those who are sexually active should be told the truth about engaging in safe sex. The statement that captured the views of the rest was based on the assumption that a majority of girls and boys in secondary schools are sexually active.

> One thing I cannot tell them is not to have sex. This is because it has been said and said yet it does not work. I know of so many girls who get pregnant and drop out of school. Based on my experience, one does not need a man or a boy to have sex, and this is not known for your information as much as having sex with boys is known. I could prefer an accurate scientifically proven safe way of having sex or protective sex. If the condom is what it takes to be safe from getting HIV, then I will tell the students how to use it if I knew. This is for those who cannot chill or seal. This is the reality many teachers and parents don't want to imagine. (Focus group interview, November 2005).

However, the informants attested that ultimate behavior change rests on a personal decision to *chill* and *seal*.

To the teachers and school administrators

Informants felt that teachers should not be embarrassed to tell students the truth about sex. "Most teachers are married and they probably know more about sex than we do. If they can pass the message without hiding anything they can help a lot of ignorant kids. But I believe that many of them assume that a girl who has breasts and boys with beards are supposed to know these things. A majority of us don't", said a girl from Day school. Another girl from Boarding school articulated the same message:

> If they really want to pass the message about HIV and AIDS, other than what has been said for the last 10-20 years, they should not hold anything back. They should create an environment where the young can feel free to open up but if their message is "take Care" and a student who wants to have sex does not know how

> to use a condom, then your message will not have had any impact on the audience. (Focus group interview, November 2005).

Observing that most HIV/AIDS education programs at school level are programmed and led by teachers, informants felt that they (students) should be involved in their design and implementation. One Boarding school student remembered:

> In most cases when we watch a video in class about HIV and AIDS it is the teachers who ask questions and most of us are shy to answer them even when you know the answer because you don't how this teacher or other students will perceive you. Whenever, we have questions, we get better answers from other students than from teachers. We feel free discussing with other students minus a teacher. (Focus group interview, November 2005).

However, HIV/AIDS education should start at the community level where meaningful discourse of HIV/AIDS lack and misconceptions and myths about HIV/AIDS prevention thrive. In other words, HIV/AIDS education programs should not only focus on individuals but on social and cultural contexts that shape the behavior of the individual.

Parents

While informants were appreciative of the sacrifice of their parents to educate them, they placed blame on most of them for embracing a wall of silence, which withheld information that meant life and death to them. The informants' perceptions are captured by one student's view:

> We are privileged and thankful to our parents and guardians that we are in school and able to get much of the information about AIDS that people of our age out there don't. But I see it as some kind of betrayal when my parents and teachers do not talk about the little embarrassing details coz [because] of what I don't understand. (Focus group interview, November 2005).

The main premise in this excerpt is that parents and teachers are key in modeling, developing, and maintaining meaningful trustworthy relationships with students and such relationships play a critical role in leading students to make informed

choices. In this regard, informants felt that "the issue of boyfriend and girlfriend relationship being viewed as an immoral act is a bad cultural view".

The church, which has the power to penetrate rural lives with life saving messages in a manner no other organization could, has the power to make HIV/AIDS a signature issue in their programs. Both focus groups stated that the church is the place where most of them meet. Informants concurred that:

> Within the community the church has a license that parents and teachers don't have to talk about sex and HIV and AIDS. The church is the platform to pass the HIV and AIDS message without interfering with the local culture. The church is the river of life and can feed all the people the messages that can safe lives. (Focus group interview, November 2005).

In view of the influence of the church in rural settings, the informants felt that the church, if candid, had the power to educate everyone on taboo issues. The tension between the standpoint of most churches that lay priority on sexual chastity prior to marriage and sexual fidelity within marriage and the reality and conundrum of the flock it tends to is encapsulated in the following excerpt that cut across both focus group informants:

> In church, we usually have youth meetings. In these meetings we discuss HIV and AIDS along with abstinence. The church tells us to abstain from having sex until marriage. They talk about being faithful for married couples but they don't tell us to do the same to our boyfriends because they believe we don't have boyfriends. They don't talk about the use of condoms because they say and it is my view that condoms encourage immorality. I believe that most teenagers including those who are not thinking about having sex will think of engaging in sex because now there is something to protect us. At the same time, condoms are not 100% but abstaining is 100%. You know, it is ones choice. If one gets tempted then the condoms come in but it is not impossible to abstain. (Focus group interview, November 2005).

Through the church more than any other avenue, the informants had learned how to treat and respond to people perceived to be HIV positive with love and

compassion. While stigma and discrimination of such people existed at school level, it was not as pervasive as in community/villages. At Boarding school, "we give them soap or some basic things a girl needs. We show them compassion and make sure that they live like all of us. However, some girls don't care and try to avoid them. They discriminate them but majority are good". Along the messages they get from the church, informants concurred that HIV/AIDS education programs as well their personal efforts were helping them shape and transform their lives for the better. In the words of one informant:

> All the information I get from these programs is useless if it does not translate to making my behavior better or acceptable in society. If it does not make me a healthy person free from sexually infected diseases including HIV and AIDS and if it does not inject in me what love means to those who are already on the list of shame, then it is useless. (Focus group interview, November 2005).

Informants went further and underscored the critical role of the government.

The government

Informants, especially head teachers complained that the government had given rural areas little attention in its efforts to mitigate the debilitating impacts of HIV/AIDS. Members of the focus groups thought that the government needed to ban or regulate those who visit nightclubs located within school vicinity. On the other hand, student informants beseeched the government to severely punish rapists and attend to the plight of the high number of orphans left in the hands of sick and frail grand parents in rural areas. In one voice, they said:

> There are also many orphans who are left in the hands of sick parents or old struggling grand mothers. The grannies don't have money to support these orphans with their needs or even energy to provide them with food or carry the little ones. So I think the government should team up with local NGOs [non-governmental organizations] and visit especially rural places and try to meet the

> needs of these orphans and their families. They are so many. There also should be strict punishment for rapists. (Focus group interview, November 2005).

While the government and the church have the resources to engage the rural communities in reevaluating their lifestyles and cultural practices, informants were of the view that the "government should come up with some law that requires people to know their HIV status". Moreover, it could help if there was an outreach of HIV/AIDS education programs that target the local communities:

> It could be very good if these programs are introduced at the community level because we have a lot of ignorance in the village. If they are only introduced in school, then it is only the students who get it and they might not be free to talk about the same to their parents and siblings. I believe that the deep details of this enormous disease yet very secretive in its mode of transmission can filter into individuals in the community if some of the programs are introduced at that level. The curtains will fall for the infected and affected and those who consider themselves angels to see the deep details of what our parents fear to talk about. It can give an open way for a girl to ask her brother to accompany him to a VCT center for a test without fear. (Focus group interview, November 2005).

The above excerpt demonstrates the need to focus on changing society's attitudes and perceptions to tackle stigma and discrimination with a view to making the infected and affected visible and people in the fullness of human experience.

Mercy: An Epitome of Hope

The following section presents a vignette of an informant from Boarding school who self-selected to be interviewed individually. She shares the cadence of her angst and brings out so many pandemics all stemming from one, HIV/AIDS.

When I sat down to interview Mercy, she fidgeted so much that I thought I was not going to learn much from her. Mercy, 19 years old, was in 10^{th} grade when her mother passed away. As the first-born child in her family, Mercy assumed responsibility

of taking care of her three siblings. When her father remarried 4 months after her mother's death, Mercy was devastated and hated coming home when school was closed. "I don't like going home when we close school because my mother who always welcomed me is not there anymore. It is hard. It is only my brother and sisters that make me go home. I think about them a lot. They are the reason I go home all the time".

From the time Mercy's father remarried, she and her siblings started going without food and for the first time Mercy was sent home for lack of school fees. One time when Mercy came home from school for half term, she learned that her father had sold the piece of land they had all along known to be theirs. "The whole place was fenced. Only our house was not". Scarcity of farmland to grow foodstuffs compounded Mercy and her siblings' lack of food. For lack of care, her siblings moved to their grandmother's house. Back in school, Mercy felt lonely and she could not resist her friends' influence to engage in certain activities that she now regrets. "I could not resist the temptation of having a boyfriend since all my friends each had one. I did not want to be looked at as a "*mshamba*" [primitive].

When Mercy mentioned her boyfriend, she seemed to be deeply affected. She pulled the corner of her new navy blue jacket to wipe off her tear stained face. We took a 15-minute break and resumed at her request. When we resumed, she requested me to turn off the audiotape, which I quickly obliged. I was not prepared for what Mercy told me after I switched off the tape recorder. Her wide-open eyes fixed on me and tears freely rolling down her cheeks, Mercy revealed, "I know you cannot believe that I am a victim. I am HIV positive". Expressionless, I reached out and hugged her and assured her that her revelation did not change my view of her, as a human being. I thanked her for trusting

me and I assured her that I would treat all information she shared with me with uttermost confidentiality. I knew then that this was going to be the most sensitive interview of all the interviews I had conducted. It dawned on me then why she had self-selected to be interviewed individually. With the tape recorder switched off for the remaining part of the interview session, I listened keenly and took as much notes as I could. Later, these notes helped me to reconstruct Mercy's story.

In school, Mercy had confided her HIV status to one female teacher who was very supportive. The teacher had connected her to an HIV/AIDS support group that operated at the provincial level. This organization supplied Mercy with antiretroviral (ARV) medicine at no cost. She had feared telling her father because "he would kill me. He would strangle me. I fear for my siblings. Whenever I sit with them, I find myself crying. My grandmother says that I am changed. But I cannot get to tell her. She would die". Mercy also feared for her sister and brothers incase her status became known in the village. According to her, "they could die before their time". She was happy with ARVs but to keep her HIV status secret in school, "I have to hide from other students to swallow them. They [tablets] are so many and they make me tired. Sometimes food here in school is not enough and healthy. But I have nothing to do. Even at home it is not enough but grandma is there".

I asked Mercy to describe what, if any, her parents told her regarding reproductive health. She shared:

> From my mom, there was nothing official. It is not that you could sit with my mom and start talking about HIV and AIDS. Mom did not talk much. The best she could say regarding HIV and AIDS is 'you know and hear what people say. AIDS kills and so I want you to take care of yourself'. My dad on the other hand strictly won't talk about AIDS on point blank terms. He could give scenarios such as when one is taking a *matatu* [passenger service vehicle] going to school and a

> man offers to pay fare for you and then that leads to another thing and another thing. My dad says that never accept any offer from any man. (Personal interview, February 2006).

It is clear that whenever Mercy's parents talked to her on matters related to reproductive health including sex and sexuality, they encouraged abstinence. This is in line with what the Kisii culture prescribes for those young women and men who are not yet married. The prominence of abstinence until marriage also hinges on the high social value the Kisii community places on virginity among girls.

Mercy's School Experience

I asked Mercy what they were being told in school about reproductive health including issues of HIV/AIDS. She talked about HIV/AIDS education programs in her school such as Public Speaking Club, where students are supposed to research on socially or politically hot topics such as abortion, HIV/AIDS, gender inequality and corruption. With the help of the club patron, "we then present our work to a panel of officials in the district for awards. Our presentations are in the form of a speech, song, dance, or verse. Sometimes, some schools make plays out of these themes and present it in the form of drama. We also watch videos, but to tell you the truth, video is the most scary for me".

According to Mercy, Guidance and Counseling unit in her school dealt purely with discipline cases. Her madam friend had discouraged her from utilizing Guidance and Counseling services for fear of breach of confidentiality. Teachers in Guidance and Counseling department were known to discuss cases they handled to their fellow teachers openly in the staff lounge or sometimes used such cases to counsel other students. Two HIV affected students had dropped out of Mercy's school because of teasing and ridicule.

Whenever Mercy's class went to the district hospital to visit "those who are on the list of shame" as was the routine every term, she was scared. She explained her fears:

> I am afraid, I don't like it. I always see myself in that bed. I always cry when you hear their stories. My stories I believe. For me seeing them comes with a lot of physical and emotional pain. I always have the feeling that had I not done this, I could not be in this pain. At the same time, I don't want to live my life where everyone looks at you like you suffer from leprosy. If one suffers from Malaria, people can come and see you and ask you 'how you are'. They expect you to recover. If you are suffering from HIV and AIDS, people won't even tell you sorry, they won't even come close to you, It is so hard to live with it. They don't expect you to recover now nor tomorrow. For them, you are already dead. And you are living in a society or community of people you expect to love and care for you. (Personal interview, February 2006).

Mercy divulged how she believed she had contracted HIV. She believed that a *yoyo*[10], a teacher doing his internship in her school had infected her. She had fallen in love with this teacher since he showered her with a lot of gifts. "He was driving, he bought me clothes, and he gave me a cell phone. He is the one who introduced me to cell phones. Having a cell phone even today here in school is hot for a girl. You are class, you know. When that teacher died, it was rumored that he had died of "the big thing [AIDS]. That is when I decided to go for testing and found myself in this mess".

Since knowing ones status is believed to be the first line of fighting HIV/AIDS for those who are sexually active, I asked Mercy what she felt like now that she knew her HIV status.

> It is scary. It gives one a feeling that I am going to die in the next minute. I believe I am living on a bonus because my fate is well known to me. I live my life for this minute because I don't know when it [death] will come. It will come in the next minute or tomorrow or even next week. All these feelings and knowing comes with a lot of pain, that you see, you feel, you hear and think. It is pain! pain! and pain. This is what I get from it. Quite dead yet not dead. (Personal interview, February 2006)

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[10] *Yoyo* denotes a nickname used by students to describe teachers in the field doing their teaching practice

Conscious of her physical image, Mercy told me that since she discovered her HIV status, she had been taking a picture of herself every month to observe the changes "before I quit".

I asked Mercy what motivated her to continue to be in school. She explained that the most important thing for her was school.

> I still have dreams and I know I can make them happen. School for me is a hiding place. When I study with other students, I try to forget who I am. My teacher friend also encourages me. Whenever I go home for holiday, at least 4-6 people are buried, and you hear people say, 'so and so died of the radio disease'. It [HIV/AIDS] is called radio disease in my village. I don't like going home for holidays. But I don't have anywhere to go. My brother and sisters will need me. (Personal interview, February 2006)

While the hardest thing in Mercy's life was the death of her mother, she wished society could afford a little love for people like her. She emotionally observed that lack of love and care for those who are infected and affected directly make them feel invisible. Stretching her hands forward, eerie she stressed:

> Look, I am a human being. All I need is love. The idea of LOVE, may I use that word, the word love, the word love, the word love, is very powerful. Love in action, positive love, changing love. That is real meaningful for an HIV infected or affected person because I know, I know, I know what that means now. (Personal interview, February 2006).

Mercy 's craving for love was a direct allusion of its scarcity for people perceived to be HIV positive because rejection, isolation, blaming, stigma, discrimination and denial encompass most responses.

Mercy's Critical Life Saving Pieces of Information

Before I concluded my interview with Mercy, I asked her, in the context of HIV/AIDS, what she thought parents, teachers, and other HIV/AIDS educators fail to address when they talk about HIV/AIDS. She noted:

> They all talk about the same things. Abstain and take care. They repeat the cover of the book that everyone knows about but whose contents they have least knowledge about. They fail to talk about the small, fine embarrassing details that tempt young people to engage in sex. They fail to talk about preventative methods. Some might tell you to use a condom but they don't tell you how to use it. Some may tell you to abstain. That is easy. I am a 19-year old girl. How do I convince my boyfriend that let us abstain? For me, I think the embarrassing fine details that all adults avoid are the most critical life saving pieces of information for me. That is what every youth my age is looking for. Yet there are those who say, be faithful. Be faithful to what? How can I be faithful to my boyfriend when I am not allowed to have a boyfriend? For those who have, they are told to be faithful, does that mean that they should have sex but be faithful to them? (Personal interview, February 2006)

Mercy's profound response echoed what I had heard from focus group discussions and some head teachers that I had already interviewed. HIV/AIDS prevention programs poised to make a positive impact in preventing sexually transmitted infections (STIs) including HIV/AIDS amongst the youth need not lay priority on sexual chastity prior to marriage and sexual fidelity within marriage. They need to understand the language of the youth who are ready to take risks even where they know exist danger. They need to empower Mercy's lot. According to Mercy, they need to move from "this is how you contract HIV" to "this is how you can prevent it, beyond abstinence". While abstinence as the best prevention method is not debatable, it is arguable that denying students the right to know, access and learn to use all prevention methods including the use of condoms, parents and teachers are fostering ignorance and denial among a generation that is sexually active and on the discovery path.

CHAPTER VI

ANALYSIS

Introduction

In this analysis chapter, I present a thematic analysis of the voices of five head teachers and perceptions of students in two focus groups regarding the implementation of school-based HIV/AIDS education programs. I make an attempt to describe the informants' experiences and perceptions by capturing the nuances and tones, dilemmas and tensions as well as challenges, all influenced by a myriad of interrelated and interconnected contextual environments.

The analysis is based on the grand tour research question and four mini-tour questions. The grand tour question was: What are the experiences of head teachers in implementing HIV/AIDS education programs and students' perceptions of the implementation in rural high schools in Kisii District, Kenya? The mini-tour questions were:

1. What role do head teachers play in implementing HIV/AIDS programs?
2. How do schools respond to HIV/AIDS cases?
3. How do they communicate matters related to HIV/AIDS in school?
4. What are students' perceptions of HIV/AIDS education programs?

The impact of HIV/AIDS on communities and rural schools in Kisii Central District is enormous and the experiences of head teachers in implementing HIV/AIDS education programs and the meaning of such programs to students is contingent on familiar and interrelated contexts. These contextual domains emerge as decisive factors that influence how schools in rural areas construct HIV/AIDS in terms of, meaning,

response and communication. These domains include: Cultural, religious, socio-economic as well as school environment. These domains immensely influence the role of head teachers and how their schools respond to and communicate about cases and issues related to HIV/AIDS. It is on the backdrop of these contextual domains that I anchored my analysis.

School Context

Schools are part of society and mirror societies system of beliefs and values, that they play a crucial role in social change. Based on this premise, I believe that making schools safe where both girls and boys enjoy equitable education is critical to achieving both education for all and HIV/AIDS prevention. A meaningful implementation of school-based HIV/AIDS programs require a conducive learning environment, which is safe, secure and supportive where learners and teachers freely find opportunities to engage in meaningful discourse on comfortable and/or uncomfortable subjects such as sexuality and HIV/AIDS.

However, this study revealed that schools in rural Kisii district do little to protect students, especially girls from within and out of school environments that pose health risks to them including the risk of HIV infection. From within the school context, emerged factors such as gender insensitive school environment, sexual harassment and gender-based violence against girls, including lack of adequate toilet and sanitary facilities. These findings augment World Health Organization (2002) stance, which state, "For many young women, the most common place where sexual coercion and harassment are experienced is in school" (Cited in Panos 2003, p.15).

Cases of girls sexually violated by teachers, schoolboys and sugar daddies taking advantage of their (girls) economic situation cut across both head teachers and student informants' responses. Student informants reported that they were aware of cases that involved intimate relationships between teachers and female students. Head teachers also acknowledged existence of such relationships but expressed difficulties and tensions in handling them. For instance, Mercy, the HIV positive girl who chose to be interviewed individually was certain that a teacher on internship had infected her. About the same time when I was collecting data, there was an incident involving a group of schoolboys, who had attacked three male teachers on internship for "snatching our girls". The absurdity of such cases was revealed by Mr. Sawa, the head teacher of Happy Day Secondary School, whose two daughters had become pregnant, dropped out of school and eloped with their sweethearts.

These cases point to pervasive unsafe school environments that condone abusive and inappropriate relationships that put girls at risk. The compromising nature of head teachers in responding to such cases is captured in Mr. Sawa's ironical response:

> In most cases, such teachers are separated from their student lovers by being transferred to another school. Students are usually scared since the affair is now exposed. As much as it might look like it is transferring a problem to another school, nobody wants to terminate such teacher's job because that will be a big issue. I had rather transfer him/her than recommend for his interdiction. For a student and a student, I suspend the two and call their parents. About sugar daddies, that is kind of out of my office but I let the parent know. Sugar daddy cases usually happen when the students are out there, either for holiday or half term and we are not really responsible for how they behave (Personal interview, January 2006).

The role of head teachers in creating conducive school environments that offer appropriate responses to all cases of violence including those related to HIV/AIDS is

severely constrained and constructed by a gender insensitive cultural paradigm informed by a void in policy practice. According to Human Rights Watch (2001):

> Left unchecked, sexual violence in schools has a negative impact on the educational and emotional needs of girls and acts as a barrier to attaining education... Rape and other forms of sexual violence place girls at risk of contracting the HIV/AIDS virus [which has in turn] taken its toll on the educational system and disrupted education ...especially for girls (p.5).

Further research shows that unsafe learning environments are among the reasons that girls discontinue their studies, get pregnant or parents refuse to enroll and keep their daughters in school (USAID, 2004). In the context of HIV/AIDS, there is promise in HIV/AIDS education programs that are produced and implemented with a gender based approach, those that take into account the ways in which gender norms influence HIV vulnerability, ability to adopt protective behavior, and the care and support of people living with HIV/AIDS. A review of HIV/AIDS education programs that existed in schools in rural Kisii district can be termed to be informational and lacked a gender based or rights based approach.

In my view, the most pressing need in light of the high incidence of gender-based violence and the implications for health and education is adaptation of materials that educate both girls and boys about sexual health and the male/female power dynamics underlying gender violence. This can be realized through an HIV/AIDS education curricula that provide learners with problem- solving skills, decision-making skills, communication, refusal and negotiating skills, as well as skills that help them avoid alcohol and drugs use.

Policy and Practice Dilemma

While head teachers acknowledged the existence of Teachers' Service Commission Code of Conduct and Code of regulations that stipulate disciplinary measures for teachers involved in intimate relationships with students, implementation of such codes and regulations put them at risk for a local political and/or cultural backlash. The feeling I got from here is that a girl becoming pregnant is not as serious as firing a teacher who is dependent upon by so many people in his village. Hence, head teachers preferred transferring amorous teachers to firing them.

There is need to have a clear policy framework that defines, prohibits, and carries penalties for acts of school related violence. Such policies should not be privileged to school administrators only, but be understood by the larger community who might be persuaded to support such policies instead of condoning or abetting acts that put girls at risk. By so doing, head teachers will be obligated and empowered to prohibit, report and provide local access to avenues of redress for the abused and exploited. From a policy standpoint, policy implementation should follow policy development although this might be the greatest challenge in the education sector in Kenya.

While awaiting policy tools to inject some professionalism into teacher-student relationships in schools in rural Kisii District might seem distant, it was evident that some head teachers had picked the students' cues of labeling teachers who taught HIV/AIDS as *AIDS teachers*. This was a label that student informants used during the focus group discussions whenever they referred to teachers, especially Guidance and Counseling teachers, who comparatively were said to be more involved in HIV/AIDS education programs. Additionally, whenever head teachers alluded to lack of trained HIV/AIDS

educators, they referred to such teachers as *AIDS teachers*. While such reference might be a departure from my analytical interpretation, it is hard to miss such interpretation especially when it stems from a community where HIV/AIDS is cloaked in many different robes.

Lack of Trained Teachers and Counseling Services

From the data, I garnered that schools in rural Kisii district experience not only shortage of trained teachers but also severely lack trained teachers to teach HIV/AIDS and offer related guidance and counseling. This observation reveals a wider crisis in schools in rural Kisii District. Teacher-student ratio in each school was indicative of some overcrowding. An overview of student population shows an average of 45 students for each teacher. Overcrowding was attributed to the high student transition rate from primary to secondary schools due to the implementation of free primary education policy. The head teachers blamed the government's policy that had frozen employment of more teachers due to budgetary constraints. Coupled with high attrition rate among teachers due to retirement, HIV/AIDS and change of profession, schools in rural Kisii district had resorted to utilizing locally available untrained teachers including teachers on internship. An analysis of cases related to teacher-student sexual relationships as reported by student informants' involved, to a larger extent, untrained teachers hired by Board of Governors (BOG) and those on internship.

While the infusion of HIV/AIDS component in the national curriculum was indicative of the government of Kenya's commitment to combat HIV infection, the level of implementation was low due to a myriad of problems including lack of financial and human resources. A study by Ennew et al. (2000) reveal that although the government of

Kenya recognize the importance of reaching young people with information on HIV/AIDS, not much had been done in training teachers to specifically teach AIDS education in schools. This finding was an enigma to most head teachers in this study because they did not understand why the government had sanctioned such noble policy, without retraining school teachers and administrators. Besides Sister Alice's school, which had two trained teachers to teach and counsel school members on HIV/AIDS, Guidance and Counseling services in the rest of the schools I visited were dysfunctional and lacked trained personnel. Those that had any form of guidance and counseling unit handled general cases of student discipline including drunkenness and substance abuse. Students and teachers who experienced HIV/AIDS related psychosocial stress lacked counseling and referral services.

Moreover, head teachers reported that HIV/AIDS component embedded in the national curriculum was not their instructional priority subject since it was not examinable. According to Mr. Sawa, "Teachers feel pressed for time to talk about this and I feel they need to concentrate on examinable subjects. HIV/AIDS education is not a core subject, is not being tested. It is not a priority" (Personal interview, January 2006). With increased pressure to produce better student performance against limited resources, it was understandable why schools in Kisii district relegate a subject such as HIV/AIDS, which is neither examinable nor compulsory to the margins of the curriculum.

Teachers and HIV/AIDS Instruction

It is indisputable that teachers are the fulcrum upon which school programs including the success of school-based HIV/AIDS education depends. However, as previously observed in this study, schools in rural Kisii district experienced acute

shortage of trained teachers. While this was the head teachers' major concern, student informants reported that most teachers taught HIV/AIDS selectively, shied a way from teaching HIV/AIDS as envisioned, were bad role models, lacked relevant HIV/AIDS materials, and/or were under pressure to teach examinable subjects. Additionally, student informants said that teachers preferred traditional forms of teaching, "lecture method", to participatory teaching, which is recommended when one is handling topics or subjects considered culturally sensitive such as HIV/AIDS (UNAIDS, 2000). Traditional methods of teaching, according to focus group discussions, disengaged student participation and made most of them to feign ignorance in sexual matters.

The student informants' observation of the teachers' HIV/AIDS instructional practice augments other research which shows that teaching in most classrooms around the world tend to be didactic, non-participatory, inflexible, and assessment driven (Boler et al., 2004; Brown, et al., 1989; DiClemente, et al., 1989; Petosa and Wessinger, 1990; Schinke, et al., 1990; Ruder, et al., 1990). Teaching about HIV/AIDS is recommended to be participatory and responsive, raising questions rather than providing clear-cut answers, and challenging young people and adults to find new ways of relating to one another (Boler, et al., 2004). Further, participatory learning processes can help create space where different stakeholders have the opportunity to share their opinions with others with a view to creating or improving meaningful participation of people in decisions about HIV/AIDS education in schools.

According to Boler, (2005) Kenya's Ministry of Education approach to HIV/AIDS response "has been to get HIV/AIDS education out to as many schools as possible, with training to follow" (p.21). Data from this study revealed that HIV/AIDS

awareness among students was extremely high, but they lacked critical support on how to integrate the potency of the same information in their daily lives. On this background, it is plausible to argue that emphasis is placed on the product (informational) and not the contextual process (implementation). From a policy standpoint, "to ignore context is to ignore the very elements that make policy implementation a "problem" and contribute to the highly variable local responses that trouble policymakers" (McLaughlin, 1991, p.191).

Given the formidable cultural and religious barriers in discussing sex as it relates to HIV/AIDS in Kisii community, it is imperative that teachers need extra training and support in order to teach the integrated curriculum in an interactive and participatory manner. Echoing other research, it is my view that if school-based HIV/AIDS education programs continue to be implemented in the same under-resourced, under-staffed and under-trained way, then not only will it not work, but it is also likely to increase the students' confusion about the reality of HIV/AIDS. "Good quality HIV/AIDS education is intrinsically reliant on an education system which delivers good quality education" (Boler and Jellema, 2005).

Religious Context

In this study, I garnered that the church plays a pivotal role in school programs and leadership in school in rural Kisii District. Because of the churches influence, head teachers said that they feared to allow in their schools, HIV/AIDS education programs whose contents and method of delivery was not reflective of the moral position of local religious. According to the informants, the churches influence in the implementation of

school-based HIV/AIDS education programs manifested itself in the following areas: (1) Prevention initiatives, (2) Provision of care for people living with HIV/AIDS, (3) Pastoral counseling and (4) Care for orphans.

Prevention Initiatives

In prevention initiatives, HIV/AIDS education is universally understood to assume three pronged ways; A: Abstain, B: Be faithful and C: Use Condoms (Welbourn, 1995). According to UNAIDS (1998), ABC model of HIV/AIDS education includes information on:

- Abstinence or delaying first sex
- Being safer by being faithful to one partner or by reducing the number of sexual partners and
- Correct and consistent use of condoms for sexually active young people, couples in which one partner is HIV-positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure.

However, I found out that from a religious standpoint school-based HIV/AIDS education in rural Kisii district was often wrapped up in questions of personal morality entrenched in teachings of abstinence and faithfulness. Both focus group informants and the head teachers I interviewed concurred that the churches' influence and role in disseminating HIV/AIDS awareness was shrouded in the message, "the wages of sin is death" (Maria, Personal interview, February 2006). The 'C' component, which is considered controversial, seldom finds its way in school-based HIV/AIDS education programs.

While the head teachers felt that they were obligated to respect their church policies, they were of the view that all three components of ABC approach, which form the bulky of HIV/AIDS prevention programs, should be fully implemented instead of emphasizing on 'A' *(abstinence)*. One informant argued that abstinence might mean delaying having sex but that did not mean that they [students] would wait until marriage. In this context, Maria, the head teacher of Manor Girls High School, described the only pressure she felt from her church as that of "telling our students to close their thighs and open their books". Additionally, Sister Alice claimed, "we are always loud when mentioning abstinence and being faithful, but we mumble when it comes to condoms". The same response came from Mr. Sawa, who observed that the church was visible and felt more in the community, to pray and comfort the community, but only when the damage had been done. These viewpoints and observations indicate that rural schools embrace and perpetuate programs that underline HIV/AIDS education and sexuality in the light of the Church's moral teachings and the Biblical principles that govern it.

It is in the religious context that head teachers' feared to irk or contradict the stand of their churches regarding sexual education and HIV/AIDS. Hence, they upheld and propagated their churches' principles of abstinence and faithfulness after marriage, a stance they seemed to be aware was not reflective of the realities they experienced in their schools and communities. At school, they feared to allow HIV/AIDS programs that openly promoted the use of condoms as a preventive method for students who either could not abstain from sex or be faithful to one sexual partner in and outside marriage or in a relationship where one person is seropositive. To uphold the religious stand on the value of abstinence, Maria had initiated a program in her school where participating girls

pledged to remain sexually abstinent until marriage. Those girls who were already sexually active were encouraged to renew their virginity and avoid contracting sexually transmitted diseases including HIV virus.

According to the informants, the view of the church was that promotion of condom use was an invitation to promiscuous behavior and would lead to recreational sex and instrumentation of the same. For instance, Bidii was passionate in his view that "students must wait until marriage to know about condoms. Talking about condoms does not allow us, as a school to provide especially to the youth necessary moral, social and spiritual preparation they need to navigate the social environment when they become of age" (Personal interview, January 2006). Mr. Bidii'observation is echoed in most literature and studies I have referenced in this study.

While a majority of student informants endorsed the message of the church, that *chill and seal* [abstinence] is the only prevention method that works 100%, they asserted that this method was hardly practiced by their fellow youth. To this end, I argue that the youth's widely acknowledged best prevention method, abstinence is the least utilized in their repertoire of HIV/AIDS prevention methods. This observation presents the inevitability of including condom use knowledge when teaching HIV/AIDS education programs. However, since male student informants argued that they are unlikely to use condoms in long-term relationships, promotion of condom use alone may not stem the tide of HIV/AIDS pandemic.

From the forgoing, it is discernible that the influence of the church limits and constrains the role of head teachers from pushing implementation of comprehensive HIV/AIDS education programs objectively in a more frank, creative, interactive as well

as experiential fashion. Hence, head teachers as HIV/AIDS educators, accomplish the goal of teaching students in different forums about prevention messages that only harp on abstinence and fidelity after marriage. By so doing, prevention messages end up being informational and focused only on individuals rather than empowering and trained on the contexts or domains upon which the individual operates. Supporting this view, the Rockefeller Foundation in *Communications for social change* (1999) states that there is a need to move "away from a focus on individual behaviors ... and on to social norms, religious beliefs, policies, culture and a supportive environment" (p.15).

Care and support

While informants present the churches' reactive influence in HIV/AIDS education strategies in schools in rural Kisii district, the churches' proactive response to those who are infected and affected is remarkable. Besides reinforcing traditional moral teachings and values, especially with regard to sexual behavior and marital relationships, informants said that churches supported assistance of orphans and vulnerable children. This support came in the form of finance, pastoral counseling as well as care and prayer for those who are bereaved in the community.

For instance, the Catholic Church had set up a Voluntary Counseling and Testing (VCT) center in Sister Alice's school to serve both the school and immediate community members. There is no doubt that HIV testing and counseling services are a gateway to HIV prevention, care and treatment. The benefits of ones knowledge of HIV status can be accrued at the individual, community and national levels. According to WHO (2003) report, scaling up HIV testing and counseling services is a critical step for scaling up a range of interventions in HIV/AIDS prevention, care, treatment and support. Mercy, the

HIV positive girl in this study is illustrative of such benefits, positive living and access to antiretroviral (ARV) treatment. However, the VCT center at Sister Alice's school was said to be underutilized, partly because of stigma and discrimination for those who sought to know their HIV status and for lack of access to treatment or nutritious food for those who tested positive. Based on Sister Alice's description of the VCT center, I state here that one cannot separate prevention from treatment and nutrition.

From the data, it also emerged that head teachers were actively involved in caring and supporting children orphaned by HIV/AIDS. Illustrative of this observation was Sister Alice's adoption of five children whom she lived with and Sawa's care and support for his brother's 3-orphaned children. While Maria saw all students in her school as part of her family, Mercy's teacher friend acted as a mother to her. In the wake of these compassionate responses, was lack of policies and strategies that build and strengthen the ability of schools, communities and families to support orphans and children affected by HIV/AIDS. Such policies would mean providing counseling and referral services, adequate nutrition, access to education, protection from exploitation and discrimination and addressing a host of other societal ills.

Socio-Economic Context

Poverty

Poverty is one of the most important risk factors for both school failure and the spread of HIV/AIDS. There is an undoubted relationship between poverty and epidemics of communicable diseases. While HIV/AIDS exacerbates poverty, poverty has the potential to increase the spread of HIV/AIDS. This concomitant relationship perpetuates

unequal gender and power relations that dispossesses and disenfranchises those who are infected and affected.

In this study, informants cited poverty as the main reason that make orphans and vulnerable children (OVCs) to drop out of school, predispose girls to engage in intergenerational relationships, and force many families to engage in brewing alcohol as a means to raise money to meet their children's educational needs. Student informants further revealed that poverty made many girls to gravitate towards older men including male teachers because of their relative affluence as they assured them of financial rewards such as cell phones, chips and chicken among other consumer niceties. Informants also described various families engaged in brewing local beer, *busaa* and *changaa,* as a source of income. While brewing of local beer was to some families considered a source of income, it encouraged student indulgence in underage drinking, substance abuse and compromised some teachers' integrity and moral judgment leading to activities that put students at risk.

While head teachers identified poverty as one element that had complicated their administration of schools, student informants blamed it for putting them at risk and making their lives miserable. Mercy, the HIV infected student informant said that she started missing school when her mother died and her father remarried and moved out of their home. Mercy was at the verge of loosing family support and social network, which she feared would eventually make her drop out of school. During my data collection, I attended one of the school's functions whose objective was to collect financial and material support to help needy students meet their daily needs while in school. Virtually in all schools I went to, head teachers said that they had at least 30 known cases of

students affected by HIV/AIDS. The head teachers estimated the higher number of orphans to be those who were unknown and did not have access to school because they could not afford. In my view, these are the invisible children living in rural communities whose resources are overstretched and families overburdened by their psychological, physical and psychosocial needs.

Government Assistance to orphans and vulnerable children (OVC)

According to the head teachers, the government had set up two national funding mechanisms to help orphans and vulnerable students to have access to education. These mechanisms are Secondary School Education Bursary Fund (SEBF) and Constituency Development Fund (CDF). Based on what I gathered from head teachers, SEBF was established in 1993/4 through a Presidential pronouncement and its aim is to cushion Kenya's poor and vulnerable groups against the high and increasing cost of secondary education. It also aims to increase enrolment in and completion of secondary school education. The fund targets orphans and the girl-child as well as those from poor households and urban slums, who are able to achieve good results. While students send their applications through their respective school heads, SEBF is coordinated by Constituency Bursary Committees, which screen applicants and disburse the funds.

Like SEBF, head teachers said that CDF aims to control imbalances in regional development brought about by partisan politics. It targets all constituency-level development projects, particularly those aiming to combat poverty at the grassroots. Out of the total CDF kitty allocated in each constituency, 10% is supposed to be used for educational purposes including supporting the educational needs of orphans and

vulnerable children. Schools are neither represented in local nor national committees that manage CDF.

This study revealed that SEBF and CDF raised great expectations but registered unrealized dreams among needy students. Head teachers identified major flaws that made SEBF and CDF ineffective. First, they observed that both SEBF and CDF schemes were politicized, lacked transparency and seldom reached needy students on time to deter them from dropping out of school. Second, parents and guardians who were primary applicants for the funds, petitioned for their children first and orphans came second. I learned that there were no mechanisms in the district or in schools to identify legitimate orphans and vulnerable children that deserved to be assisted from SEBF and CDF.

According to Neema, SEBF and CDF monies were distributed according to one's political allegiance to the local politician. Maria, the head teacher of Manor Girls High School echoed Neema's sentiments saying, "as long as these schemes are in the hands of politicians, deserving students will continue to lose out if their parents don't tore the political line of their MP [Member of Parliament]. Distribution will continue to be politics as usual, bureaucratic, slow, inefficient and cumbersome" (Personal interview, February 2005). The head teachers therefore viewed the government's response to the plight of orphans as politicized, slow, haphazard, uncoordinated and often lacked accurate data of the number of orphans in schools. They were of the view that schools should be given the mandate to control both SEBF and educational vote from CDF since they were in constant touch with students and their needs.

The budgetary allocations of SEBF and CDF educational vote is the Government of Kenya's acknowledgement of the regional development disparities as well as a

testament of the high number of orphans and vulnerable children with many educational needs. While the establishment of both SEBF and the educational vote from CDF seems to be noble, the policy may be characterized to be temporary and a quick-fix solution. To tackle the plight of orphans and vulnerable children in terms of meeting their educational and psychosocial needs, I advance the view that the government of Kenya should consider removing school fees and/or reducing other costs of schooling. In the words of Boler (2005) although school bursaries may reduce the financial barriers facing orphans and vulnerable children (OVCs), they do not address the pressing psychosocial needs of these highly vulnerable children. The head teachers seemed to be overwhelmed by a huge number of needy students, lack of resources with which to respond to their needs and frustrating and bureaucratic government assistance, which was overly political and largely inefficient.

Cultural Context

In the context of HIV/AIDS, UNESCO, WHO and UNAIDS, propose that culture be understood as ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communication as well as arts and creativity. In view of this definition, culture can influence attitudes and behaviors related to the HIV/AIDS epidemic. These attitudes and behaviors may include; taking or not taking risk of contracting HIV, accessing treatment and care, shaping gender relations and roles that put women and men at risk of infection as well as being supportive towards or discriminating against people living with HIV/AIDS and their families.

Data from this study shows that the difficulty of establishing effective school-based HIV/AIDS programs stem from a culture of silence, regarding sexuality, male-female roles and relationships, illness and death and other taboo subjects deeply rooted in the Kisii culture. This study revealed that cultural influence manifests itself in three interrelated ways.

First, culture influences the contextual environment upon which HIV/AIDS education programs are implemented. This claim is supported by the way head teachers' cultural and religious dilemma seldom allowed them to sanction programs that deviated from "the cultural norms" to be advanced among students. From the data, I also gleaned that there is a culture of "passing the buck" with regard to the social institutions that ought to undertake sexuality education. The family passes the responsibility to the school, the churches to the family and the school passes it back to the family.

Research shows that throughout the world, societal and cultural attitudes and norms, which rigidly prescribe what is considered appropriate behavior, limit young women's power to negotiate safer sex or resist unwanted sex. These contexts make it hard for women to opt out of abusive or violent relationships, promote expectations of dependence on men, a dependence further exacerbated by poverty. Informants pointed to poverty as a major reason that enabled older men to prey successfully on women and girls by offering them money and material goods in exchange for sexual liaisons. The "thick wall of silence" Sister Alice referred to might mean reluctance to talk about HIV/AIDS prevention strategies between parents, teachers and the young people. Student informants reported that teachers were not free to talk about HIV/AIDS in a frank and open way and this might be due to cultural constraints.

Second, the content of the local culture such as its values, norms and practices, resources and other dos and don'ts overly influence what prevention measures are passed to students based on their gender and age group. For instance, an individual's concept and expression of sexuality is deeply entwined in the cultural and social norms of the community. This observation is manifested in instances where head teachers' messages to students regarding HIV/AIDS prevention is encapsulated in phrases such as "take care", "avoid boys", and "our culture is the best culture". Student informants shared their experiences where their parents and teachers talked to them in a convoluted language that least made sense to them. Male student informants interpreted confiscation of condoms by teachers as the height of trust and betrayal. At the community level, informants reported the existence of social and cultural practices that have the potential to expose them to HIV infection. They include, wife inheritance, female circumcision, witchcraft, tattoos and the 'virgin cure', where infected males believe that having sex with a virgin girl hold the cure for HIV/AIDS. All these practices point to a sound ground upon which HIV/AIDS can thrive and so calls for a culturally sensitive coordinated and systematic response that schools in rural areas or communities they serve cannot provide or sustain.

Finally, the methods of who participated in HIV/AIDS prevention programs at the school level also influence the way HIV/AIDS education programs are implemented. Teachers, church elders, opinion leaders and parents controlled the method of communicating on HIV/AIDS. Rarely were young people involved in HIV/AIDS implementation process at the school level. Erratic HIV/AIDS student groups, whose patrons were teachers, existed in boarding school. Student informants from Boarding school reported feigning ignorance on HIV/AIDS issues in which they had knowledge

just "to protect our reputation". While student informants encouraged the involvement of people living with HIV/AIDS as part of HIV/AIDS education resource persons, they also suggested that young people of their age group who might be HIV positive be involved in HIV/AIDS education.

My observation is that head teachers navigate tension-packed environments characterized by disparate cultural, economic as well as religious challenges, which make their leadership difficult. In these environments, head teachers experience hardships to interpret and synchronize stakeholders' persistent, pervasive, and significantly disparate views on HIV/AIDS prevention strategies at the school level. Until HIV/AIDS education programs shift their focus from the individual and anchor prevention strategies on the contextual environments on which the individual operates, their potency will continue to be elusive.

CHAPTER VII

IMPLICATIONS AND CONCLUSION

In this study, I sought to understand experiences of head teachers in implementing school-based HIV/AIDS education programs and student perceptions of such programs. The head teachers' and students' narratives, stories, challenges, dilemmas and tensions depict an educational system beleaguered by HIV/AIDS in all aspects. This crisis reveals a growing number of affected students and infected teachers. For students therefore, critical HIV/AIDS education programs are those whose activities strengthen their behavior change intentions, help them to accurately judge their risk and provide normative support for avoiding high-risk. The crisis further necessitates that students are taught skills needed to communicate effectively to delay sex debut, decline sexual pressure or negotiate safer sex, and reinforce and support behavior change efforts. For students and other school community members to secure these skills and integrate them into their daily lives, HIV/AIDS prevention programs should focus both on the individual and the context upon which the individual operates.

Individual and Context-based HIV/AIDS prevention

As part of HIV/AIDS prevention strategies, schools and their religious sponsors as well as communities in rural Kenya have a moral responsibility to help the youth to self-manage what I refer to as "risk triggers" or contexts that aggravate the spread of HIV/AIDS. The 'thick wall of silence' that characterizes communities in Kisii district, where rural schools are embedded dictate that an individual is held accountable of risk behaviors but not the contexts that are reflective of such behavior.

While the focus on individual behavior contributes to the behavioral trajectory of reducing the risk of HIV infection, attention should be directed to the social and cultural contexts from whence the behavior sprouts. These contexts include those that fuel the spread of HIV/AIDS such as poverty, cultural taboos, gender and power inequalities, as well as religious beliefs. Because this study showed that rural Kisii district suffers from these pressure points, many people are vulnerable to risk sexual behavior, which underscores the importance of linking HIV prevention to necessary development and social and supportive services. I believe that the extent to which a government's developmental agenda improves her people's lives depend on how well these pressure points that fuel HIV/AIDS are addressed. In the context of school-based HIV/AIDS prevention programs, schools will be more meaningful if they shift from informational programs to empowering strategies.

Life Skills Programs

Since rural areas such as Kisii District are known for their tenacity in perpetuating cultural norms and practices that have been said to fuel the spread of HIV/AIDS among the youth, school-based HIV/AIDS education programs should assume a skills-based paradigm with a view to changing risk behaviors. Evidence from the student informants from the two focus groups I conducted confirm that most of the youth in rural schools have acquired enough information and awareness about HIV/AIDS but they lack practical and skill-based strategies to integrate the same information into situations involving relationships and sexual activity. Recent educational and behavioral theoretical frameworks emphasize the importance of teaching life-skills where cultural tenacity is a barrier to implementing effective HIV/AIDS education programs. A synthesis of such

frameworks contend that HIV/AIDS education curricula should provide learners with problem- solving skills, decision-making skills, communication, refusal and negotiating skills, as well as skills that help them avoid alcohol and drug use. Specific skills, such as conflict management and the ability to successfully refuse sex need greater attention and inclusion.

Life Skills are likely to help the youth to develop self-sufficiency, which may assist them to become motivated to act in healthier ways. However, in rural settings, I argue that the effectiveness of life-skills as part of HIV/AIDS prevention strategy will work if they are tied to the following three steps:

Young people's developmental stages. Teachers and parents ought to acknowledge the physical, emotional and cognitive development of the youth and assist them to navigate through to adulthood. This includes believing that adolescents do engage in sexual activities and need to be empowered to practice safer sex. Hence, the need to inculcate in the youth problem-solving skills, decision-making skills, critical thinking skills as well as practical skills including the use of condoms.

Participatory and interactive methods of teaching school-based HIV/AIDS education programs. As I have argued elsewhere in this study, participatory, interactive teaching and learning methods are essential to moving from information-based HIV/AIDS education programs to those that are skill-based. School-based HIV/AIDS programs may not have the intended impact of behavior change among students if fear and uncertainty surround the disease. Feigning ignorance where students feel they can contribute and teachers confiscating condoms point to an environment of fear and anxiety that may inhibit student learning. It is imperative for schools in rural areas to adapt

participatory and interactive methods of teaching HIV/AIDS education in order to help students to explore their feelings and gain insight into their own attitudes, values and perceptions. But it should be understood that for educators to be able to teach human sexuality and HIV/AIDS prevention to children and adolescents comfortably and competently, it is necessary that they be well trained, otherwise they will be at a disadvantage in dealing with populations at risk from HIV infection (Schenker, 2004, Boler, 2005).

Use of culturally relevant and gender-sensitive learning activities within a safe and open environment. This study uncovered unfriendly religious and cultural inclinations that inhibit the implementation of HIV/AIDS education programs. For instance, the notion that a high school student is free and has a right to have a boyfriend or girlfriend and the two are free to express their love for each other is limited and mostly non-existent in rural Kisii District. Any student or youth who goes against this norm and the detestation that follows such deviance is so severe that such relationships thrive in utter secrecy whose consequences come fourth when the damage is done. It is my view that HIV/AIDS education programs be developed locally, tap the local expertise and be adaptive of participatory methods of communication. Besides using concrete examples from the local community when discussing HIV/AIDS prevention, Schenker (2000) says that schools will benefit if they set down the knowledge, attitudes, beliefs, values, skills and services in ones own community that positively or negatively influence behaviors and conditions most relevant to HIV/AIDS prevention strategies. This would mean that HIV/AIDS prevention should assume a multi-dimensional approach.

Gender and HIV/AIDS prevention

In many places, HIV-prevention efforts do not take into account the gender and other inequalities that shape people's behaviors and limit their choices. Many HIV prevention strategies assume an idealized world in which everyone is equal and free to make empowered choices, and can opt to abstain from sex, stay faithful to one's partner or use condoms consistently. In reality, women and girls face a range of HIV-related risk factors and vulnerabilities that men and boys do not - many of which are embedded in the social relations and economic realities of their societies. These factors are not easily dislodged or altered, but until they are, efforts to contain and reverse the AIDS epidemic are unlikely to achieve sustained success.

Although this study revealed that males and not females are in charge of protection measures, girls who become pregnant are blamed. Female efforts to protect themselves against HIV infection and pregnancy ultimately require that they refuse sex or convince the male partner to use a condom. Both of these may be difficult, especially for females such as school girls, who may be dependent economically and psychologically on family, who more often than not may not afford to meet their needs. I suggest that efforts are needed to change people's attitudes concerning condom use from focused solely on disease prevention to those that emphasize safer sex. However, this suggestion may be meaningful when parents and teachers acknowledge that students engage in sexual activities that more often than not predispose them to health risks.

It is also my view that until Kenya's Ministry of Education realizes that gender responsive planning, program development, monitoring and evaluation cannot be successful without the existence of clearly defined indicators for tracking progress being

made in increasing women's access to and control of resources as well as participation in interventions that are meant to address their specific needs.

At the school level, the key issue should be how to establish and implement a viable professional, legal and regulatory framework that acknowledges (and responds accordingly to) the differential impact of the pandemic on males and females. Sexual violence and harassment among female students not only violate their human rights and damages their physical and psychological health, but also undermines the internal efforts to inform adolescents about safer sex practices and to reduce unintended pregnancies and STIs, including HIV infection. For female students, "it severely limits their ability to achieve their educational potential while for society it undercuts the "transformatory power of education" (p.1). This observation implies that HIV/AIDS prevention is not only a cultural, religious and legal issue, but also a gender and human rights issue.

HIV/AIDS treatment and Care

The Ministry of Education should define the rights of infected students, teachers, and school administrators and establish policies, regulations and procedures to prevent HIV/AIDS related discrimination amongst school community members. Establishments of confidential Voluntary Counseling and Testing (VCT) services in rural areas including school settings should be rolled out but they must go hand in hand with the accessibility of free antiretroviral medicine and availability of nutritious food. A study of locally available 'social and cultural safety nets' should be undertaken to determine resources that can be mobilized or strengthened to ensure that orphans and vulnerable children have access to education. Boler (2005) states that completion of primary education is the threshold level to unlock the preventative power of education. In my view greater effort

must be made to understand the special educational needs of children affected by HIV/AIDS pandemic in rural schools. The educational response must go beyond simply providing sporadic bursaries to include psychosocial support. Provision of such support will require that the Ministry of Educations undertake the responsibility of strengthening existing guidance and counseling services in schools by equipping them with trained educators with a strong referral network.

Youth Involvement: A New Approach

This study revealed that a negative perception of the adolescent period is still maintained by two groups with whom students have significant contact, namely parents and teachers. For instance, youths' sexual experience is shrouded in a forbidding environment. In rural Kisii communities, sexuality is viewed negatively and relationships between boys and girls are highly censored and often thought to lead to immorality. This and other culturally oriented stereotypic beliefs continue to influence how teachers and parents respond to students. There is need for teachers, parents and the larger community to have a paradigm shift from treating students/youth as problems to viewing them as assets, resources, and competent members of a community. Such shift may constitute moving from a problem-based approach that focuses on students' risks and vulnerabilities to focusing on positive characteristics and traits.

In rural Kisii district most school-based HIV/AIDS education programs assume a problem-based approach. It is my view that such approach has little chance of success and often work for students instead of with students. If an HIV/AIDS education program is designed to benefit young people, they should have input and involvement into how it is developed and administered. Youth's active participation is a key mechanism to

achieving successful implementation of HIV/AIDS education programs. The World Health Organization (WHO) advises, "Youth should be involved from the start as full and active partners in all program stages from conceptualization, design, implementation, feedback, and follow-up". Further literature shows that participation of learners and others in HIV/AIDS prevention education can help to ensure their specific needs and concerns are being met in a culturally and socially appropriate way (Bundy, 2004). I further argue that students' involvement in school-based HIV/AIDS programs can foster commitment to or ownership of the programs, which can in turn enhance sustainability.

The Relevance of the church in HIV/AIDS prevention

For rural schools and the church to remain relevant, there is need for them to remain alert, listen, and respond to young people's needs and cries. HIV/AIDS prevention and sexuality is one area that they need help on. For the church, local communities and institutions therein to keep aloof and choose to embrace a wall of silence on the pretext of preaching morality among the youth is in itself betraying the youth which is tantamount to "selling our wealth to buy poverty".

This study's data revealed a dilemma among churches in rural Kisii district in the implementation of HIV/AIDS prevention programs, whose core message was not within the ethos of abstinence and fidelity. On the one hand, they risk losing their congregations if they explicitly bring issues of sexuality and HIV/AIDS into the pulpit and on the other hand, if they keep quiet, the church will continue to lose its members to the pandemic of HIV/AIDS. As I have argued elsewhere in this study, the importance and effective role of the church's message of abstinence and fidelity in and out of marriage cannot be

underscored. However, within the ABC framework, informants depicted 'C' (Condom use) simply as the "the other" package, which from a religious and cultural context enhance promiscuity and whose focus forms the obstacle to moral growth and survival.

In school settings, students caught with condoms are ridiculed, vilified or simply driven underground, thereby taking away their consciousness and intention to engage in safer sex. Evidence from Uganda and Thailand indicate that condom use is attributed to the decline of HIV/AIDS prevalence rate, especially among the youth. Further research shows that condom use does not increase youth's sexual debut or activities and therefore does not lead to immorality. However, the church's silence and influence in opposing the gains of the condom use especially among the youth portrays it holding a Bible in one hand and a gun in the other hand.

The *son of the soil* syndrome

In this study, I utilize the construct *son of the soil* to denote "insider", head teachers who lead schools embedded in the same and immediate ethnic communities to which they belong. Of the five head teachers I interviewed, Messrs. Bidii and Sawa fall in this category. My analysis of these head teachers revealed that they have personal and professional histories with their schools. I perceive them as an ongoing part of the social fabric of their communities and have an understanding of the norms of that fabric. In view of the culture of silence regarding HIV/AIDS prevention and sexuality issues in Kisii District, these head teachers are constrained and not assisted by the social, cultural and/or religious norms of their community to effect educational changes that are incongruent with their communities' social fabric. To this extent these head teachers subscribe to the mundane as well as the more vivid aspects of their community's socio-

culture that impede the reality of implementing HIV/AIDS education programs in schools.

On the other hand, "outsider" head teachers, who comprise of Maria, Neema, and Sister Alice, come from other communities and have moved from one station to another away from their immediate ethnic community. Unlike their "insider" counterparts, this category of head teachers lack the *insiders'* understanding of history, cultural nuances, place, and people and seemed to be generally free of the baggage of personal history that is attached to the *insiders*. I can say that the *insider* head teachers were less motivated to change the existing patterns of their schools' HIV/AIDS education performance, while the *outsiders* appeared more likely to initiate change. The 'insider' and 'outsider' view of head teachers notwithstanding, it is my view that head teachers cannot afford to be ignorant of the actual and potential impact of HIV/AIDS in their schools and in education in general.

Contributions of the study

This study highlights gaps in local knowledge and inadequacies in existing HIV/AIDS education programs in terms of their content and delivery methods. The study also calls for policymakers to establish mechanisms of identifying orphans and vulnerable children in order to roll out a more systematic way of ensuring that their educational and psychosocial needs are met. Such mechanism will also help the education leaders such as head teachers to build a local profile of possible influences on implementing HIV/AIDS education curriculum and other programs including students' sexual behavior.

This study contributes in uncovering a wider crisis in schools based in rural areas in Kisii District. It reveals an acute shortage of trained teachers and other key resources, which are critical to effective implementation of HIV/AIDS education programs. Teachers, when properly trained and provided with the appropriate materials, are able to conduct effective school-based HIV/AIDS education. Additionally, this study provides decision makers with insights and information on the needs of head teachers and their schools, which they can utilize to develop a systemic and accountable planning that tackles stigma and addresses the needs of orphans and vulnerable children as well as infected and affected educators.

Implications for Further Research

The study raises pertinent questions, which I feel need further research. For instance, while Sister Alice had developed school-based programs such as the 'Virginity pledge', Maria had initiated writing of proposals to solicit for funding from organizations to cater for orphans and other vulnerable children. Maria had also successfully negotiated with parents to allow their children to be exposed to the use of "little embarrassing details" language when discussing issues of sexuality and HIV/AIDS. These programs were gradually taking root by the time I was colleting data. The question that arises from these initiatives is whether parents are really opposed to their children being taught lessons that are sexually saturated or there is lack of creativity on the part of school leadership to establish forums that have the potential to ignite open discussion of controversial issues such as HIV/AIDS and sexual activities among the youth.

Based on the *son of the soil* syndrome, how do *insider* head teachers differ from *outsider* ones in terms of HIV/AIDS prevention strategies? Further research is needed to explore the differences between female and male head teachers in terms of their role, response and communication of HIV/AIDS related issues in different contexts.

Conclusion

HIV/AIDS will be contained by a broad coalition of groups, institutions and individuals, acting together in a common cause. Schools need to have greater cultural sensitivity to, and intimacy with the community, in order to push sensitive issues into a more open and frank discourse. In a world fraught with HIV/AIDS and with an enhanced risk of HIV infection, schools can no longer deliver a strictly health-based message about AIDS in traditional ways. Kelley (1990) observes that HIV/AIDS programs should focus on the individual as well as the context upon which the individual functions. Such programs should be integrated in healthy children and healthy schools and should cover issues ranging from reproductive healthy, sexuality, gender, sex education as well as STIs and condoms use. Issues such as discrimination and human rights, respect for women and the information and life skills particularly needed by girls in the context of HIV/AIDS should also be part of the prevention strategies. These programs must be implemented by appropriate and trained teachers and by a greater variety of "teacher" role models, peers, traditional healers, priests and imams, politicians, families, schools, states and the international world.

As Jonathan Mann said in 1998, at the International AIDS Conference in Geneva, Switzerland, "Our responsibility is historic, for when the history of AIDS and the global

response is written, our most precious contribution may well be that at the time of plague we did not flee, we did not hide, and we did not separate ourselves." This is my signature today but will be my practice tomorrow.

APPENDICES

Appendix A

APPROVAL LETTER FROM THE UNIVERSITY COMMITTEE ON RESEARCH INVOLVNG HUMAN SUBJECTS, LETTERS OF INTRODUCTION AND CONSENT LETTERS

MICHIGAN STATE
UNIVERSITY

Renewal Application Approval

September 7, 2006

To: Christopher DUNBAR
404 Erickson Hall

Re: **IRB # 05-724** Category: EXPEDITED 2-8
Renewal Approval Date: September 7, 2006
Project Expiration Date: September 6, 2007

Title: IMPLEMENTATION OF HIV/AIDS EDUCATION PROGRAMS IN HIGH SCHOOLS IN RURAL KISII DISTRICT, NYANZA PROVINCE, KENYA: AN UNDERSTANDING OF ITS INFLUENCE THROUGH THE LENS OF HEAD TEACHERS AND STUDENTS.

The Institutional Review Board has completed their review of your project. I am pleased to advise you that the renewal has been approved.

The risk catagory of this project has been dropped from Full Board Review to Expedited Review because the research is now limited to data analysis. This letter notes approval for data analysis only (contact with subjects and data collection is complete). Any further recruitment, data collection or contact with subjects will require IRB review and approval via a revision before implementation.

OFFICE OF REGULATORY AFFAIRS
uman Research ction Programs

EDICAL & HEALTH TUTIONAL REVIEW BOARD (BIRB)

UNITY RESEARCH TUTIONAL REVIEW BOARD (CRIRB)

SOCIAL SCIENCE/ ORAL / EDUCATION TITUTIONAL REVIEW BOARD (SIRB)

202 Olds Hall
ast Lansing, Michigan
48824-1046
517-355-2180
Fax: 517-432-4503

nanresearch.msu.edu
BIRB: IRB@msu.edu
B: crirb@msu.edu

The review by the committee has found that your renewal is consistent with the continued protection of the rights and welfare of human subjects, and meets the requirements of MSU's Federal Wide Assurance and the Federal Guidelines (45 CFR 46 and 21 CFR Part 50). The protection of human subjects in research is a partnership between the IRB and the investigators. We look forward to working with you as we both fulfill our responsibilities.

Renewals: IRB approval is valid until the expiration date listed above. If you are continuing your project, you must submit an ***Application for Renewal*** application at least one month before expiration. If the project is completed, please submit an ***Application for Permanent Closure***.

Revisions: The IRB must review any changes in the project, prior to initiation of the change. Please submit an ***Application for Revision*** to have your changes reviewed. If changes are made at the time of renewal, please include an ***Application for Revision*** with the renewal application.

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to the human subjects, notify the IRB office promptly. Forms are available to report these issues.

Please use the IRB number listed above on any forms submitted which relate to this project, or on any correspondence with the IRB office.

Good luck in your research. If we can be of further assistance, please contact us at 517-355-2180 or via email at IRB@msu.edu. Thank you for your cooperation.

Sincerely,

Peter Vasilenko, Ph.D.
SIRB Chair

c: Kennedy Ongaga

Consent Letter for Parents

Project Title: "Implementation of HIV/AIDS education Programs in high schools in rural Kisii District, Nyanza Province, Kenya: An Understanding of its influence through the lens of Head teachers and students".

Dear Parent/Guardian:

My name is Kennedy Ombonga Ongaga. I am a Ph.D student in K-12 Educational Administration at Michigan State University, USA. I come from Nyamira District. I am presently involved in research that seeks to understand the influence of HIV/AIDS education programs in high schools in rural Kisii District. The research is entitled, **"Implementation of HIV/AIDS education programs in high schools in rural Kisii District, Kenya: An Understanding of its influence through the lens of Head teachers and students."** The information I will gather will; (1) be part of completing my Ph.D dissertation requirement at Michigan State University and (2) will be made available to the Ministry of Education officials and other education stakeholders to provide them with an understanding of the environment within which HIV/AIDS programs operate.

Headmasters and Headmistresses will give me the information I need as well as a few students they may recommend. We request your permission for your child to participate in this study because he/she has been participating in government and NGO initiated HIV/AIDS education programs in secondary schools in the country. With your permission, your son/daughter along with others will participate in 30-60 minute individual interview. In addition, we may also request students to participate in focus groups. A focus group is a discussion involving a small number of participants, led by a teacher-like moderator, which seeks to gain an insight into the participants' experiences, attitudes, and/or perceptions. The interviews and/or focus group will seek to understand the students' perceptions in the implementation of HIV/AIDS programs in their school. The interview or focus group will be conducted during out-of-class hours so that the child's in-class contact hours are not interrupted.

We will not ask your child for any identity, such as his or her name. Hence, the identity of your child will remain confidential. The interview will be tape-recorded. Reports and research findings will not permit associating your child with specific responses or findings. Your child's privacy will be protected to the maximum allowable by law. I will keep the data in a locked cabinet that will be accessible by my dissertation chairman (Prof. Chris Dunbar Jr.) and myself only.

Your child's participation in this study will be **strictly voluntary** and you and/or the child may withdraw at any time without penalty. If you may have questions or concerns about this study, please contact your child's head teacher or the primary investigator, Prof. Chris Dunbar Jr., Tel: (517-353-9017), e-mail: dunbarc@msu.edu, regular mail: 404 Erickson Hall, East Lansing, MI 48824. If you have any questions or concerns about this study regarding your child's rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymous, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human

Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824, USA.

Sincerely,

Dr. Christopher Dunbar Jr. Professor, Michigan State University K-12 Educational Administration College of Education, 404 Erickson Hall East Lansing, MI 48824, USA (517) 353-9017 Fax: (517) 353-6393 dunbarc@msu.edu	Kennedy Ombonga Ongaga Ph.D Candidate, Michigan State University K-12 Educational Administration 1272 Deer Path Lane East Lansing, MI 48823, USA (517) 853-9396 ongagake@msu.edu

I ask you to sign this consent form to indicate that you are aware of the purpose of the research and are willing to allow your child to participate.

My child may participate in this study. My signature indicates that I have read the information above and have given permission for my child to participate. My child's signature indicates that he/she understands that a study will be conducted during out-of-class hours and agrees to participate. I realize that I may withdraw my child (or my child may withdraw) without penalty at any time after signing this form should either of us decide to do so.

I voluntarily agree to participate in the study.

Parent/Guardian Name_____ Date_____

Parent/Guardian Signature_____Date_____

Consent Letter for Students

Project Title: "Implementation of HIV/AIDS education Programs in high schools in rural Kisii District, Nyanza Province, Kenya: An Understanding of its influence through the lens of Head teachers and students".

Dear Student,

My name is Kennedy Ombonga Ongaga. I come from Nyamira District. I am a Ph.D student in K-12 Educational Administration at Michigan State University, USA. To complete my studies, I am required to write an examination, which involves doing research. I am therefore involved in a research project that seeks to understand the influence of HIV/AIDS education programs in high schools in rural Kisii District.

The project is entitled, "Implementation of HIV/AIDS education programs in high schools in rural Kisii District, Kenya: An Understanding of its influence through the lens of Head teachers and students." The information I will gather will; (1) be part of completing my Ph.D dissertation examination at Michigan State University, (2) will help education officials and other government officials in the Ministry of Education to design programs that tap into the locally available resources and reflect the norms and values of the local people, and (3) allow them to understand the environment within which HIV/AIDS education programs operate.

Since you have been participating in HIV/AIDS education programs such as the HIV/AIDS curriculum in your school, we seek your permission to interview you individually or in a focus group comprising of 5 students. A focus group is a discussion involving a small number of participants, led by a moderator, which seeks to gain an insight into the participants' experiences, attitudes, and/or perceptions. Individual interviews will take between 30-60 minutes while focus group interviews will take approximately 60-90 minutes. The interviews will be conducted during out-of-class hours to ensure that your class schedule is not interrupted. Again with your permission, we will tape-record the interviews.

The interviews will seek to understand your viewpoints and perceptions regarding the implementation of HIV/AIDS programs in your school. In other words, who is involved in their implementation? What role do you play in their implementation? What have you learned from these programs? What improvements need to be made in their implementation? Your voice is very important in answering these questions.

Although we have sought permission from your headmaster/headmistress and parents for you to participate in this research project, your participation is **strictly voluntary.** You may choose not to participate and there will be no penalty. You may also withdraw from participating in the study at any stage or time of the interview without penalty.

We will not ask you to identify yourself by your real name. Instead, you will choose a pseudonym by which you will be known during the interview. Therefore, your identity will be confidential. Your privacy will be protected to the maximum allowable by law. The findings of the study and the way they will be reported will not have any information that might be associated with your responses or reveal your identity. I will keep all the data such as recorded tapes and notes in a locked cabinet. Only my dissertation chairman

(Prof. Chris Dunbar Jr.) and myself will access them. After two years, all data will be destroyed.

If you may have questions or concerns about this study, feel free to contact your head teacher or the primary investigator, Prof. Chris Dunbar Jr., Tel: (517-353-9017), e-mail: dunbarc@msu.edu, regular mail: 404 Erickson Hall, East Lansing, MI 48824. If you have any questions or concerns about this study or your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymous, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824, USA.

Sincerely,

I ask you to sign this form to indicate that you are aware of the purpose of this research and are willing to participate in a focus group or individually. Please check your option.

☐ Individually ☐ In a focus group

Dr. Christopher Dunbar Jr.
Professor, Michigan State University
K-12 Educational Administration
College of Education, 404 Erickson Hall
East Lansing, MI 48824, USA
(517) 353-9017 Fax: (517) 353-6393
dunbarc@msu.edu

Kennedy Ombonga Ongaga
Ph.D Candidate, Michigan State University
K-12 Educational Administration
1272 Deer Path Lane
East Lansing, MI 48823, USA
(517) 853-9396
ongagake@msu.edu

I voluntarily agree to participate in the study.

Signature_____ Date_____

Consent Letter for Head teachers

Project Title: "Implementation of HIV/AIDS education Programs in high schools in rural Kisii District, Nyanza Province, Kenya: An Understanding of its influence through the lens of Head teachers and students".

Dear Sir/Madam,

My name is Kennedy Ombonga Ongaga. I come from Nyamira District. I am a Ph.D Candidate in K-12 Educational Administration at Michigan State University, USA. I am writing to you because I am conducting a study entitled, **"Implementation of HIV/AIDS education Programs in high schools in rural Kisii District: An Understanding of its influence through the lens of Head teachers and students"**. The study seeks to understand the influence of HIV/AIDS education programs on school communities.

I am asking you to participate in an interview that seeks to understand your experiences in the implementation of HIV/AIDS education programs in your school. In particular, I seek to understand your role as the head teacher, the way your school personnel communicates and responds to matters and/or cases of HIV/AIDS, how HIV/AIDS education policy, the church, cultural beliefs and norms, and/or your own beliefs influence the implementation process. The information gathered would help to inform policy makers and other education stakeholders about the impact of HIV/AIDS education programs on secondary schools in rural areas in Kenya. The research may also be useful in designing programs around the dissemination of HIV/AIDS literature that reflects beliefs and norms of the local communities. I further will use the information as part of completing my Ph.D. program at Michigan State University, USA.

You will be interviewed once for approximately 90 minutes. Your identity will remain confidential. With your permission, I will take notes and tape-record the interview in a way that your identity will remain confidential. Reports and research findings will be written in a way that conceals your identity. Your privacy will be protected to the maximum allowable by law. I will keep the data in a locked cabinet that will be accessible by my dissertation chairman (Prof. Chris Dunbar Jr.) and myself only. Your participation in this study is **strictly voluntary** and you may withdraw at any time without penalty. I ask you to sign this consent form to indicate that you are aware of the purpose of the research and are willing to participate.

Should you have any concerns or questions regarding this study, please contact Prof. Chris Dunbar Jr. (517-353-9017), e-mail: dunbarc@msu.edu, regular mail: 404 Erickson Hall, East Lansing, MI 48824. If you have any questions or concerns about this study regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymous, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824, USA.

Sincerely,

Dr. Christopher Dunbar Jr. Professor, Michigan State University K-12 Educational Administration College of Education, 404 Erickson Hall East Lansing, MI 48824, USA (517) 353-9017 Fax: (517) 353-6393 dunbarc@msu.edu	Kennedy Ombonga Ongaga Ph.D Candidate, Michigan State University K-12 Educational Administration 1272 Deer Path Lane East Lansing, MI 48823, USA (517) 853-9396 ongagake@msu.edu

I voluntarily agree to participate in the study

Please Sign: _____ Date:_____

Appendix B

INTERVIEW PROTOCOLS

PRELIMINARY HEAD TEACHERS' INTERVIEW PROTOCOL

This study was guided by the following four questions:

1. What role do head teachers play in implementing HIV/AIDS education programs?

   1.0 In Kenya today, we have a high number of people infected and affected by HIV/AIDS. How is HIV/AIDS an issue in your community?
   1.1 Are there families in the community you know that are adversely affected by HIV/AIDS?
   1.2 Are there cases where parents or church ministers have come to your office to talk of HIV/AIDS?
   1.3 How has the knowledge of the state of HIV/AIDS in the community affected your school? (Alcohol abuse, student indiscipline, student orphans, teacher absenteeism, psychosocial stress, stigma and discrimination).
   1.4 As the head teacher of this school, what is your role in such situations?
   1.5 What is the expressed demand for HIV/AIDS education programs by young people, parents, the church and their communities?

2. How do schools respond to HIV/AIDS cases?

   2.0 Are you aware of any cases of HIV/AIDS in secondary schools within the district? If yes, would you describe one such case?
   2.1 Do you have or have you had cases of students and/or teachers infected or affected in your school? If yes, how comfortable do you find yourself when dealing with such cases? Describe a worse situation where you had to deal with such a case. (Likely stigma, Church, cultural and social barriers to address cases).
   2.2 Are you aware of an HIV/AIDS education policy? If yes, to what extent do you utilize it when dealing with HIV/AIDS cases?
   2.3 What other resources/strategies are in place in your school that helps you to respond to cases of HIV/AIDS? (Student scholarships for AIDS orphans, peer groups, guidance and counseling, training of teachers, other forums).
   2.4 Do you receive any support/help to address HIV/AIDS situation in your school? If yes, describe the kind of support you receive. (From parents, church, government, NGOs etc.).

3. How are matters related to HIV/AIDS communicated in schools?

   3.0 It is common knowledge that some cultural taboos have gotten in the way Kenyans talk about HIV/AIDS. How does the local community around the school sensitize people about dangers of HIV/AIDS?
   3.1 How has the way HIV/AIDS is talked about out there in the community found itself into the way you talk about it in school?
   3.2 What strategies/channels do you use to talk about HIV/AIDS in school? (Posters, Weekly assembly/parades, parents meetings, BOG, PTA, church, staff meetings, prefectorial meetings etc)

3.3 Do the parents, the church, teachers, and the local community approve the message you and/or HIV/AIDS education programs tell students/teachers? If yes/no, how do they demonstrate their approval/disapproval?
3.4 In your view, do students approve of the messages they receive? If yes, what are the indicators?

4. What are students' perceptions of the HIV/AIDS education programs?

4.0 In your view, do students approve of the messages you and other HIV/AIDS educators tell them? If yes, what are the indicators?
4.1 When you talk to the students, what do you hear them saying about HIV/AIDS programs?
4.2 How are students involved in disseminating HIV/AIDS information?
4.3 If you had one thing to tell students, what could that be? What about parents, the church, teachers, the local community, and the government (policy makers)?

PRELIMINARY STUDENTS' INTERVIEW AND/OR FOCUS GROUP PROTOCOL

1. Describe what you know about HIV/AIDS?
2. How did you come to learn about HIV/AIDS?
3. What do you think it means to have HIV/AIDS?
4. Without naming names, how many people do you know have been affected by HIV/AIDS?
5. Have you ever talked with anybody with HIV/AIDS? What did you see?
6. How has HIV/AIDS affected your communities?
7. How do your head teacher and teachers present HIV/AIDS information to you?
8. Describe a typical HIV/AIDS lesson you have gotten in school?
9. Are you comfortable when your teachers talk about HIV/AIDS?
10. Are you able to talk to your parents about HIV? What do you talk to them about?
11. Do you and your friends talk about HIV/AIDS?
12. How has what you have learned in school about HIV/AIDS influenced you to avoid contracting HIV/AIDS?
13. Have you seen (or heard) of HIV/AIDS education programs in your school? If yes, describe some of them?
14. How are you involved in these programs?
15. What HIV/AIDS education program do you enjoy most in school? If any, why?
16. How useful do you think these programs are to you, your families and school in general?
17. If I were to listen to your head teacher or teachers talking about HIV/AIDS, what am I likely to hear?
18. What issues do you think HIV/AIDS prevention experts including your teachers fail to address when they talk with you?
19. How do you think they should address these issues?
20. What kind of HIV/AIDS education materials are likely to make you believe that you are susceptible or at risk of contracting HIV/AIDS?
21. In your opinion, what are the best ways of preventing HIV and AIDS? Why?
22. How do you keep yourself from getting HIV? AIDS? What are some things your friends have done or told you to do to keep from getting the HIV/AIDS?
23. Are there any other things you've heard of people doing to keep themselves from getting HIV/AIDS? Which of these do you think is the best way to protect yourself against HIV/AIDS? Does practicing some of the ways go against your cultural and/or religious beliefs?
24. Do you think there are any special local beliefs that should be addressed in campaigns that aren't?
25. Are there any issues in school that make you vulnerable or may contribute to you getting HIV and AIDS?

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