

Teaching HIV/AIDS Through a Child-to-Child Approach: A Teacher's Perspective

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Abstract

This paper draws from a larger study conducted in Kenya, which was a narrative inquiry into a teacher's experiences of teaching the HIV/AIDS curriculum using a child-to-child approach. The two major research questions of this study were: 1) What are the experiences of a teacher teaching the HIV/AIDS curriculum using a child-to-child curriculum approach? 2) What are the experiences of children learning the HIV/AIDS curriculum using a child-to-child curriculum approach? The findings suggest that a teacher who adopted a child-to-child curriculum approach in teaching HIV/AIDS experienced a transformed classroom learning environment characterized by: sharing authority with children; constructing a democratic classroom; learning to listen to children; affirming children's voices and ownership in learning; creating a partnership with parents; interrupting gendered classroom; and developing children's advocacy in community matters. The study concludes with recommendations for equipping teachers with the necessary skills to teach the subject. These skills are: the ability to create a child-centered classroom, ability to listen to children, ability to engage parents, and talking openly on issues about HIV/AIDS.

Résumé

Cet article s'inspire d'une étude plus vaste menée au Kenya qui était une enquête narrative sur les expériences d'un enseignant dans son enseignement des programmes d'éducation sur le VIH / SIDA en utilisant une approche d'enfant à enfant. Les deux principales questions de recherche de cette étude étaient: 1. Quelles sont les expériences d'un professeur enseignant les programmes d'éducation sur le VIH / SIDA en utilisant une approche d'enfant à enfant ? 2. Quelles sont les expériences des enfants qui apprennent les programmes d'éducation sur le VIH / SIDA en utilisant une approche d'enfant à enfant ? Les résultats montrent qu'un enseignant qui a adopté une approche enfant-à-enfant dans l'enseignement des programmes d'éducation sur le VIH / SIDA a connu un environnement d'apprentissage dans la salle de classe transformé et caractérisé par : le partage de l'autorité avec les enfants, la construction d'une salle de classe démocratique, apprendre à écouter les enfants, l'affirmation de la voix des enfants et la participation dans l'apprentissage, la création d'un partenariat avec les parents, la fin d'une classe « genrée » et le développement de plaidoyers des enfants dans les affaires communautaires. L'étude se conclut par des recommandations afin de doter les enseignants de compétences nécessaires à l'enseignement de cette matière. Ces compétences sont : la capacité à créer une salle de classe centrée sur l'enfant, la capacité à écouter les enfants, la capacité à mobiliser les parents, et à parler ouvertement des questions sur le VIH / SIDA.

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Introduction

HIV infection continues to be a major health challenge among Kenyan youth. Studies on HIV transmission in Kenya have identified behavioural, socio-cultural and poverty as factors contributing to HIV infection (Galava, 2001; Odundo & Owino, 2004). Since HIV is mainly transmitted by behaviour (such as unprotected sexual intercourse), it can be modified through educational programs, which could be designed to influence appropriate behaviour. According to Kelly (2000), education plays a critical role in mitigating the effects of HIV/AIDS, providing “knowledge that will inform self-protection; fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self-protection; promoting behaviour that will lower infection risks; and enhancing capacity to help others to protect themselves” (cited in World Food Program, 2006, p.4).

In 2000, the government of Kenya introduced HIV/AIDS curriculum in all schools (Kenya Institute of Education, 1999). The HIV/AIDS curriculum was designed to develop the appropriate knowledge, skills, and attitudes to help learners develop appropriate behaviours (Aduda & Siringi, 2000).

However, despite the implementation of AIDS curricula in schools, recent reports indicate that a significant number of young people in Kenya continue to become infected with HIV. Kenya National Bureau Central of Statistics [KNBS] (2010) found that HIV prevalence among young people "increases with age, from less than 2 percent among youth age 15-17 to almost 6 percent among those age 23-24" (p. 221).

Lack of institutional readiness and trained teachers willing and able to teach HIV/AIDS education have been cited as obstacles to implementation of HIV/AIDS curriculum (Mwaniki, 2002). Other studies (Kelly, 2000; Kigotho, 2000) mentioned the heavy reliance on traditional, teacher-centered approaches as an obstacle to implementation of HIV curriculum (Galava, 2001; Kelly, 2000).

Child-to-Child Approach

The child-to-child approach is built on ideas inherent in Freirean empowerment theory (Freire, 1970), which advocates for a problem-posing education. According to Freire (1970), in a problem-posing education, students are “increasingly posed with problems relating to themselves in the world and with the world, feel increasingly challenged and obliged to respond to that challenge” (pp. 68–69). In the process of engaging in a problem-posing education, an individual’s consciousness of issues affecting him or her becomes more vivid, resulting in action. Another aspect of empowerment education is that it results in a dialogue between the teacher and students, and thus a “teacher is no longer merely the-one-who-teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach” (Freire, 1970, p. 67). Such a dialogical relationship could result in a curriculum which is shaped by “teachers’ and children’s lives together in schools and classrooms” (Clandinin and Connelly, 1992, p. 392). Empowerment education also resonates with Dewey (1929), who viewed education as “a continuing reconstruction of experience”(21). An educative experience which is best learned when you “give him [child] command of himself, it means so to train him [child] that he will have the full and ready use of all his capacities that his eye and ear and hand may be tools ready to command” (p. 18).

According to Hawes (1988), the following three specific principles underlying the child-to-child approach are: a) education is more effective if linked to things which matter to children, families and community; b) education in and out of school should be linked as closely as possible so that learning becomes part of life; and c) children have the will, the skill, and the motivation to help educate each other and can be trusted to do so.

In a child-to-child curriculum approach, the process of learning involves raising awareness, critical thinking, action, and reflection through the following six steps: 1) identifying a local health issue and understanding it well; 2) finding out more about the health issue; 3) discussing what has been found out and planning action; 4) taking action; 5) evaluation and discussing results; and 6) discussing how to be more effective next time and sustain action (Hawes, 1988; Pridmore & Stephens, 2000).

The potential of child-to-child approach has been recognized elsewhere. In Uganda, school-based child-to-child projects improved the environmental health of schools (Pridmore & Stephens, 2000). In Nepal, the approach improved children's personal, home, and school cleanliness and also enhanced leadership roles regarding children's rights (Pridmore & Stephens, 2000). In Botswana, the child-to-child program helped school children (known as little teachers) prepare pre-school children (known as pre-schoolers) for entry into primary schooling (Pridmore & Stephens, 2000). Pre-schoolers working with little teachers experienced the ability to recall health messages.

Although the child-to-child approach was initially developed with the specific purpose of enabling older children to teach younger ones about good personal health practices, behaviour, and life skills (Hawes, 1988), its principles are also applicable to other groups. The availability of a child-to-child model led me to wonder: if a teacher adopted a child-to-child approach—that is interactive, collaborative, and participatory—I wondered what the experiences of the teacher and children would be like. The child-to-child approach had the potential to empower the students to discuss their personal health knowledge, skills, and attitudes towards HIV/AIDS, transforming the classroom milieu, and hopefully shifting the learning and teaching in the Kenyan classrooms.

Adopting a Child-to-Child Approach in a Primary Classroom

A child-to-child approach was adopted in a Standard (Grade) 4 classroom in a primary school in the outskirts of a small rural town in Western Kenya. Praxey (pseudonym), the teacher participant and I adapted a child-to-child approach to teach the government-mandated HIV/AIDS curriculum. The child-to-child approach experienced in this classroom created a whole new curriculum story of learning about the subject matter of HIV/AIDS. My story of composing a new curriculum stretches between February 2003 and June 2003 and in the month of September 2003. The stories we lived at that moment in-classroom and out-of-classroom I see as a moment of curriculum-making. The “stories to live by” of children, teacher, and I (Connelly & Clandinin, 1999) were central in this process of curriculum-making. The stories to live by is a “thread which helps us understand how knowledge, context and identity are linked and can be understood narratively” (p. 4.). These stories lived at that moment of curriculum-making on in- and out-of-classroom places as they bumped against one another, shifting in each moment. They were stories about self and life in the context of living alongside a teacher teaching HIV/AIDS curriculum. In creating a context for this paper, I use my personal journal notes to compose a glimpse of the new curriculum story as I experienced it.

A New Curriculum Story

The primary site for my inquiry was a Standard (Grade) 4 classroom, which had 36 children. My intention was to work alongside the teacher and children composing the HIV/AIDS curriculum. As a participant observer, I lived at two levels. At one level, I worked with the teacher and all 36 Standard 4A students composing this new curriculum approach. At the second level, I lived differently, on a deeper level, with a group of eight students of the Standard 4A. I invited the eight students to engage in conversations about their experiences of learning through a new child-to-child curriculum approach. As well, I created a space for a series of conversations with Praxey, the teacher, focusing on her experiences of teaching the HIV/AIDS subject matter using a child-to-child curriculum approach.

Prior to my entry into Praxey's classroom, her class was one where the boys sat separately from girls. Praxey and I felt that the gendered seating arrangement was not going to be supportive of the interactive, collaborative, and participatory learning that we were anticipating in a child-to-child classroom environment. We decided to begin by negotiating with children; telling them we were going to create a place for collaborative inclusive learning; we were going to build a classroom community. When we asked children if they could re-arrange their way of seating, they responded. Boys began switching seats with girls. It was exciting to see boys and girls seated side by side, a scene not common in traditional classrooms. The students went further by grouping themselves in sets of five or six. Then each group went further still by renaming themselves after local and distant mountains. These were: Mt. Kenya, Mt. Kilimanjaro, Mr. Aberdares, Mt. Elgon, Mt. Ruwenzori, and Mt. Sinai.

Having shifted the classroom seating arrangement, Praxey proceeded to begin her first class lesson by inviting children to tell stories about themselves and what they knew about HIV/AIDS. The telling was an exciting moment for the children. While I saw a few children talking freely in front of their peers, others I noted appeared very shy, talking in quiet low voices, nervously shaking their hands and fidgeting as they shared their knowledge about HIV/AIDS. In their sharing, some children talked about HIV being transmitted through handshakes. Others believed that all people who were thin or slim have the virus. These statements were a testament that the children were not well-informed about HIV/AIDS. In fact, they had misinformation about the pandemic. The children's lack of knowledge, along with their reluctance to talk about HIV/AIDS, was for me a telling moment in this story of curriculum-making. It struck me that these children needed a new language to allow them to openly talk about the subject of HIV/AIDS.

During the next class, I looked on from the back of the classroom as Praxey started her lesson by sharing a story about a girl who exposed her underwear to attract attention from her peers. Praxey's story generated a lot of excited talk among the children. Praxey was telling the story in a straightforward manner despite cultural and social taboos around sex in Kenya. Praxey's willingness to be vulnerable made a space for children to talk freely about their lived experiences. Seated at the back of the class, I observed some children starting to talk openly about things they saw happening in their communities. I noted that these children were the very ones who in the previous class had problems uttering words in front of their peers.

Then a week later, as we continued our discussions around the subject of HIV/AIDS, Praxey and I decided to expand the space of curriculum-making to include cultural knowledge from parents and elders. She gave each child a field notebook and asked the children to interview potential informants such as their parents, siblings, and community leaders. They were to ask informants about what they knew about HIV/AIDS. In this way, the cultural and social

perspectives of parents, siblings, and community members were attended to as part of the curriculum story.

In a class that followed, the children had their field notebooks filled with stories. Some got information from parents and siblings. Some got information from their cousins. Yet others got information from their uncles and aunts. As they came forward, one at a time, the children told how they approached parents, siblings, and others by going to their homes. As they told stories from their notebooks I noticed some told while covering their faces, some stood unmoved telling theirs, and some were more relaxed telling their stories. As they told the stories Praxey wrote ideas on board. The children constructed stories of being fearful, of being uncertain, and of feeling rewarded in their seeking information from parents and others. I was seeing these stories of children becoming the “text of the lived experience in the classroom”(Clandinin & Connelly, 1992, p. 390). As I stood listening to what the children were telling and to what Praxey was trying to make sense of by writing key ideas on the board, it occurred to me that the children were seeing themselves “as new characters in their own stories and in the story being constructed in the classroom” (Clandinin & Connelly, 1992, p. 390).

Some weeks later, I went to Praxey’s classroom and found her working with children to create resources they imagined using for HIV/AIDS education. As I moved from one group to another, I observed children composing songs, dances, and poems. Others were working on posters, which they pasted on classroom walls embedded with HIV/AIDS messages. The vigor of constructing became an integral part of their lives in this classroom. The teacher’s role was becoming that of facilitating the learning at that moment of this curriculum-making.

But now they wanted to share their knowledge with other audiences. The following class, I joined Praxey and her children as they made their way to fellow children in the Standard 8 classroom. The fact that these young children chose to teach Standard 8 children was a reflection of how this curriculum was unfolding every day, expanding their subject matter of HIV/AIDS beyond the classroom place to the larger school landscape. By choosing Standard 8, these eight children made themselves vulnerable to the older children. However, it turned out to be a scenario where the younger children were teaching older children, a kind of upward peer teaching that was appreciated by the senior students.

A few months later when I joined Praxey in classroom I found her engaging her children in what appeared to be a reflective moment on their HIV/AIDS awareness visit to Standard 8. The children were asked to reflect, discuss, and make meaning of what they were learning. Praxey and I sat in different groups to listen to their conversations about what they were experiencing. In one group, I heard one child say how she felt like she was a teacher as the Standard 8 students sat attentively listening to her explanations, while another talked about how he was surprised that some of the senior students lacked knowledge about HIV transmission. To me, these re-telling reflections of children’s stories of experience was a remarkable learning moment demonstrating growth among the children in the stories they were living. The children were now being provided with a choice of deciding where to go next in the subject matter in this curriculum-making. In this reflective moment we were “making sense of curricular issues of relationship among teacher, learners, and subject matter” (Clandinin & Connelly, 1992, p. 391). When finally my time came to leave for Canada, I imagined Praxey and her children continuing their curriculum making stories around the subject of HIV/AIDS.

A Narrative Inquiry into Teaching HIV/AIDS Through a Child-to-Child Approach

For the purpose of this paper, I discuss the narrative inquiry methodology I engaged in with the teacher Praxey to come to understand her teaching experiences as she adopted a child-to-child approach in the teaching of HIV/AIDS. Through analysis of the field text data I discuss the themes, which emerged from this study.

Methodology

The larger study from which this paper draws was a narrative inquiry into a teacher's experiences of teaching the HIV/AIDS curriculum using a child-to-child approach and also an inquiry into children's experiences learning the HIV/AIDS curriculum using a child-to-child approach. In this research I adopted a narrative inquiry methodology to help me understand and represent the stories of a teacher's and children's experiences. Narrative inquiry as a method of studying educational experience is a focus of study by Clandinin and Connelly (2000). In narrative inquiry, experience is central to the inquiry.

The participants in this study were a teacher and eight children recruited from students in Standard 4 aged between 10 and 11 years. While the classroom work was with all children in Standard 4, the main focus of this study was with the teacher's and the eight children's experiences. After informed consent was obtained from the participants, I met the teacher and the eight children several times at their school. The meetings were held over a period of eight months. In this paper, I'm focusing on my conversations with the teacher participant Praxey's experiences teaching the HIV/AIDS curriculum using a child-to-child approach.

Data Collection

The field texts (data in a narrative inquiry) are a "representation of research experience" (Clandinin & Connelly, 2000, p. 93) and include field notes of what I observed in the classroom, a personal journal I kept during the inquiry, and transcripts of conversations with Praxey. While working alongside Praxey teaching HIV/AIDS education curriculum, I positioned myself as a participant observer in the classroom. After every class meeting I recorded what seemed to me to be significant information on what transpired in the classroom. This information formed part of my field notes.

As a narrative inquirer, field notes were the "ongoing, daily notes, full of the details and moments of our inquiry lives in the field, are the text out of which we can tell stories of our story of experience" (Clandinin & Connelly, 2000, p. 104). I also kept a personal journal in which I recorded my reflections on important daily events related to the curriculum-making in the classroom. When field notes are collected through participant observation of shared practical work in the classroom and are kept along with journal-writing they provide field experience with a reflective balance (Clandinin & Connelly, 2000).

Data Analysis

The research texts (data analysis in narrative inquiry) are my interpretation and understanding of the teacher's and the eight students' experiences in the process of curriculum-making. I began the interpretative process by transcribing the tapes from my conversations with Praxey as well as transcribing and organizing the other field texts.

As a narrative inquirer, I was always attending to my participants; I was attending to what they thought about our co-composed conversations and about their experiences of reading the

transcripts of our conversations, as well as listening to what they said about what I wrote. This came about because the inquiry was relational. “Slipping in and out of intimacy,” (p.82) (Clandinin & Connelly, 2000, p. 82) meant I would return to my field texts, allowing a distance from my participants as I tried to understand their experiences. Even when I was at a distance, I was still mindful, thinking of my participants.

I situated my interpretation within the metaphorical three-dimensional narrative inquiry space (Clandinin & Connelly, 2000). According to Clandinin and Connelly (2000), the three-dimensional narrative inquiry space focus on “temporality along one dimension, the personal and social along the second, and place along the third” (p. 50). The temporal dimension addresses matters of the past, present, and future, allowing inquirers to move backward and forward to understand people’s experiences. The social and personal dimension addresses the inward and outward aspects of people’s experiences. The inward refers to “internal conditions, such as feelings, hopes, aesthetic, reactions, and moral dispositions” (p. 50). The outward refers to “existential conditions that is the environment” (p. 50). The third dimension, place, refers to the specific places or sequence of places within the narrative inquiry process. In this way, I was able to look back and forward, inward and outward, and to attend to place as I made meaning of Praxey’s experiences of curriculum-making.

As a narrative inquirer, I read and re-read the transcripts of Praxey’s experiences. I created narrative accounts for Praxey. I then re-read the teacher’s narrative account looking for shifts in her teaching practices. As a way to represent my interpretations, I prepared poetic transcriptions of Praxey’s narrative accounts. According to Butler-Kisber (2002), in using found poems, “the researcher uses only the words of the participant(s) to create a poetic rendition of a story or phenomenon” (p. 232). Because I was most comfortable working with words rather than other alternative forms, I decided found poetry might offer a viable way of portraying what I was finding. Alongside the construction of found poems, I analyzed the narrative accounts for patterns of regularity and identified seven themes: 1) sharing authority with children, 2) constructing a democratic classroom, 3) learning to listen to children, 4) affirming children’s voices and ownership in learning, 5) creating a partnership with parents, 6) interrupting gendered classrooms, and 7) developing children’s advocacy in Community Matters.

Below, I discuss the meaning I was making of each shift in Praxey’s experience and making links to other authors in the field.

Sharing Authority with Children

*I was trained how to give them knowledge
How to instruct,
Impart knowledge, which they had to adhere to
I was made to believe children wouldn’t work for themselves
That is how I have been teaching
I have 26 years of teaching experience.*

*Since I started using child-to-child approach
In teaching of HIV/AIDS curriculum
I have been living differently with my children
Accepting that they have a lot to contribute in the classroom
(May 20, 2003)*

As I read Praxey's narrative accounts, her stories of teaching, she was telling how she was trained to believe she should be an expert, a knowing-it-all person in the classroom. For 26 years, Praxey taught in a traditional teacher-centered classroom. She did not imagine enabling her learners with the opportunity to "use their minds to create and interpret texts" (Delpit, 1995, p. 174). As Praxey constructed a child-centered classroom, she found herself sharing authority with her children. Oyler (1996) suggested that sharing with students is "opportunity for extension of teacher authority. That is, the teacher's expertise ... is being deepened by their enactment by her students" (p. 152). Praxey now would say about her practice:

*I feel this is the right way
Of teaching the subject of HIV/AIDS
I have five other classrooms
I have to encourage group sharing
These kind of groups were not there before
In these classrooms children are able
To assist in tackling classroom tasks.
Sharing their learning experiences
(September 22, 2003)*

Praxey was acknowledging that indeed children come with knowledge, which was deepening her understanding of HIV/AIDS. Praxey started wondering, questioning her beliefs about what children can do. She started saying that maybe children should be in charge of their learning, and of the knowledge they are producing. Praxey was developing a more holistic view of children as knowing persons.

Constructing a Democratic Classroom

*They feel free to express themselves
They feel appreciated
They feel what they are saying is important.
This approach is great, it empowers children*

*They don't mind the language
Whether broken or not,
They would talk out loud
They want everyone to know
They have something to tell
It is because the approach enables them to talk.
(March 13, 2003)*

As I read Praxey's narrative accounts, I saw how she now understands the power of a democratic classroom. Praxey rediscovered her children as being free, no longer fearing to ask questions, and who feel empowered to talk on issues. Such a context resonates with Freire and Antonio (1989)'s liberating classroom where a teacher working with children "encourages them to ask questions about their own experience, and the answers will then include the experience which gave rise to the question. Acting, speaking and discovering would all belong together" (p. 38).

According to Darling-Hammond (1998), a “genuine understanding—that supports active, in-depth learning leading to powerful thinking ... [it] creates paths to freedom and empowerment for all students” (p. 79). By creating a democratic space in the classroom, learning worked in both ways. I could see Praxey was travelling into the children’s worlds, children were also travelling to Praxey’s world, and both were trying to reach one another’s worlds of lived experiences (Lugones, 2003).

Learning to Listen to Children

I have been looking back

Questioning my past ways of teaching

In which I was dominant, not allowing children

To fully participate in the learning process

Not paying attention to what they were saying in class

Since using a child approach

I have asked them to seek information about HIV

They approached their parents, uncles, and siblings

Some of the information they now know

That they were telling was news to me

I had not experienced

The messages that maize fields could be

A hide out for sexual predators

I found myself putting the points on the board.

(March 4, 2003)

As I read Praxey’s accounts, she was learning to listen to children’s stories. Previously, she lived as a teacher-expert who did not pay attention to her children’s knowing. Now she learned to pay attention, listening to what children were telling. She has come to know that children too, have knowledge and experiences to tell.

Paley (1986) found children had a lot to tell when they were asked. She wrote, “I kept children talking, savoring the uniqueness of response so singularly different from mine. The rules of teaching had changed; I now wanted to hear the answers I could not myself invent” (p. 125). Similarly, Praxey found that when she started listening to her children, she learned children knew a lot about what they could do. Praxey has come to listen and appreciate children’s capacity to seek information, which was in many ways news to her. She was listening as children told of risky places in their community. Praxey was learning that maize fields are risky places. Paley (1986) found that her children “said things that surprised me, exposing ideas I did not imagine they held, my excitement mounted” (p. 125). Praxey finds herself note-taking, listening to stories children who were insightful and contributing a deeper understanding of the subject matter of HIV/AIDS.

Affirming Children’s Voice and Ownership in Learning

The children are involved from the beginning

Into the inquiry of the problem

Being partners to solving the issue

They claim ownership of information gathered

*By telling what they have experienced
Is more meaningful to them
I have been ignoring children,
Not exploring their capacities
Not realizing how resourceful they could be
(May 8, 2003)*

As I read Praxey's narrative, she found involving children as partners in the inquiry became an act of giving and affirming voice to her children. Similarly, hooks (1994) suggested that "collective listening to one another affirms the value and uniqueness of each voice" (p. 84). Praxey affirms the importance of children's stories that they are living and she respected each child's contribution during that moment of learning the subject matter of HIV/AIDS.

Praxey's way of teaching, the way she constructed her classroom encouraging children's voices to tell their experiences was empowering to her children. The children were able to speak loudly and confidently of what they were experiencing personally, and what they were experiencing with their friends and relatives afflicted by HIV/AIDS. Davis, Sumara, and Luce-Kapler (2000) urge that a pedagogy should be inventive rather than merely a reproduction. The way Praxey was living with her children and listening to her children, she was giving them space to have a voice, be inventive, live intimately with each other, and take ownership of their learning.

Creating a Partnership with Parents.

*The children are very involved in learning
They are coming to know more about the disease.
And they are coming to hate it.*

*I noted the parents opening up their discussions
With their children on the subject of HIV/AIDS
Given the silence around HIV/AIDS
Such interaction between parents, children, and me
Was something I wouldn't have imagined
Parents and their children are now
Interacting harmoniously
Talking about HIV/AIDS.
(March 14, 2003)*

When I read Praxey's stories, I realized she was no longer a lone actor with her children in classroom. The way Praxey was constructing her classroom, it was now possible to invite parents to participate. She was expanding the milieu, broadening conversations around the subject of HIV/AIDS to include parents. As children came to know the subject matter of HIV/AIDS, the more they wanted to interact with Praxey and the parents. Huber and Whelan (1995) talk of a teacher who "works closely with her children, watching for telling moments" (pp. 145–146). Praxey found such spaces of fascinating moments as her children actively engaged with their parents, telling their knowing and experiences of HIV/AIDS.

Interrupting a Gendered Classroom

*By mixing up boys and girls in the classroom seating
They came to understand each other better
Girls no longer fear to sit with boys
Boys no longer are shy to sit with girls
Girls would now be able to sit with their fathers
The boys would sit with their mothers
They would be able to sit and share
This approach has enabled such interaction.
(May 8, 2003)*

As I read Praxey's narrative accounts, I recalled the gendered classroom where the children once lived. Now Praxey had to negotiate with the children, telling them she was not going to separate boys from girls. Now they were going to learn collaboratively, building a community of learners. The fact that the children agreed to mix made it possible for girls and boys to freely interact and break down taboos, which previously separated them.

This shift in classroom seating arrangement created space for the children to share HIV information that was previously viewed as personal and sacred. Silin (1995) suggests that "HIV/AIDS needs to begin with the youngest children and permeate the curriculum in order to break down the taboos with which it is associated and to make the subject a more comfortable one for discussion" (p. 241).

By changing the way children were living in the classroom, the traditional gendered seating, Praxey was breaking the taboos that separated boys from girls. This way, Praxey was making her classroom comfortable for discussion not only between themselves but also with parents.

Developing Children's Advocacy in Community Matters

*The children wanted to share
Show others what they have learned
AIDS HAS NO CURE
AIDS KILLS
AIDS IS A DEADLY DISEASE
HIV IS ALSO AIDS
They feel empowered, they want to take action
When they take action, they feel happy*

*When I recall their going to Standard 8
They were very much excited
They wanted also to tell them.
Because they are the big boys and girls.
They didn't choose Standard 1
They choose the senior class
Because they wanted to go there
Give them messages they have gathered.
(May 20, 2003)*

As I read Praxey's narrative accounts, she was gaining understanding of how her children

were becoming advocates of HIV prevention. Nyerere (1967) suggested that it is the teacher's responsibility to prepare children to be "made part of the community by having responsibilities to the community, and having the community involved in school activities" (pp. 21–22). Similarly, Praxey was preparing her children to take on the responsibility of supporting their community to deal with the epidemic of HIV transmission. The children were taking the role of change agents, educating people about the HIV/AIDS epidemic in the community. The children had a vision of the society they wanted to build. As advocates, the children presented many HIV/AIDS awareness activities in many contexts in the form of talks, dramatized plays, dances, poems, and posters.

Maxine Greene (cited in Ayers, 1998) suggested that young people be involved in significant projects which are involving, meaningful, and touch others lives. Similarly, Praxey's children were involved in HIV/AIDS activities that were meaningful to their lives and the lives of others in the community.

One example of the children's advocacy was around the issue of children drinking water from the same bottle. While such sharing may not necessarily have led to HIV infection, it does lead to the transmission of other communicable diseases such as typhoid. These children not only abhorred the bottle sharing but also educated others to adopt good personal health practices. Praxey had this to say:

*Since learning about HIV/AIDS
They stopped sharing from same bottle
One time I found a girl crying
She was complaining of children
Who drank her water
It is unhygienic for them
To share water from one bottle*

*By living this way,
They will avoid being infected by
Contagious diseases like malaria and typhoid
When they dramatize the wife inheritance
[having sex with a woman whose spouse has died of AIDS]
It is because they have experienced it in the community
They know the risks involved
They deplore it.
(June 13, 2003)*

The children went beyond the school landscape into the community to denounce the community's traditional practices, which they felt contributed to the spread of HIV/AIDS. Their knowing of what was unhygienic was itself a manifestation that children were now acting on their own knowledge.

Conclusion

The teacher's experience of using a child-to-child approach has the potential of enhancing the teaching of the subject matter of HIV/AIDS in the classroom. This is more so in a context where there is a heavy reliance on a traditional teacher-centered approach, where

teachers are still viewed as “technical experts who impart privileged knowledge to students...embodied in texts, curriculum, lesson plans, and examinations” (Schon, 1983, p. 329). The traditional teaching approach fails to address the real-life situations that young people find in their schools, homes, communities, and the world (Kelly, 2000; Kigotho, 2000).

The child-to-child approach has great potential for implementing HIV/AIDS curriculum as it shifts teaching from a teacher-centered to a child-centered classroom. It is in a child-centered classroom where there is the possibility for creating an environment for constructing relevant knowledge, skills, and attitudes to prevent HIV transmission. The child-to-child approach shapes a democratic space for empowering young people to become assertive, confident, principled, and decisive in managing their lives in the context of HIV transmission.

In working to attain the goal of empowering young people, the teacher using a child-to-child approach should work towards inviting students to share their knowledge, and in so doing, share authority with children, as together they participate in the curriculum-making in the classroom. As the teacher awakens to children as knowing persons, the teacher would affirm children's voices as a way of respecting their classroom contributions, building for the children a sense of entitlement about their knowledge. Indeed, the teacher would be working towards developing a democratic classroom where children feel empowered to talk and question issues.

Learning to listen and to pay attention to children are critical skills for a teacher adopting a child-to-child approach to develop. The teacher in this study listened and appreciated children's capacity to seek information and report. When using a child-to-child approach, it is important also to consider the parents' involvement in children's learning about HIV/AIDS. Inviting parents to share with their children in the classroom provides the opportunity to break barriers associated with talking openly about HIV/AIDS. Support from parents is crucial in the teaching of HIV/AIDS curriculum.

The significantly alarming statistics of the AIDS infections among young people in Kenya becomes even more worrying when it is reported that in 2003, 14% of women and 29% men had sex before age 15 (CBS, 2003). This devastating situation calls for urgent intervention to help young people develop appropriate knowledge, skills, attitudes and behaviour necessary in preventing them from HIV infection. The study showed that by creating a child-to-child learning environment, both the children and teacher were empowered to talk openly about their perspectives on the subject of HIV and AIDS. As both the children and teachers became empowered, they were able resist social and cultural traditions of silence around HIV/AIDS to widen curricular conversations to include families and communities out of school. The children and teacher were committed to create their own resources to help inform others about AIDS. As children began to experience a new story of learning in the classroom through the child-to-child environment, the teacher was composing a new story of her own teaching practices. As the teacher shifted her teaching practices, she—along with the children—moved towards becoming change agents in the community. With a child-to-child approach to teaching the HIV/AIDS curriculum, new, more hopeful stories may be told.

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