

Full Length Research Paper

Trainers attitudes towards the teaching of AIDS education in a Kenyan teachers' college

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The purpose of this study was to examine the teaching of AIDS education. The study was mainly concerned with the implementation of the AIDS education curriculum. In particular the study sought to investigate the attitudes held by trainers and trainees towards the subject and make suggestions to improve its teaching. The study was conducted in a public primary teacher training college in Kenya. Three hundred and sixty five respondents participated in the study. They included; the principal, 30 lecturers and 334 second year students. The data was collected through questionnaire. The study established that the concepts of integration and infusion in the teaching of AIDS education were not clearly understood; lecturers lacked adequate training in the subject. The respondents' attitudes towards teaching of AIDS education were found to be positive. Thus they wished the subject be taught to trainers and trainees. It was also found that there was need for improved support to the teaching of AIDS education by the government and the college management. From the findings and conclusions it was recommended that the college develops a HIV and AIDS policy, trainers get more training on teaching AIDS education and more resources be availed to support teaching of AIDS education. Lastly, it was recommended that more management support by the Ministry of Education and the Kenya Institute of Education be accorded to trainers and trainees in the implementation of AIDS education syllabus.

Key words: Acquired immune deficiency syndrome (AIDS) education, AIDS education syllabus developed by the Kenya institute of education (KIE), trainers -lecturers/tutors in the college, trainees - student teachers, training - acquisition of knowledge, skills, attitudes and values required to the teaching of AIDS education.

INTRODUCTION

The scale and effects of the human immune deficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) pandemic were slow to be recognized as a global threat. However, recent discussions of the 2002 South African famine and potential security crisis – both perceived as fuelled by HIV (De Waal, 2002; Singer, 2002) suggest that the severity of the situation is being acknowledged. In response, there have been commendable efforts to capitalize on the potential of formal education as a weapon in the fight against HIV and AIDS globally (Kelly, 2000). While describing the threat posed by HIV and AIDS to Kenya in 1999, the former president of Kenya Daniel Arap Moi noted that:

AIDS is not just a serious threat to our social and economic development; it is a real threat to our very existence... AIDS has reduced many families to the status of beggars... No family in Kenya remains untouched by the suffering and death caused by AIDS... The real solution to the spread of AIDS lies within each and every one of us (Highridge Teacher's College, 2002: vi).

If education is to reduce the likelihood of HIV transmission, strengthen the capacity of infected and affected individuals to cope with their situation and support bereaved and disoriented school members and their families, the formal education system should do certain things as:

(1) Do better what it is supposed to be done in terms of access and real learning achievement.

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(2) Integrate sexual health and HIV and AIDS education into the curriculum for all education levels.

(3) Ensure that every school member is adequately equipped with the relevant life skills, and that adequate learning takes place in the fourth 'R' that is relationships with one and others.

(4) Manifest and improved human rights profile in terms of its own procedures and actions and in terms of curriculum.

(5) Extend its mission beyond the strict academics to include more attention to counseling and care for its members, and to promote care and compassion for people with HIV and AIDS (IICBA JUNE 2001, Volume 3. No. 2: 5).

Despite the impact of AIDS on reduced supply and quality, and increased costs of education amid declining demand, the development need for education and for curriculum challenge and flexibility rises significantly. The need to influence students regarding sexual reproductive health, including HIV and AIDS, so that they can grow up with reduced risks of infection requires that the teachers have appropriate sensitization, training, support, and behaviour change, materials to make HIV prevention efforts effective (Helen, 2002).

In response to the realization of the above fact the Kenya government responded by developing and AIDS education syllabus for colleges in 1999. The objectives of the course as outlined in the syllabus are to enable the learner to: Acquire knowledge and skills about HIV/AIDS, STDs, appreciate facts and issues related to HIV/AIDS and STDs, develop life skills that will lead to AIDS and STDs free life, identify appropriate sources of information on HIV/AIDS related issues, make decisions about personal and social behaviour that reduce risk of HIV and STDs infection, show compassion towards and concern for those infected and affected by HIV/AIDS, be actively involved in school and out of school activities aimed at prevention and control of HIV and STDs infections, communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STDs (Ministry of Education, 1999: vii).

In order to achieve these objectives, the AIDS education syllabus recommended that the subject be taught through integration or as a separate subject (Ministry of Education, 1999: 51). Knowledge of how HIV and AIDS education is being implemented in schools is sparse and often anecdotal. Research suggests that HIV and AIDS education particularly in the school place is not always implemented as envisaged. This is partly because of resistance from communities and teachers, but also due to lack of training and adequate learning materials (Bennell et al., 2002).

In Kenya the introduction of HIV and AIDS curriculum nevertheless faces several challenges, not least of which is the insufficiency of teaching and learning materials and inadequately prepared teachers. No teachers in the whole republic have received pre-service training on HIV

and AIDS education. The capacity of teachers to effectively implement the curriculum is thus in serious doubt. (Elimu Yetu Coalition, 2003: 46).

The need for a study on the implementation on the AIDS education curriculum has been supported by (Bennel et al., 2001) who noted that knowledge of how AIDS education is implemented in schools is sparse and often anecdotal. Similarly Kinsman (1999) observed that very limited research has been devoted to the implementation of AIDS education in the classroom. This study was therefore conducted to fill the gap in the knowledge in area of the implementation of the HIV and AIDS education curriculum in the primary teacher training colleges.

METHODOLOGY

A descriptive research was conducted in this study. According to (Koul, 1992) in this type of research the researcher is concerned with the conditions or relationships that exist, practices that prevail, beliefs, points of view or attitudes held, processes that are going on, effects that are being felt or trends that are developing and may select the problem accordingly from the area or field in which he is interested.

A case study design was adopted in this study. Mugenda and Mugenda (1999: 173) posit that: A case study is an in-depth investigation of an individual group, institution or phenomenon. Its primary purpose is to determine factors and relationships among the factors that have resulted in the behaviour under study. The investigation therefore makes a detailed examination of a single subject, group or phenomenon.

The depended variable in this research was the attitudes of the trainers and trainees while the independent variable was the teaching of AIDS education.

The study was guided by the theory of implementation of innovations. Gross et al. (1971) have identified the following as important as far as implementation of innovations is concerned; sensitizing people on the need for such innovation, making it acceptable to them, training personnel required to implement that innovation and providing the required facilities as well as the management support that will enable the implementers to carry out implementation properly (Fullan, 1982; Gross et al., 1971).

The instruments that were used in this study were questionnaires. Three questionnaires were developed. These were questionnaires for: The principal, the lecturers, (trainers) and the students (trainees). The questionnaires developed had both open and closed ended items. The open ended questions were used to enable the respondents give their views freely. While some of the items were adapted from earlier studies, others were developed by the researchers.

FINDINGS

This section presents the results of the study. Data analyzed and presented covers the following themes.

- (1) The attitudes of trainers and trainees towards AIDS education.
- (2) The training of trainers and the trainees towards AIDS education.
- (3) The adequacy of teaching materials for AIDS.

Table 1. Trainers views on the teaching of HIV and AIDS education (N = 30).

Statement	SA	A	U	D	SD	Total
HIV and AIDS education should be taught as a separate subject.	9 (30%)			11 (36.6%)	10 (33.33%)	30(99.97%)
HIV and AIDS education should be fully integrated in the syllabuses of relevant subjects.	16 (53.33%)	10 (33.33%)			14 (13.33%)	30 (99.99%)
Integration denies HIV and AIDS education the seriousness it deserves.	6 (20%)	9 (30%)	5 (16.66%)	5 (16.66%)	5 (16.66%)	30 (99.98%)
There is a clear relationship between my subject area and HIV and AIDS education.	4 (13.33%)	10 (33.33%)	5 (16.66%)	8 (26.66%)	3 (10%)	30 (99.98%)
When teaching my subject I should make reference to HIV and AIDS education related concepts.	10 (33.33%)	16 (53.33%)		3 (10%)	1 (3.33%)	30 (99.99%)
Student teachers are able to integrate and infuse HIV and AIDS education messages during teaching practice.	1 (3.33%)	7 (23.33%)	5 (16.66%)	7 (23.33%)	10 (33.33%)	30 (99.98%)
HIV and AIDS education classes in college should be single sex.	4 (13.33%)	4 (13.33%)	3 (10%)	20%	13 (43.33%)	30 (99.99%)

education.

(4) The level of management support given to trainers and trainees in the teaching and learning AIDS education.

(5) Challenges faced in the teaching and learning of AIDS education.

(6) Suggested assistance for the teaching and learning of AIDS education.

Trainers views on the teaching of AIDS education

The trainers were given a number of specific attitude scale items on the subject; teaching of AIDS education. 9 (30%) strongly agreed, 11 (36.67%) of the respondents disagreed with the statement that HIV and AIDS education should be taught as a separate subject. However 16 (53.33%) strongly agreed, 10 (33.33%) agreed, and 4 (13.33%) strongly disagreed with the statement that HIV and AIDS education should be fully integrated in the syllabuses of relevant subjects.

When asked whether integration of AIDS education denies it the seriousness it requires, 6 (20%) strongly agreed, 5 (16.66%) were undecided, 5 (16.66%) disagreed while 5 (16.66%) strongly disagreed.

When asked whether there is a clear relationship between their subject areas and AIDS education 4 (13.33%) strongly agreed, 10 (33.33%) agreed, 5 (16.66%) were undecided, 8 (26.66%) disagreed while 3 (10%) strongly disagreed.

Further, 10 respondents (33.33%) strongly agreed, 16 (53.33%) agreed, 3 (10%) disagreed while 1(3.33%) strongly disagreed with the statement “while teaching my subject I should make reference to AIDS education related concepts. When asked to comment on the statement that student teachers are able to integrate and infuse AIDS education messages during their teaching practice, 1(3.33%) strongly agreed, 7 (23.33%) agreed, 5

(16.66%) were undecided, 10 (33.3%) disagreed while 7 (23.33%) strongly disagreed.

The responses of the trainers to the statement “AIDS education classes in colleges should be single sex were as follows: 4 (13.33%) strongly agreed, 4 (13.33%) agreed, 3 (10%) were undecided, 6(20%) disagreed while 13(43.33%) strongly disagreed. These findings are summarized in Table 1.

From the responses above, it can be observed that a majority of the respondents were comfortable with the teaching of AIDS education using the two photographs proposed in the syllabus that is, as separate subjects or through integration and infusion. It is also evident that a majority of the respondents felt that student teachers had problems integrating and infusing HIV and AIDS education during teaching practices. Most of the respondents also preferred that male and female students be taught HIV and AIDS education in the same classes.

Trainers views on integration and infusion of HIV and AIDS education

A majority of the respondents 20 (66.66%) said they did not have a clear understanding of integration whereas 10 (33.33) observed that they understood the integration approach on the effectiveness of this approach, 19 (63.33%) agreed while 11 (36.66%) disagreed.

As concerns the infusion approach 21 (70%) had a clear understanding while 9 (30%) did not. On the effectiveness of infusion 14 (46.66%) felt it was effective whereas 12 (40%) believe it was not effective. Further, 4 (12%) of the respondents stated that infusion is “mentioning AIDS messages as a by the way” with 1(3.33%) saying “it is a good motivator, in fact an element of digression”. From the responses summarized in Table 2 it can be observed that the concepts of integration and infusion need to be clearly explained to the trainers.

Table 2. Trainers views on integration and infusion of HIV and AIDS education.

Statement	YES	NO	Total
I do not have a clear understanding of the integration approach in the Teaching of HIV and AIDS education.	20 (66.66%)	10 (33.33%)	31 (99.99%)
Integration is an effective approach in the teaching of HIV and AIDS education.	19 (63.33%)	11 (36.66%)	30 (99.99%)
I have a clear understanding on the infusion approach in the teaching of HIV and AIDS education.	21(70%)	9(30%)	30(100%)
Infusion is an effective approach in the teaching of HIV and AIDS education.	14(46.66%)	16(53.33%)	30(99.99%)

Table 3. Trainers preparation for the teaching of HIV and AIDS education (N = 30).

Statement	SA	A	U	D	SA	Total
My pre-service training prepared me to teach HIV and AIDS education.	5(36.66%)		3(10%)		22(70.33%)	30 (99.99%)
I have received adequate sensitization on the teaching of HIV/AIDS education.	2(6.66%)	6(20%)	2 (6.66%)	10 (33.33%)	10 (33.33%)	30 (99.99%)
I require more training in the teaching of HIV AIDS education.	29 (99.66%)			1 (3.33%)		30 (99.99%)
I have a good understanding of behavior modification techniques.	4 (13.33%)	11 36.66%)	7 (23.33%)	5 (16.66%)	3 (10%)	30 (99.99%)

Trainers preparation for the teaching of HIV and AIDS education

Most of the respondents 22 (70.33%) said pre- service training had not prepared them adequately to teach HIV and AIDS education as 5 (36.66%) said it did, while 3 (10%) were undecided. When given the statement that “I have received adequate sensitization on the teaching of AIDS education 2 (6.66%) strongly agreed, 6 (20%) agreed, 2 (6.66%) were undecided, 10 (33.33%) disagreed and 10 (33.33%) strongly disagreed. When given the statement that “I require more training in the teaching of AIDS education 29 (99.66%) agreed while 1 (3.33%) disagreed. The respondents who had been trained indicated the following as their trainers – East African Union for Adventist Teachers (SDA). Why Wait Program – (African Inland Church) Kenya institute of education (KIE) and the United Nations Children’s Fund (UNICEF).

When the trainers were given the statement “I have good understanding of behaviour modification techniques” these were the responses: 4 (13.33%) strongly agreed, 11 (36.66%) agreed, 7 (23.33%) were undecided, 5 (16.66%) disagreed while 3 (10%) strongly disagreed.

From Table 3, it is quite clear that the trainers require more sensitization training on the teaching of HIV and AIDS education.

Trainers attitudes on the content of HIV and AIDS education

When trainers were given the statement teacher trainers enjoy learning AIDS education 6 (20%) strongly agreed, 13 (43.33%) agreed, 7 (23.33%) were undecided while 4 (13.33%) disagreed.

When asked whether the HIV/AIDS education adequately exposed the teacher trainees to life skills 19 (63.33%) agreed, 7 (23.33%) were undecided whereas 4 (13.33%) disagreed. The responses to the statement “I have a good understanding of the key concepts in AIDS education” were as follows 15 (50%) agreed, 6 (20%) were undecided and 9 (30%) disagreed.

The trainers’ responses to the statement; “I can discuss sexual matters in class freely” were as follows 7 (23.33%) strongly agreed, 13 (43.33%) agreed, 2 (6.66%) were undecided, 7 (23.33%) disagreed while 1 (3.33%) strongly disagreed. When given the statement; “teaching AIDS education is an extra load” 5 (16.66%) strongly agreed, 7 (23.33%) agreed, 4 (13.33%) were undecided, 9 (30%) disagreed and 5 (16.66%) disagreed. Table 4 presents a summary of the findings.

Trainer’s responses on resources

Previous researchers such as (Malambo, 2000) have established that inadequate teaching and learning

Table 4. Trainers attitudes on the content of HIV and AIDS education (N = 30).

Statement	SA	A	U	D	SD	Total
Teacher trainees enjoy learning AIDS education	6 (20%)	13 (43.33%)	7 (23.33%)	4(13.33%)		30 (99.99%)
AIDS education adequately exposes teacher trainees to life skills		19 (63.33%)	7 (23.33%)	4 (13.33%)		30 (99.99%)
I have a good understanding of the key concepts in AIDS education		15 (50%)	6 (20%)	9 (30%)		30 (99.99%)
I can discuss sexual matters in class freely	7 (23.33%)	13 (43.33%)	2 (6.66%)	7 (23.33%)	1 (3.33%)	30 (99.99%)
Teaching AIDS education is an extra load	5 (16.66%)	7 (23.33%)	4 (13.33%)	9 (30%)	5 (16.66%)	30 (99.99%)

Table 5. Available resources for teaching HIV and AIDS education (N = 30).

Resources	Frequency	Percentage
Text books	17	56.66
Teacher's guide	07	23.33
Chalkboard	20	66.66
Pictures/posters	13	43.33
TV/Video deck	20	66.66
Charts	05	16.66
Radio	08	26.66
Video tapes	11	36.66
Magazines	12	40.00
Syllabus	12	40.00
Journals	01	3.33

resources hamper the teaching of HIV and AIDS education. When given the statement "AIDS education doesn't have adequate teaching/learning AIDS 24 (80%) agreed, 2 (6.66%) were undecided while 4 (13.33%) disagreed. A majority of the respondents 26 (86.66%) agreed, 2 (6.66%) were undecided while 2 (6.66%) disagreed with the statement that "the availability of a teacher's guide will enhance my teaching of AIDS education".

The responses of the trainers on the available resources for the teaching of HIV and AIDS education are presented in Table 5. From Table 5, it is clear that certain materials for the teaching of HIV and AIDS education are available in the college. When the trainers were asked whether teacher trainers should bring AIDS education text books and other relevant materials 11 (36.66%) agreed, 3 (10%) were undecided whereas 16 (53.3%) disagreed.

Trainers views on management support

The trainers were given the statement; "the support given to the teaching of HIV and AIDS education by the college management is inadequate", these were the responses: 20 (66.66%) agreed, 4 (13.33%) were undecided while 6 (20%) disagreed. Management support is a crucial factor

in curriculum development (Fullan, 1992; Gross et al., 1971). This was recognized by the college management. The college management supported the teaching of HIV and AIDS education through the provision of resources such as textbooks, chalkboard, pictures and posters, videotapes, teacher's guides, magazines and syllabus. Some of the materials have come from partners such as the Kenya Institute of Education, world vision, teacher's service commission and the centre for British teachers. In terms of training the college allows lecturers (trainers) to attend workshops and seminars on HIV and AIDS awareness.

Trainees views on the teaching of HIV and AIDS education

The trainees were given a number of items to get their opinions on the teaching of HIV and AIDS education. When asked whether AIDS education should be taught in colleges 237 (70.95%) strongly agreed, 70 (20.95%) agreed, 1 (1.79%) were undecided, 8 (2.39%) disagreed while 13 (3.89%) strongly disagreed. 179 (52.39%) of the respondents were of the opinion that AIDS education should be fully integrated in the syllabus of career subjects whereas 81 (24.25%) agreed, 30 (8.98%) were undecided, 19 (5.68%) disagreed while 29 (8.68%) strongly disagreed. When asked whether HIV and AIDS education should be taught as a separate subject 70 (23.65%) strongly disagreed, 124 (37.12%) agreed, 24 (7.18%) were undecided, 53 (15.86%) disagreed while 54 (16.16%) strongly disagreed. When asked whether AIDS education should be examined 67(20.05%) strongly agreed, 72 (21.55%) agreed, 40 (11.97%) were undecided, 43 (12.79%) disagreed while 114 (34.13%) strongly disagreed.

The trainees were given the statement; "AIDS education should be single sex". These were the responses: 23 (6.88%) strongly agreed, 19 (5.68%) agreed, 23 (6.88%) were undecided, 54 (16.16%) disagreed whereas 217 (64.97%) strongly disagreed. From the findings above it is evident that the trainees believe HIV and AIDS education should be taught in

Table 6. Trainees views on the teaching of AIDS education (N = 334).

Statement	SA	A	U	D	SD	Total
HIV and AIDS education should be taught in colleges	237 (70.95%)	70 (20.95%)	6 (1.79%)	8 (2.39%)	13 (3.89%)	334 (99.97%)
HIV and AIDS education should be fully integrated in the syllabuses of carrier subjects	179 (52.39%)	81 (24.25%)	30 (8.98%)	19 (5.68%)	29 (8.68%)	334 (99.98%)
HIV should be taught as a separate subjects	79 (23.65%)	124 (37.12%)	24 (7.18%)	53 (15.86%)	54 (16.66%)	334 (99.97%)
HIV and AIDS education should be examined	67 (20.75%)	72 (21.55%)	40 (11.97%)	43 (12.79%)	114 (34.13%)	334 (99.99%)
HIV and AIDS education classes should be single sex classes	23 (6.88%)	19 (5.68%)	23 (6.88%)	54 (16.66%)	217 (64.97%)	334 (99.97%)

Table 7. Trainees views on their ability to teach AIDS education (N = 334).

Statement	SA	A	U	D	SD	Total
I can discuss sexual matters freely in class	158 (47.30%)	91 (27.24%)	34 (10.17%)	32 (9.58%)	19 (5.68%)	334 (99.97%)
I can confidently teach HIV and AIDS education in the primary school	175 (52.39%)	105 (31.43%)	19 (5.68%)	22 (6.58%)	13 (3.89%)	334 (99.97%)
I can prepare schemes of work and lesson plans for teaching HIV and AIDS education	96 (28.74%)	99 (26.64%)	27 (8.08%)	44 (13.17%)	68 (20.35%)	334 (100%)
I often integrate and infuse HIV AIDS education materials during teaching practice	131 (39.2%)	127 (38.02%)	20 (5.98%)	30 (8.98%)	26 (7.78%)	334 (99.96%)

colleges. A majority of the trainees were comfortable with HIV and AIDS education being taught as either a separate subject or through integration. As to whether HIV and AIDS education should be examined, opinions appeared divided almost evenly distributed with 41.60% saying it should and 46.92% saying it should not. Table 6 presents a summary of these findings.

Trainees views on their ability to teach AIDS education

When asked to comment on their ability to discuss sexual matters in class 158 (47.30%) strongly agreed, 91 (27.24%) agreed, 34 (10.17%) were undecided, 32 (9.58%) disagreed while 19 (5.68%) strongly disagreed. Most of the trainees 175 (52.39%) strongly agreed, 120 (31.43%) agreed, that they can confidently teach AIDS education in the primary school with 19 (5.68%) undecided, 22 (6.58%) disagreeing while 13 (3.89%) strongly disagreed.

In terms of ability to prepare schemes of work and lessons plans for teaching HIV and AIDS education 96 (28.76%) strongly agreed, 99 (26.64%) agreed, 27 (8.08%) were undecided, 44 (13.17%) disagreed and 68 (20.35%) strongly disagreed. The trainees responses to the statement that "I often integrate/infuse AIDS education materials during teaching practice" were as

follows: 131 (39.2%) strongly agreed, 127 (38.02%) agreed, 20 (5.98%) were undecided, 30 (8.98%) disagreed, with 26 (7.78%) strongly disagreeing (Table 7).

Trainees attitudes towards the content of HIV and AIDS education

When given the statement that "I do not understand the concepts taught in AIDS education", 25 (7.48%) strongly agreed, 42 (12.57%) agreed, 40 (11.97%) were undecided, 106 (31.73%) disagreed and 120 (35.92%) strongly disagreed.

When given the statement that AIDS education doesn't adequately expose teacher trainees to life skills 47 (14.07%) strongly agreed, 55 (16.36%) agreed, 37 (11.01%) were undecided, 77 (22.91%) disagreed while 120 (35.71%) strongly disagreed.

The trainees were also asked whether AIDS education should lead to behaviour change. 199 (59.58%) strongly agreed, 78 (23.35%) agree, 25 (7.48%) were undecided, 10 (2.00%) disagreed while 22 (6.58%) strongly disagreed. On the statement "I do not face any problems while learning AIDS education" 67 (20.05%) strongly agreed, 83 (24.85%) agreed, 31 (9.28%) were undecided, 91 (27.24%) disagreed and 56 (17.66%) strongly disagreed.

Table 8. Trainees views on their ability to teach AIDS education (N = 334).

Statement	SA	A	U	D	SD	Total
I do not understand the concepts taught in HIV and AIDS education	25(7.48%)	42(12.57%)	40(11.97%)	106(31.73%)	120(35.92%)	334(99.97%)
HIV and AIDS education doesn't adequately expose teacher trainees to life skills	47(14.07%)	55(16.46%)	35(10.47%)	77(22.91%)	120(35.92%)	334(99.83%)
HIV and AIDS education should lead to behaviour change	199(59.58%)	78(23.35%)	25(7.48%)	10(2.00%)	22(6.58%)	334(99.96%)
I do not face any problems while learning HIV and AIDS education	67(20.05%)	83(24.85%)	31(9.28%)	91(27.24%)	59(17.66%)	334(99.98%)

Table 9. Trainees personal views on AIDS education (N = 334).

Statement	SA	A	U	D	SD	Total
HIV AIDS education is enjoyable	13(3.89%)	160(47.9%)	46(13.77%)	115 (34.43%)		334(99.99%)
Learning HIV and AIDS education is not helpful to me	23(6.88%)	7(2.09%)	16(4.79%)	58 (17.36%)	228 (68.26%)	334(99.38%)
HIV and AIDS is a problem that touches my personal life	169(50.59%)	82(24.55%)	21(6.28%)	31 (9.29%)	31 (9.29%)	334(100%)
I can confidently visit a VCT center	131(39.22%)	61(18.26%)	69(20.65%)	26 (7.78%)	47 (14.07%)	334(99.98%)

From the findings in Table 8, it is clear that most of the trainees understand the concepts taught in HIV and AIDS education and believe it should lead to behaviour change. They also believed it does expose them to life skills adequately.

Trainees personal views on HIV and AIDS education

A majority of the trainees 160 (48.88%) agreed, 46 (13.77%) were undecided, while 115(34.42%) disagreed with the statement that "AIDS education is enjoyable". When given the statement that "learning AIDS education is not helpful to me", 23 (6.88%) strongly agreed, 7 (2.09%) agreed, 16 (4.79%) were undecided, 58 (17.36%) disagreed while 228 (68.26%) strongly disagreed. A majority of learners 169(50.59%) strongly agreed, 82 (24.55%) agreed, 21 (6.28%) were undecided, 31(9.29%) and 31(9.28%) strongly disagreed with the statement "AIDS is a problem that touches my personal life".

The findings shown in Table 9 indicate that a fairly large percentage of trainees do not enjoy AIDS education and thus it would be interesting to establish why. However a majority of the respondents consider AIDS education as helpful to them and that AIDS is a problem that affects them as individuals.

Trainees responses on teaching learning resources for HIV and AIDS education

A majority of trainees 136 (40.71%) strongly agreed, 87

(26.04%) agreed, 20 (5.98%) were undecided, 52 (15.56%) disagreed and 39 (11.67%) strongly disagreed with the statement that there are no textbooks for learning AIDS education. The trainees were also asked whether trainees should bring AIDS education textbooks and other relevant materials 66 (19.76%) strongly agreed, 58 (17.36%) agreed, 35 (10.47%) were undecided, 52 (15.56%) disagreed while 123 (36.82%) strongly disagreed.

When asked to comment on the non availability of learning aids for AIDS education 105 (31.43%) strongly agreed, 70 (20.95%) agreed, 22 (6.58%) were undecided, 62 (18.56%) disagreed and 75 (22.45%) strongly disagreed. On whether people living with AIDS can make them understand AIDS education 139 (41.61%) strongly agreed, 136 (40.71%) agreed, 28 (8.38%) were undecided, 17 (5.09%) disagreed while 16(4.79%) strongly disagreed. The findings in Table 10 indicate a dearth of textbooks and teaching/learning AIDS. The trainees would also like real life experiences from (PLWA) people living with AIDS.

Challenges faced in the teaching and learning AIDS education

The teaching staff and student body have put effort in teaching and/or learning AIDS education. However, due to the sensitive nature of the topic, the fact that it is an emerging issue and because we are all affected it has not been without challenges. The following are the challenges faced by lecturers, trainees and management in teaching AIDS education as stated in the open ended

Table 10. Trainees response on teaching/ learning resources for AIDS education (N = 334).

Statement	SA	A	U	D	SD	Total
There are no text books for learning HIV and AIDS education	136(40.71%)	87(26.49%)	20(5.98%)	52(15.56%)	39(11.67%)	334(99.96%)
Teacher trainees should bring HIV and AIDS education text books and other relevant materials	66(19.76%)	58(17.36%)	35(10.47%)	52(15.56%)	123(36.82%)	334(99.97%)
There are no learning aids for the teaching of HIV and AIDS education	105(31.43%)	70(20.95%)	22(6.58%)	62(18.56%)	75(22.45%)	334(99.97%)
People living with HIV and AIDS can make me understand HIV and AIDS	139(41.61%)	136(40.71%)	28(8.38%)	17(5.09%)	16(4.79%)	334(100.57%)

section of the questionnaire. They include: inadequate AIDS education resources; lack of adequate time; it is an emotional / sensitive topic as some respondents stated in their responses, "I feel sad..., I cry, it is a scaring topic, it makes me feel as if one day the world will be without human race", was the response from one of the participants.

Further other challenges include; Lack of openness in speaking sexual matters by tutors, students, teachers and pupils due to cultural inhibitions and negative attitude by tutors and students. This was evidenced by responses such as:

- (1) It is a motivator to the spread of the disease, in fact and element of digression
- (2) Mentioning AIDS messages as a by the way.
- (3) People have information on AIDS at their finger tips
- (4) It is a subject for the infected.
- (5) It should be taught to the infected in separate classes.
- (6) Interference from the churches / religious beliefs

More challenges as reported by the respondents were; teaching AIDS education to infected and affected is sensitive; lack of correct and adequate information/contradicting information; inadequate training on care for the infected pupils and people living with HIV and AIDS (PLWHAS); lack of counseling skills; stigmatization of the infected and affected pupils; lack of qualified teachers / personnel to teach AIDS education; association of parental support in teaching AIDS education; being affected or having lost ones of the parents to AIDS as reported by this respondent; "I feel very sad when I remember my mother who died of AIDS". Equally it was reported that; behaviour change is difficult for the youth; there was lack of adequate funds to manage teaching of AIDS education effectively. Also, there was Lack of role models reported. This response attests to this: "Those teaching AIDS education / tutors do not want to declare their HIV status".

Other challenges reported included; lack of exposure to people living with HIV / AIDS (PLWHAS) to get first hand information on the matter; too much theory in handling the subject matter, lack of proper co-ordination in teaching AIDS education in schools and colleges and knowledge acquired from AIDS education not being

matched to behaviour change.

Suggested assistance for the teaching of AIDS education

The management, teachers and student-teachers have gone a long way in trying to overcome the hurdles encountered in the teaching and learning of AIDS education. This was acknowledged by the of fact that they were already involved in teaching the subject amid the challenges there of. They however, felt that they would be more effective if supported in the following ways for improved teaching of AIDS education. The suggestions listed here were made by more than seventy percent the respondents be it trainers or trainees. They include: Enhanced provision of more teaching / learning resources for example, audio-visual aids, teachers' guides, syllabus, pictures, posters etc. More training of personnel / teacher for AIDS education; allocation of more time of teaching AIDS education in the time table; develop a college HIV and AIDS policy; review the infusion and integration approaches to teaching AIDS education; harmonize the teaching of AIDS education and text books; enhance training in guidance and counseling to all trainers and trainees; provision of material, spiritual and psycho-social support to people living with AIDS especially trainers and trainees.

Further, it was suggested that there was need to reward those trained in AIDS education and those already teaching AIDS education especially so those who exhibited innovation in teaching the subject and in the development of teaching materials. Also, the ministry of education and Kenya institute of education (KIE) should develop clear guidelines on the teaching of AIDS education. The Ministry of Health should participate in the teaching of AIDS education; increase sensitization about HIV and AIDS as resource persons during AIDS education lessons, workshops and seminars.

Training in behaviour change was recommended be enhanced along with training peer educators to disseminate AIDS education messages and facilitate behaviour change. It was also suggested openness in speaking about sex related matters and AIDS be encouraged. The need to develop a positive attitude

towards the teaching of AIDS education so as to fight stigma was also encouraged.

Conclusion

From the foregoing findings and discussions thereof, it was concluded that:

- (1) Pre-service training did not prepare the trainers for teaching AIDS education.
- (2) A few of the trainers have been in-serviced in AIDS education, though the majority have not received adequate sensitization in the teaching of AIDS education.
- (3) A majority of the trainers do not have a clear concept of the concepts of integration and infusion and therefore the need to fully integrate AIDS education in the syllabuses.
- (4) The trainees think AIDS education should be taught in colleges, be fully integrated in the syllabuses of carrier subjects and examined. This implies that they do not see AIDS education as being geared towards behaviour change.
- (5) The trainers felt that there were inadequate teaching / learning resources for AIDS education. They however, did not seem to be aware of the few that exist.
- (6) Generally, the trainers and trainees have a positive attitude towards the teaching/learning of AIDS education.
- (7) AIDS education does not adequately expose teacher trainees to life skills.
- (8) The college administration supports the teaching of AIDS education by providing the available resources and permitting trainers to attend seminars and workshops on HIV and AIDS policy issues.
- (9) Both the trainers and trainees still harbour stigma about HIV and AIDS education.
- (10) There was lack of proper co-ordination on the teaching of AIDS education.

RECOMMENDATIONS

Out of the conclusions presented, teachers would wish to make the following recommendations:

- (1) Identify modalities to develop and implement a college AIDS policy for enhanced education and training.
- (2) Re-define infusion and integration models of teaching AIDS education
- (3) Develop a training manual on the teaching of AIDS education.

- (4) AIDS education should be designed to expose students to life skills more than it is now.
- (5) Emphasis on behaviour change be enhanced in AIDS education and training.
- (6) Train tutors and trainers on AIDS education.
- (7) Establish a learning resource centre for AIDS materials in the college.

Suggestions for further research

A study of this nature cannot be said to be comprehensive in understanding the issue at hand. Consequently the researchers are proposing the following:

- (1) This study is replicated in other teacher training colleges and other training intuitions to examine whether there exists any significant differences in the implementation of the AIDS education curriculum.
- (2) A study be undertaken to establish whether there is a relationship between the teaching of HIV and AIDS education and behaviour change.

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