

Teacher Capacity and Preparedness in HIV/AIDS Education in Multicultural Refugee Schools of North-Western Kenya

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Abstract

In Kenya, schools in refugee camps follow the same curriculum, which integrates HIV/AIDS education in all subjects, as regular schools. Consequently, the refugee camp schools mainly rely on teachers who are trained for the regular schools, in addition to untrained teachers and volunteers from the refugee community who are sometimes given in-service training. While research demonstrates that Kenyan teachers experience multiple challenges with HIV/AIDS education in regular schools for which they were trained, there was a dearth of knowledge in regard to how the teachers engaged with HIV/AIDS education in a more complex multicultural refugee setting. In view of the foregoing, a qualitative study was done in 6 primary schools, 3 from Kakuma Refugee Camp (KRC) and 3 from the surrounding host community (HC). One of the research objectives was to determine the capacity and preparedness of teachers in HIV/AIDS education in a multicultural and multi-religious context

of refugee schools. A sample of 617 individuals, comprising 422 males and 195 females was used in the study. This included teachers, headteachers, pupils, religious leaders, NGO staff and community members. Data was obtained by use of semi-structured interviews, observation, drawing, documentary analysis and FGDs. Findings reveal that the KRC school teachers portrayed a good mastery of the HIV/AIDS education content and effectively used participatory teaching methods, apparently due to regular teacher training workshops at the camp. However, there was a tendency for teachers at both KRC and HC schools to over-engage learners from their own cultural groups. The HC school teachers, who relied on irregular government training workshops, often made seemingly small mistakes that could have major implications for HIV/AIDS Education. This included giving inaccurate information on HIV transmission as well as passing messages that could easily encourage stigmatization of people living with HIV. Classroom observation revealed that regardless of their level of training, teachers at both KRC and HC schools were influenced by their various religious beliefs while teaching HIV/AIDS education. Among other recommendations, this paper points to the need for regular teacher training workshops on HIV/AIDS education that would target classroom teachers rather than headteachers who rarely teach.

Introduction

A world free of HIV is already being conceived as a possible reality. While there are major scientific advances in the search for an HIV cure, UNAIDS (2012) identifies four indicators of great achievement in the fight against HIV/AIDS. Firstly, there is widespread behaviour change that has significantly reduced the number of people being infected by HIV. Secondly, increased access to antiretroviral therapy has reduced HIV related illnesses and deaths while making people living with HIV less infectious. Thirdly, comprehensive prevention of vertical transmission has become a rallying point for collective action and solidarity. Finally, there is a new willingness to be inclusive and respectful of human dignity in AIDS responses, even in relation to taboo and stigmatised behaviour such as commercial sex work and homosexuality. In addition to the continued search for an HIV cure, doing more of what works, including amplifying the four major signals of change identified above, is vital in the efforts to free future generations from HIV.

Researchers such as Kelly (2002) and Katahoire and Kirumira (2008) concur that the education sector has made a significant contribution to

the widespread behaviour change that is already being noticed worldwide through teaching both scientific and social aspects of HIV/AIDS to school children. However, HIV/AIDS education programmes in sub-Saharan Africa continue to experience diverse challenges related to the quantity and quality of such education. In particular, there has been inadequate teacher training and preparation, insufficient learning resources, inadequate funds, loaded curricula that leaves teachers with little time for HIV/AIDS education as well as sexual abuse of learners by the very teachers who are supposed to teach HIV/AIDS education (Boler, Ados, Ibrahim & Shaw 2003; Nzioka & Ramos, 2008).

Kenya began teaching HIV/AIDS education as a stand alone subject in the year 2000 and later on integrated the same with other subjects after realizing that HIV/AIDS was too complex to be handled in a single subject (Boler *et al.*, 2003). The integration of HIV/AIDS education with other subjects in primary and secondary schools was meant to increase efficiency, effectiveness, equitability and sustainability. Integration also meant that every teacher, regardless of their age, gender, expertise and experience had to become an HIV/AIDS education teacher to some extent.

Boyd and Fales (1983) argue that an effective teacher needs to understand the subject matter as well as the teaching and learning strategies appropriate for the level of the learners. In relation to HIV/AIDS education, the teacher ought to understand content that encompasses not only prevention of new HIV infections, but also improvement of the quality of life for people living with HIV as well as reduction of stigma and discrimination (AVERT, 2009; Gordon, 2007). Additionally, the HIV/AIDS education teacher must possess skills for effective delivery of content that is sometimes viewed as culturally sensitive, while utilizing participatory teaching methods necessary for reflective teaching (Gordon, 2007).

When the HIV/AIDS education curriculum was introduced in Kenyan schools, much attention was not paid to the capacity and preparedness of teachers in this challenging area. The unprepared teachers were supposed to deal with both scientific aspects of the disease as well as social and cultural factors governing sexual relations and practices (Boler *et al.*, 2003). The teachers were expected to effectively handle a curriculum designed with the aim of teaching life skills related to reproductive health, intimate relationships, self-esteem and

critical skills for decision-making in relation to taking choices that reduce the risk of HIV infection (RoK, 2008; UNICEF ESARO, 2002). Despite this high expectation on teachers, no one seemed to realise that teachers were human beings and could also be infected or affected by HIV/AIDS, hence in need of support.

Status of Knowledge on Refugees Schooling in Kenya

Since the early 1990s, Kenya has hosted many refugees of different nationalities, including Somalis, Sudanese, Ethiopians, Eritreans, Ugandans, Burundians, Congolese, Rwandese and Central Africans, in designated camps. According to UNHCR (2012), there were more than 559,000 refugees residing in Kenya by the year 2012. Out of this total, approximately 450,000 lived in Daadab and over 80,000 in Kakuma refugee camp. The rest could be found in major towns and cities. While the refugee population in Kenya comprised around 156,000 children of school going age, only a third of the children were in school.

The majority of primary school going refugee children in Kenya attend schools at the refugee

camps. Many refugee children living in camps are also beginning to seek admission at host community schools in search for quality education and religious teachings. Similarly, around 10% of pupils at refugee camps' schools are Kenyans from the host communities. Schools in the refugee camps follow the same curriculum which integrates HIV/AIDS education as regular schools in line with the UNHCR policy on education (UNHCR, 1995). Additionally, the refugee schools mainly depend on teachers who are trained for the regular Kenyan schools as well as a few untrained teachers and volunteers from the refugee community who are sometimes given in-service training. While research had demonstrated that teachers experienced diverse challenges with HIV/AIDS education in regular schools for which they were trained, the question of how the teachers engaged with HIV/AIDS education in a more complex multicultural refugee setting had not been fully explored.

The refugee situation increases vulnerability of children to HIV infection in various ways. Firstly, while some refugee children may have lost parents to war, others have traumatised parents who may not be able to offer support and advice on matters of sexuality and HIV. Secondly, many refugee children are

normally exposed to sexual violence, including rape, during the flight and while at the camps. Thirdly, the poverty and idleness that come with refugee life often force children to engage in illicit activities such as sex for money and drug abuse. Lastly, the separation of refugee children from their relatives, villages and elders makes it complicated for the behaviour of such children to be effectively controlled (Nkam,1999 & Mumah, Mwaniki, Kinoti, Kathuri, Odhong', Mandela, Lelach and Kenya, 2003).

In view of the foregoing, the role of school-based HIV/AIDS education programmes for refugee children becomes imperative, hence the need to understand the capacity and preparedness of teachers in handling the subject. In this connection, a qualitative study was done in primary schools at KRC and its host community. One of the main objectives of the study was to determine the capacity and preparedness of teachers in HIV/AIDS education in a multicultural and multi-religious context of refugee schools. As Kenya makes progress to a middle-income status through the development plans reflected in Vision 2030, the country is expected to have met most of the Millennium Development Goals (MDGs). These include MDG 6, which focuses on health, particularly halting the spread of HIV/

AIDS. Consequently, achieving an effective, adequate and relevant HIV/AIDS education for all categories of children including refugees is crucial.

Methodology

Sampling sites and study subjects

Kakuma Refugee Camp is located in Turkana County which is one of the remotest semi-arid parts of north-western Kenya. The camp is administratively divided into three sub-camps: Kakuma 1, Kakuma 2 and Kakuma 3. Each sub-camp is divided into 6 zones/phases, which are further divided into blocks made up of households (Mumah, *et al.* 2003; UNHCR, 2006). Kakuma is characteristically a drought-stricken geographical region with temperatures averaging 40^oc. Hardly anything grows agriculturally, thus making famine a major challenge. The severe droughts, linked to economic setbacks, have made it impossible for residents to eke out a basic living (Aukot, 2003; RoK, 2002, Mumah *et. al.* 2003). The Turkana people constitute the native community and are basically pastoralists who herd mainly goats and donkeys.

The Kakuma Refugee Camp was established in 1992 to cater for the large number of refugees fleeing the war-torn Southern Sudan. At the inception of this study in the year 2007, KRC was hosting approximately 87,507 refugees from ten different nationalities, most of whom had come there due to the closure of urban camps as well as continuous influx of refugees from the neighbouring countries. The refugee population comprised Sudanese (78.55%), Somalis (16.6%), and Ethiopians (3.25%). Rwandese, Burundians, Congolese, Eritreans and Central Africans, collectively formed the remaining 1.59% of the refugee population. The camp had 24 primary schools with a total enrolment of 21,287 pupils (15,660 boys and 5,627 girls) (Ochieng, 2010). However, the number of schools and pupils decreased significantly after the repatriation of Sudanese refugees in early 2008. By February 2008 during data collection, KRC had only 10 primary schools with a total enrolment of 10,302 pupils. Out of this total, 6,761 were male and 3,541 were female. The Sudanese, who formed the majority, comprised around 76% of the primary school pupils' population, followed by the Somalis with 17%.

Within the study sites, 6 primary schools were utilised, that is, 3 from KRC and 3 from the

host community. These were selected through stratified random and purposive sampling respectively. The KRC schools included 1 girls' boarding school, 1 boys' day school and 1 co-educational day school. All the 3 schools had multicultural pupil populations that comprised all the nationalities represented at the camp. The host community schools, which were all coeducational, included 1 Catholic, 1 Muslim and 1 Protestant sponsored school. In total, 617 individuals comprising 422 males and 195 females were involved in the study. This total comprised 53% Sudanese, 21% Kenyans, 14% Somalis, 5% Ethiopians and 3% Congolese. The remaining 4% included Ugandans, Rwandese, Burundians and Eritreans. Fifty four teachers, including 6 male headteachers, 39 male and 9 female classroom teachers were part of the total sample. Other respondents included pupils, community members, religious leaders and NGO officials. Unlike most refugee situations where the vast majority are women and children, men and boys form the majority at Kakuma as reflected in the sample of this study. The large number of men at Kakuma was first noted with the arrival of ten thousand boys and girls in 1992 referred to as the 'LOST Boys of Sudan' (GLIA & UNHCR, 2004).

Data collection instruments

The study adopted a case study design, which was implemented within the qualitative research paradigm to provide in-depth understanding of how teachers and pupils engaged with HIV/AIDS education. The study triangulated five instruments for purposes of validating data. These included semi-structured interviews, FGDs, Observation, Drawing and Documentary Analysis. This meant for example, that the researcher could interact with a certain teacher in an FGD, observe the same teacher in class and also get to listen to pupils comment on the teacher in an FGD.

Ethical considerations

The research proposal and tools for data collection were ethically reviewed and approved by the ethics review committee at the Kenya Medical Research Institute (KEMRI). The researcher explained the purpose and objectives of the study to all the participants and sought their informed consent to participate in the study. Letters were sent to parents or guardians of schoolgirls and schoolboys before the research was undertaken, giving information about the study and asking for their permission. All the requests were returned to the

researcher with signed consent. All the schools and respondents used in this study were assured of confidentiality which was ensured through the use of pseudonyms as well as concealing the faces of all the photographs that were used.

Presentation and Discussion of Findings

Content mastery and attitude among teachers

The expertise with which teachers employed a variety of teaching and learning methods in HIV/AIDS education at KRC schools was notable. Classroom observation revealed teachers, who clearly had a good command of the subject matter, encouraging active participation of learners through effective use of the questioning technique as well as demonstration and role play of life skills necessary for prevention of HIV infection. Drawing as a method of teaching and learning was used to encourage even the shyest of the learners to demonstrate their understanding of HIV / AIDS. Pupils were encouraged to draw and discuss pictures on modes of HIV transmission, ways of preventing HIV infection and care of people living with HIV among other topics. Outside the classroom, KRC teachers made effective use of clubs such as sexual and gender-based violence (SGBV) and anti-AIDS

club, cultural song and dance as well as sports and games among other activities to keep HIV/AIDS education a-live. The most creative strategy noted among host community teachers was the use of question boxes that were clearly marked and placed in strategic areas in the school compound. Pupils were encouraged to drop 'embarrassing' questions in the question boxes in confidence and the teachers answered the questions in public fora in the schools. This strategy encouraged active participation of male and female pupils across the cultural and religious backgrounds represented in HIV/AIDS education classrooms.

Regardless of their cultural background, teachers at KRC seemed to enjoy teaching HIV/AIDS education and talked positively about the subject. The situation at the host community schools was apparently different since a few female Ethiopian and Somali Muslim teachers portrayed a negative attitude towards the subject. These teachers interpreted anything related to sex education as instilling children with 'evil ideas'. The teachers' views are captured in the following excerpts:

Researcher: *What exactly do you teach pupils concerning HIV/AIDS?*

Mrs. Saidi: *In this school we do not tell them any 'bad things' to do with sex because they will go and practice that and it is not good.*

Ms. Abdi: *We don't teach about HIV/AIDS because we may have to discuss sex and yet it is sinful (Teacher FGD, HC Prudence Muslim Academy).*

Since a teacher's capability to deliver a subject effectively is determined not only by cognitive knowledge, pedagogical skills and motivation, but attitude towards the subject matter as well, questions may be raised regarding the capabilities of the few female Muslim teachers exemplified above to teach HIV/AIDS education.

Language barrier in HIV/AIDS education lessons

A good teacher is expected to not only demonstrate good mastery of the subject matter but also possess the skills and ability to communicate effectively. While Kenyan and Sudanese teachers working at KRC schools used the English language with ease during HIV/AIDS education lessons, their Congolese counterparts lacked the linguistic skill to communicate basic concepts such as Abstinence,

Antiretroviral Therapy (ART) and HIV Transmission. At a classroom observation at KRC Peace Co-educational School, a female Congolese teacher consistently used wrong spellings and pronunciations of common English words related to HIV/AIDS. For instance, the teacher repeatedly wrote the word 'transmittion' on the chalkboard instead of transmission, 'absence' instead of abstinence and 'intercoruse' instead of intercourse. This anomaly was linked to the fact that the Congolese teachers, who were accustomed to communicating in French, found it difficult to understand and express themselves in English, which was the official language at KRC schools. This pointed to the need for language induction courses for all HIV/AIDS education teachers who may have studied and trained in countries that use languages other than English.

Capacitating teachers for HIV/AIDS education

Of the 48 classroom teachers (39 male and 9 female) who participated in this study, only 2 indicated having benefited from HIV/AIDS education pre-service training, despite the fact that many were trained teachers. This translates to a mere 5% of the teacher sample. The 2 teachers, 1 female and 1 male, had graduated from Highridge Teachers'

Training College (TTC) in 2004 and 2005 respectively. Nzioka and Ramos (2008) named Highridge TTC alongside Mombasa Polytechnic and the University of Nairobi as pioneers in institutionalising policies on HIV/AIDS as a response to the call by the Education Sector Policy on HIV/AIDS. The HIV/AIDS education pre-service training for teachers in Kenya remains an issue of concern. In a study by Ruto, Chege and Wawire (2009) that covered Nairobi, Bondo and Garissa districts of Kenya, no teacher indicated having benefited from HIV/AIDS pre-service training. This 2008 data shows that although teacher trainees pointed out that knowledge on HIV/AIDS was being availed to TTCs, the methodology for teaching HIV/AIDS was not provided. Hence, teachers were left on their own to experiment on appropriate pedagogy in this challenging area of HIV/AIDS education.

Teachers at KRC and host community primary schools were equipped with knowledge on HIV/AIDS through seminars and workshops organised mainly by the government and NGOs. Some of the head teachers elaborated thus:

Training seminars on HIV/AIDS education are normally organized for almost all our teachers by NCKK. And we also have one of our staff who is

specifically trained by NCK to teach HIV/AIDS education (Headteacher, KRC Patience Girls School).

Most of the time teachers get to learn about HIV/AIDS through seminars and workshops organized by the government. But you just know these 'things' by the government. Sometimes they are not consistent. They only come once in a while (Headteacher, HC Joy Co-educational School).

Teachers working at KRC schools were exposed to more seminars and workshops than their host community counterparts due to the strong NGO support within the camp. One such NGO was National Council of Churches of Kenya (NCK) whose stated aim was to capacitate KRC teachers to teach HIV/AIDS education effectively. The NCK field officer explained thus:

The other thing we are also doing in the schools is training of the teachers. As NCK we get a lot of support from UNHCR and WFP, who are our donors, for training teachers on HIV and AIDS induction in the existing curriculum.

The teachers use the Kenyan curriculum, so knowing very well that most of these refugees have come from different nations and may not be well conversant with the Kenyan curriculum, the

NCKK liaises with well trained ministry of education administrators to come and train the teachers so that they can pass on the information to pupils (Interview- Female NCKK Officer).

This trend has potential for eliciting feelings of superiority among the KRC teacher population, which was apparently more knowledgeable than the host community teacher population. Teachers at the host community schools relied mainly on workshops organized by the government. One such workshop that was widely mentioned as having provided teachers with skills in HIV/AIDS education was the 'Primary School Action for Better Health' (PSABH) which was organized by the MoE with CfBT in the year 2001. On the whole, it was felt that the training workshops by the government were not as regular as the teachers may have wished. In addition, very few host community school teachers had an opportunity to attend the workshops because in most cases, only headteachers and anti-AIDS Clubs patrons benefited from the trainings. Yet headteachers in many schools hardly taught the HIV/AIDS education lessons.

While all host community teachers insisted that they were in need of regular training on HIV/AIDS education content and methods, classroom

observation proved that such training was indeed necessary. Some teachers made small mistakes which could have serious implications for HIV/AIDS education. At the host community Joy Co-educational School, a Kenyan Christian teacher who wanted to become creative was observed leading pupils in defining AIDS as '*Aibu Imeingia Duniani Sasa*', which is the Kiswahili version for 'Shame has found its way into the world'. This definition seemed interesting to some pupils but also carried the danger of increasing stigmatisation for people living with HIV, thereby jeopardising HIV/AIDS education that aimed at reducing stigma. Another teacher at the HC Charity Co-educational School was observed advising pupils that the use of two or more condoms concurrently could increase chances of preventing HIV infection and yet this information was scientifically incorrect.

High teacher turn-over at KRC schools

Teacher turn-over rates emerged as a major challenge not only for HIV/AIDS education, but also for other school activities and subjects at KRC schools. The refugee teachers kept leaving schools for repatriation to their countries of origin or resettlement to northern nations. Trained Kenyan teachers also

preferred taking up government jobs in regular schools when such opportunities arose. Accordingly, NGOs at KRC spend a lot of time and resources training and retraining HIV/AIDS education teachers. The NCK field officer had this to say:

The other challenge we also face and which we think we have to live with is the fact that these teachers keep going and we keep retraining them. As we speak, we have already scheduled to train more teachers in the next one or two weeks.

Considering that HIV was not only a KRC phenomenon but also a global concern, this paper contends that teachers who relocated from KRC were likely to apply their knowledge and skills in HIV educating in societies where they settled, hence create a positive impact at a global level. This could contribute to the Kenya Vision 2030 goal of creating a globally competitive and adaptive human resource base as well as raising labour productivity to international levels.

Gender and cultural representation of teachers

Records kept by LWF showed that the teaching force at the KRC schools was male-dominated,

with a similar situation at the host community schools. Male teachers outnumbered their female counterparts by the ratio 13:1 (See Table 1), and 100% of the headteachers in sample schools were male. This situation disadvantaged female pupils, who lacked role models of their own gender in matters pertaining to sexuality and HIV/AIDS. While it may be argued that boys had male teachers to emulate, the male pupils also missed out on the benefits of learning matters of sexuality and HIV from teachers of the opposite gender who could also serve as mother figures to some of the refugee boys who were orphaned.

The achievement of a gender responsive society is a key concern in the social pillar of the Vision 2030 and it must be ensured in all settings including schools and classrooms in which HIV/AIDS education is taught. The conspicuous absence of female teachers from KRC and host community schools could jeopardize the achievement of Vision 2030 in the sense that decisions related to HIV/AIDS education would be made by a predominantly male population; this is likely to give a male orientation. This notwithstanding, researchers such as Chege and Sifuna (2006) and Kombo (2006), provide evidence to show that, with proper gender educating, it is possible to have

gender sensitive male dominated regimes that give the female equal opportunities as the male. Similarly, without proper gender educating, it is also possible to have gender insensitive female dominated regimes that perpetuate the status quo of male dominance.

Another challenge noted at the KRC schools hinged on cultural representation of teachers in the various categories of schools (See Table 2). Several male and female pupils were from four nationalities, namely, Somalia, Ethiopia, Uganda and Eritrea. From these nationalities, there were male teachers only. A few Somali and Ethiopian female teachers had been noted outside the refugee camp at the host community Prudence Muslim Academy. Several female pupils hailed from Rwanda and Burundi. Teachers from these countries included a couple of male and only 1 female each in the whole camp at the time of this study. The situation meant that a considerable number of refugee pupils lacked important role models representing their nationalities and gender in the school settings at KRC. The most affected were Somali, Ugandan and Eritrean girls. According to Cushner, McClelland and Safford (2003), positive role models from the pupils' cultural backgrounds are necessary for effective

learning in multicultural settings. Lack of female teachers from nationalities such as Somalia, Ethiopia and Uganda also implied that girls from the majority cultural groups, namely, the Sudanese, missed having role models who represented groups other than their own.

Table 1: *Teaching Staff at KRC Primary Schools by Nationality and Qualification as at May 2008*

Nationality	P1 Qualified			In-serviced			Un-trained			Grand Total					
	M	F	T	M	F	T	M	F	T	M	F	T			
Sudanese	6	0	6	10	5	8	11	3	0	0	0	11	1	8	119
Somalis	0	0	0	8	0	8	0	0	0	8	0	8	0	8	8
Ethiopian	7	0	7	44	0	44	0	0	0	51	0	51	0	51	51
Congolese	1	0	1	12	5	17	0	0	0	13	5	18	13	5	18
Rwandese	1	0	1	2	1	3	0	0	0	3	1	4	3	1	4
Burundi-ans	0	0	0	1	1	2	0	0	0	1	1	2	1	1	2
Ugandans	1	0	1	4	0	4	0	0	0	5	0	5	5	0	5
Eritrean	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kenyans	1	8	8	2	17	5	22	7	3	1	42	6	1	42	58
Total	3	4	8	2	19	2	21	3	7	3	1	23	4	3	265

Source: LWF Records, 20008

Table 2: Refugee Pupils at KRC by Nationality and Class Levels by May 2008

**NOTE: TO BE PRINTED AND REDUCED FROM ORIGINAL,
TOO WIDE FOR A5 SIZE**

Source: LWF Records, 2008

Religious overtones in HIV/AIDS education lessons

While Gordon (2007) argues that appropriately trained teachers need to distinguish between their personal values and the health needs of the learners, this study revealed that regardless of their level of training, teachers were influenced by their religious beliefs while teaching HIV/AIDS education. For instance, some Protestant Christian religious education (CRE) teachers portrayed AIDS as a punishment that came from God due to the sinful nature of human beings. The following excerpts portray examples of this influence among the teachers:

We always remind them to obey God through practising sexual abstinence, otherwise they will receive punishment through such things as HIV and AIDS (Mr. Muliro, KRC Liberty Boys School).

You know nowadays people sin a lot and they have to receive some punishment from God. That is why you hear of such things as HIV and AIDS (Mr. Wako, KRC Patience Girls School).

Unlike the Protestant CRE teachers, Protestant religious leaders who were interviewed hesitated taking positions regarding the question of

AIDS being a punishment from God. They insisted that what was important was seeking a solution to the HIV/AIDS problem rather than trying to understand whether it was a punishment from God. Differences in the views of Protestant teachers and religious leaders showed that people who practised the same faith could have different and sometimes conflicting interpretation of religious values and principles. As such, there was a danger of some teachers introducing their own orientations into the teaching of HIV/AIDS education, hence portraying them as part of the religious doctrine.

Religious overtones in HIV/AIDS education were not a preserve of Christians. Islamic teachers and religious leaders alike also viewed HIV/AIDS as a punishment from God. They insisted that all human suffering including illnesses came as a result of the sinful nature of human beings against *Allah* (God). The false belief held by Muslim teachers and religious leaders that AIDS was a punishment from '*Allah*' was being transmitted to many pupils in the diverse cultural and religious backgrounds represented in classrooms taught by Muslim teachers. Yet evidence to the contrary abounds. In describing '*Allah*' (God) as the most forbearing (AL-Haleem), the Islamic teachings portray Him as

the one who bestows favours, both outward and inward, lavishly to His creation despite their many acts of disobedience and transgression (God Names, 2009). This is what ‘Allah’ says:

And if ‘Allah’ were to seize mankind for their wrong-doing, He would not leave on it (the earth) a single moving (living) creature, but He postpones them for an appointed term and when their term comes, neither can they delay nor can they advance it an hour (or moment) (An-Nahal [16]:61).

On the whole, it was felt that although the belief that AIDS was a punishment from God could promote behaviour change in some people, it could also increase stigmatization of the people living with HIV and jeopardize HIV/AIDS education messages aimed at reducing stigma.

However, it was clear that amidst the religious, HIV/AIDS discourse, the Catholic teachers disagreed with the view that AIDS was a punishment from God. They argued that God’s punishment on sinners was yet to come. Mr. Musula commented thus:

There are friends of mine, religious people, who tell me that AIDS and the wars that we see in the world have been mentioned in the book of Revelation. You know about the demon with

seven heads and there is the pouring of the cup and that cup is AIDS and another cup is war between America and Baghdad and all that. But Catholics have another way of believing. We believe that the punishment is forthcoming; we will be punished later but not now (Teacher FGD, KRC Patience Girls).

Like the Catholic teachers, Catholic religious leaders portrayed God as forgiving, loving, merciful and provident. This paper contends that the overemphasis on the forgiving nature of God by Catholic teachers and religious leaders, coupled with their disapproval of safe sex and use of condoms, has the potential to undermine HIV/AIDS education. Indeed, some of the pupils receiving the Catholic messages could practice premarital sex without protection, expecting God to forgive them while risking HIV infection. This finding points to the need to empower teachers to identify and critically challenge religious teachings that may jeopardize the effectiveness of HIV/AIDS education.

Knowledge and skills to educate in multicultural settings

Apparently, many of the teachers in the study sites lacked knowledge and skills to educate in multicultural settings. Classroom observation

showed that some teachers over-engaged learners of their own cultural background at the expense of other cultural groups. This was the case, particularly in classrooms where the teacher belonged to the majority ethnic group. For instance, at the HC Charity Co-educational School, 67% of the 15 pupils who were given a chance by a Kenyan teacher to participate in the HIV/AIDS education lesson were Kenyans. At the KRC Liberty Boys School, a female Sudanese teacher engaged only Sudanese boys in the lesson, despite the fact that around 8 nationalities were represented in the same classroom. Jackson (2003) advises that a multicultural educator ought not to concentrate on certain cultural groups of learners, but rather, he/she should act as a true connoisseur of gemstones, who values every gem (student) for its unique beauty, facets and origins.

Conclusions and Policy Implication

Teacher training colleges (TTCs) in Kenya ought to ensure that the implementation of the HIV/AIDS education curriculum focuses not only on content but also on the methodology of teaching the subject. This recommendation was informed by the realization that many trained teachers at KRC and host community schools, including those who

had graduated from TTCs as recently as 2007, admitted to not having received pre-service training in HIV/AIDS education.

Due to the realization that teachers at KRC schools were more knowledgeable than their host community counterparts due to regular training by NGOs, this paper recommends to the government of Kenya to regularize its teacher training workshops on HIV/AIDS education in regular schools. Such workshops should target classroom teachers from a wide range of subjects that integrate HIV rather than focusing on head teachers who rarely teach.

Considering that teachers have the tendency of over-engaging learners of their own cultural backgrounds and in line with the Vision 2030 strategy of modernizing teacher training, it is recommended that teacher training curriculum should provide knowledge and skills for multicultural education. This curriculum would help the teacher understand cultural and religious realities of various groups of pupils and how to respond accordingly in a manner that enhances the teaching and learning of HIV/AIDS education.

Finally, it is recommended that the organizations concerned with refugee education such as UNHCR, LWF, and NCKK should open up teaching opportunities for non-refugee teachers from cultural groups represented by refugee pupils who have no teachers from their communities to act as role models and create a sense of inclusion and belonging. Gender balance should be observed in the recruitment of the teachers to provide role models for male and female pupils from of diverse cultural groups in matters of sexuality and HIV/AIDS.

References

- Aukot, E. (2003). "It is better to be a Refugee than a Turkana in Kakuma: Revisiting the Relationship between Hosts and Refugees". *Refuge*, 21(3).
- AVERT. (2009). "Teaching about HIV/AIDS at School". www.avert.org/school.htm. Accessed on 16/06/09.
- Boler, T., Adoss R., Ibrahim A. and Shaw M. (2003). *The sound of silence: Difficulties in communicating on HIV/AIDS in schools*. London. ACTIONAID.
- Boyd, E. M. & Fales, A.W. (1983). Reflective learning : Key to learning from experience. *Journal of Humanistic Psychology*, 23(2), 99-117.
- Chege, F. N. & Sifuna, D. N. (2006). *Girls' and women's education in Kenya: Gender perspectives and trends*. Nairobi: UNESCO.
- Coombe, C. (Ed.) (2002). *The HIV challenge to education: A collection of essays*. Paris: UNESCO-IIEP.
- Cushner, K., McClelland, A. and Safford, P. (2003). *Human diversity in education. An integrative approach*. Fourth Edition. Boston Burr Ridge: McGraw- Hill.
- God Names. (2009). *99 Names of Allah* at <http://www.godnames.org> Accessed on 02/02/2010.
- Gordon, P. (2007). *Review of sex, relationships and HIV education in schools*. Prepared for the first

meeting of UNESCO'S Global Advisory
Group meeting 13-14 December 2007,
UNESCO.

- Jackson, C.W. (2003)* "Crystalizing my Multicultural Education Core". In Gay, G. (Ed) *Becoming multicultural educators: Personal journey towards professional agency*, 42-66. San Francisco, CA: Jossey-Bass.
- Katahoire, A. & Kirumira, E. (2008).* *The impact of HIV and AIDS on higher education institutions in Uganda*. Paris: IIEP-UNESCO.
- Kelly, M. (2002).* 'Preventing HIV Transmission through Education'. In Coombe, C. (Ed). *The HIV challenge to education: A collection of essays*. Paris: IIEP-UNESCO.
- Kimani, M., Kiragu, K. Manathoko, C. (2006).* *HIV/AIDS and teachers in Kenya: The results of a baseline survey*. Nairobi: UNICEF/ESARO.
- Kombo, D. (2006).* *Sociology of education*. Nairobi: CUEA Publications.
- Nkam, E. T. (2001).* "Socio-cultural Determinants of Pregnancy and the Spread of Sexually Transmitted Infections among Adolescent Residents of Kakuma Refugee Camp, Northern Kenya." Unpublished Masters Thesis. Kenyatta University.
- Nzioka, C. & Ramos, L. (2008).* *Training teachers in an HIV and AIDS context: Experience from Ethiopia, Kenya, Uganda and Zambia*. Paris: IIEP-UNESCO.

- Ochieng, R. (2010). "Gender and HIV/AIDS education in multicultural context of schools at Kakuma Refugee Camp and its host community in Kenya" Unpublished PhD Thesis, Kenyatta University.
- Pattman, R. & Chege, F. (2003). *Finding our voices: Gendered and sexual identities and HIV/AIDS in education*. Nairobi: UNICEF ESARO.
- RoK, Ministry of Planning and National Development. (2002). *Turkana District Development Plan 2002-2006*. Nairobi: Government Printer.
- RoK. (2008). *Ministry of Education Primary Education Curriculum. Life Skills Education Syllabus*. Nairobi: KIE.
- Rugalema, G. & Akoulouze, R. (2001). 'Identifying Promising Approaches in HIV/AIDS and Education' In *Reaching out reaching all: Sustaining effective policy and practice for education in Africa and promising educational responses to HIV/AIDS*. Papers from the ADEA Biennial Meeting. Arusha, Tanzania, October 7-11, 2001.
- Ruto, S. J., Chege, F.N. and Wawire, V.K. (2009). "Kenya's HIV/AIDS Education Sector Policy: Implications for Orphaned and Vulnerable Children and Positive Teaching of HIV/AIDS Education." *Journal of International Cooperation in Education*, 12(1) 127-142.
- UNAIDS, (2012). *Together we will end AIDS*. Geneva: UNAIDS

- UNESCO. (2009). Refugee education in Kenya: Education for a peaceful and sustainable future.*
www.unesco.org/education/educprog/emergencey/casestudy/kenya.htm Accessed on 19th May 2009.
- UNHCR. (1995). "Guidelines for Educational Assistance to Refugees."* Geneva: UNHCR.
- UNHCR. (2006). "Teacher Training Programme for Refugees in Kakuma: Phase II –Pre- service Training August 2006 to August 2007".* Unpublished Work.
- UNHCR. (2012). 2012 UNHCR Operations Profile – Kenya: Working Environment.*
[www.unhcr.org/cgi-bin/texis/vtx/page? Page = 49e483a16](http://www.unhcr.org/cgi-bin/texis/vtx/page?Page=49e483a16)
- UNHCR/GLIA. (2004). Behavioural surveillance surveys among refugees and surrounding host population in Kakuma, Kenya.* Nairobi: UNHCR/GLIA.
- UNICEF. (2003). Life Skills Education with a Focus on HIV/AIDS: Eastern and Southern Africa Region.* Nairobi: UNICEF ESARO.