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CHAPTER 6

ONE TEACHER'S PRACTICE IN A KENYAN CLASSROOM

Overcoming Barriers to Teaching HIV/AIDS Curriculum

Bosire Monari Mwebi

The larger study on which this paper is based was a narrative inquiry into the experiences of 1 teacher teaching the HIV/AIDS curriculum using a child-to-child approach and also the experiences of 8 students learning about HIV/AIDS through a child-to-child approach. In this paper I describe cultural and professional barriers contributing to the exclusion of officially mandated HIV/AIDS subject matter from Kenyan classrooms. I then discuss a way the HIV/AIDS curriculum could be taught successfully in schools by using a child-to-child approach, which involves children as active participants in the curriculum making. I then show how this approach can be used to overcome the barriers existing in the school system.

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CONTEXT OF HIV/AIDS CURRICULUM IN KENYA

Since the first HIV/AIDS case was detected in Kenya in 1984 (National AIDS Control Council, NACC, 2000), about 1.2 million people were living with HIV in 2003. A recent estimated average of 150,000 Kenyans are dying yearly (about 416 daily) from diseases related to AIDS (UN Epidemiological Fact Sheet, 2004). Given the magnitude of the pandemic in Kenya, HIV/AIDS was declared a national disaster on November 25, 1999 (NACC, 2000).

In response to the pandemic, a curriculum was developed by the Kenya Institute of Education (KIE) in 1999 with technical and financial support from the United Nations Children's Fund (UNICEF), Kenya Country Office. The mandated curriculum was intended for use in Kenya's primary and secondary schools. The AIDS Education Syllabus for Schools and Colleges by the KIE outlined learning goals, which included the ability for learners to:

- acquire necessary knowledge, skills about HIV/AIDS, STDs;
- appreciate facts and issues related to HIV/AIDS and STDs;
- develop life skills that will lead to AIDS- and STD-free life;
- identify appropriate sources of information on HIV/AIDS related issues;
- make decisions about personal and social behavior that reduce risk of HIV and STD infection;
- show compassion toward and concern for those infected and affected by HIV/AIDS;
- become actively involved in school and in out of school activities aimed at prevention and control of HIV and control of HIV and STD infections; and
- communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STDs (p. vii).

Because HIV/AIDS is mainly transmitted through sexual intercourse, the main focus of the HIV/AIDS curriculum was to encourage children to abstain from sex (Njogu, 2000). The HIV/AIDS curriculum was meant to provide knowledge, skills, and attitudes to assist the learners to develop and adopt behavior that would prevent them from being infected by HIV (Aduda & Siringi, 2000; Kenya Institute of Education, 1999).

The teaching of the HIV/AIDS curriculum posed a challenge to the traditional kind of teaching, which is geared to providing information and is examination-focused. Effective teaching of the HIV/AIDS curriculum required teachers to dispense with their traditional lecture method and to

adopt creative and innovative teaching approaches (Aduda & Siringi, 2000; Kiiru, 2001). A United Nations population study of 24 countries in Africa, including Kenya, found that teachers and schools appeared to play a limited role in AIDS awareness (Mwaniki, 2002). Some reasons for the limited role of schooling included a heavy reliance on the traditional lecture method, overemphasis on medical and biological facts, and failure to address the real-life situations that young people find in their homes, communities, and the world (Galava, 2001; Kigotho, 2000). Such instructional practices contributed to the limited teaching of HIV/AIDS prevention in Kenyan schools (Mwaniki, 2002).

METHODOLOGY

The larger study on which this paper is based was a narrative inquiry into one 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. I used a narrative research methodology developed by Clandinin and Connelly (2000) to inquire into these experiences. The field texts (data in a narrative inquiry) included field notes of what I observed in the classroom, a personal journal I kept during the inquiry, photographs I took as children learned, video tapes of classroom learning, children's work samples, transcripts of group conversations with eight children, photographs taken by children and used to trigger conversations, and transcripts of conversations with the teacher. I analyzed the field texts to contrast the barriers the teacher experienced teaching using a traditional approach with the ways that the child-to-child approach changed the classroom environment. This paper draws on transcripts of conversations with Praxey, the classroom teacher.

The participants for my inquiry included a teacher and eight students. Having set out to conduct this inquiry, I had the task of deciding whom to include in the study. I selected participants who would give the kind of information I was seeking. The first and primary criterion was the teacher participant who was willing to teach HIV/AIDS using a new child-to-child curriculum approach. I selected Praxey, a teacher I have known since 2000. All along I communicated with Praxey about my intention to involve her in this inquiry. She had shown interest and was excited to be part of this research. As a narrative inquirer, I wanted to work with a participant with whom I had a relationship (Clandinin & Connelly, 2000). This is a relationship based on respect and trust lived earlier in a project for my master's degree.

ONE TEACHER'S ACCOUNT OF BARRIERS TO TEACHING HIV/AIDS

Using transcripts of conversations with Praxey, I composed the following *found poems* to describe Praxeys' view of the barriers to teaching HIV/AIDS. According to Butler-Kisber (2002), found poems enable a researcher to use "only the words of the participant(s) to create a poetic rendition of a story or phenomenon" (p. 232). I decided to put Praxey's story in found poetry because I thought what she was telling me had more power when presented poetically.

Until silence set in
It is a year now since I started teaching
Primary school Grade 4 social studies
It has been exciting to teach young boys and girls
With an appetite to learn about the subject matter
Until the silence set in.

I remember last month,
Our head teacher called us to staff room
To tell us about new updates
Sent over by Ministry of Education
Wondering the urgency of being called
Only to be handed the "AIDS Education" curriculum
A curriculum for teaching HIV/AIDS in classroom

Either separately or infused in main carrier subjects
Ooh! Since then, it has not been easy
Teaching HIV/AIDS curriculum in my classroom
I don't blame students and myself
For the manner in which we are behaving

I was brought up and socialized into believing
Sex talk was a gender issue
Men talk freely with fellow males
And same for females
Whenever I introduce sex education content
Boys and girls will turn their heads to different directions
Each wishing not to be asked to respond
Wearing faces of anxiety, gloom, and fear
End of class bell met with lots of cheers
For whose achievements, I wonder?

Yet, I'm not surprised by their response
Me too! I have had a rough time mentioning
Some of the words on sexual topics
I have been asked to clarify some
Of those words by students
I have found them horrific, distasteful, and demeaning
I have at times wished the world would swallow me
Rather than pronounce some of these sex words
The subject has made me live in the world of evasion
Choosing topics that are "harmless" to talk
Leaving the rest to "experts"
When I'm asked to respond to sexual topics
I feel I'm being asked to tell my personal life
It would have been understandable
If the class was of my gender

Now I'm ashamed to respond to students' questions
I'm stammering, unable to find words
Even to tell them, they should have not
Imagined of me knowing sex or doing such an act
It would have made sense if they had asked me
If I have ever shared a table with people of opposite sex
Yes! I'm not surprised that all of us
Me and my students seem to have
Hit the roof, not because of our wish
But of being told to reverse our lives
Lives that have been nurtured by our traditions
Telling us to de-link from the same
To a new relationship
They say traditions live forever
Who are we to dare the traditions?
They say, "It is the wearer of the shoe
Who knows where it pains"
Yes! HIV education curriculum!
Is a pain on both of us, me and the students
Shouldn't we be involved in its development,
Negotiate its content in the context of
The classrooms we teach.

In this poem, I portray Praxey as a traditional teacher talking about how she felt being asked to teach HIV/AIDS curriculum, which requires a teacher to speak openly on sexual issues culturally regarded as taboo. We read of her feelings of shame and her ways of trying to cope with being

asked to teach about this topic when cultural traditions cause her to feel dismay with being put into this position.

The poem depicts the dilemma facing teachers who are asked to teach a mandated HIV/AIDS curriculum in Standard 4 and other levels. The way this curriculum was handed to the Kenyan teachers depicts teachers as recipients, who "possess what is moved down the conduit" (Clandinin & Connelly, 1992, p. 370). In this Kenyan case, education policymakers pushed this mandated curriculum down the conduit to the places where teachers live—the classrooms. Teachers were not involved in developing this curriculum. Praxey was clearly uncomfortable with teaching this curriculum. Perhaps other teachers were as well.

Teachers in Praxey's school were hesitant when asked to teach this mandated HIV/AIDS curriculum. Praxey seemed to think teachers lacked skills, language, and attitudes to teach the mandated HIV/AIDS curriculum. Praxey expressed the story lived by many teachers who were and are still being asked to teach HIV/AIDS curriculum. She related:

> They are there, some who feel that. There is a teacher who teaches Standard 5, I tried to give him the books to use, the same I am using. He was telling me … No! I am not going to teach that one … come and assist me to teach it. It was something to do with adolescence, their body changes. When I asked him why he did not want to teach, he said, "No! I am not going to teach, there are big girls in that class." (conversation with Praxey, February 20, 2003)

As I listened to Praxey, I started to understand why it has not been easy to teach the HIV/AIDS curriculum. The barriers that emerged included: the sensitive nature of HIV/AIDS as a subject matter; lack of subject matter knowledge; lack of teacher training; avoidance of teaching the subject matter; and teaching practices inappropriate to subject matter. I discuss Praxey's views on each of these barriers below.

The Sensitive Nature of HIV/AIDS as a Subject Matter

The mandated curriculum fails to be cognizant of the sensitive nature of HIV/AIDS-related information that is often surrounded by silence, secrecy, stigma, and denial. Kelly (2000) says of the HIV/AIDS epidemic:

> There is no acknowledgement of its presence. A wall of silence surrounds it, publicly and privately. There is a reluctance to get it out into the open. It is concealed as TB or Malaria or Meningitis or just sickness. This silence reinforces the sense of shame at both personal and institutional levels. (p. 30)

In Kenya, one way HIV/AIDS is transmitted is through sexual contact. To most Kenyan people talking about sex is a taboo (Galava, 2001). Discussing HIV/AIDS openly becomes a big issue for teachers as well as students as they are part of this society that maintains silence around this topic. They believe that sexuality as a subject is too sacred to be talked about out of the adult context. In Kenyan communities, sex is so secretive that young people have to find out on their own what sex is all about. As Praxey noted:

> Sex is never discussed anywhere from families. You do not talk about it; you do not share about it with your children. When it comes to school, that is where maybe you find children in science want to know about themselves or that. It gets finished there in school. It does not go back home. So the way our families are, they become a big barrier. If it were that every parent is free to talk to a child where such things are, it could be a continuous thing, at home we know about it, in school we know about it. So sometimes, children take it as if it is a matter for the school.
>
> I do not know what happened. Even to my parents to mention a word sex is not good. And in that way, people were not told as to why it was not good to mention. Even children who are now growing up, understand it the same way we got it. So sometimes we do not know why it is not spoken. I do not know how to explain it, I found it that way. Some feel that it is being disrespectful to discuss sex with your children, not organs only sex organs, but others like how to sit and dress. The problem is that the way some people are brought up they also want to bring up their children the same way. That is why some children want to discover so early about themselves, by having sexual intercourse with others. Because nobody has told them, they want to discover why this sex is not being talked about. (conversation with Praxey, March 4, 2003)

Policymakers expect teachers to teach mandated HIV/AIDS curriculum to children without due consideration of the sensitive nature of this subject. The teachers who teach the HIV/AIDS curriculum have to take various cultural perspectives into account. In their teaching they have to overcome the deep-rooted, sociocultural barriers that constrain the teaching of the HIV/AIDS mandated curriculum. Such is the context into which this mandated curriculum has been introduced without due regard of how much of it would be taught in the classroom.

Lack of Subject Matter Knowledge

Teachers would say they do not possess adequate information to speak with confidence about HIV/AIDS. Frustration around this mandated curriculum is evident in Praxey's school. She reported:

> We are supposed to teach it [HIV/AIDS curriculum], we do not know how to teach it. We have only two reference books and they are for the whole school. So you find it very hard. In most schools, it is not taught because we do not know what to teach. (conversation with Praxey, February, 20, 2003)

Teachers are living with this mandated HIV/AIDS curriculum not knowing what to do with it, uneasy to teach the subject matter about which they possess very little knowledge. Teachers are living in the midst of tension, uncertain what to do with this mandated HIV/AIDS curriculum. Their tension often leads to their curricular silence on the subject. Silin (1995) found that teachers were in a "quandary" and "silence" when required to teach HIV/AIDS in American schools. Just as these American teachers, Praxey and her colleagues believed they did not possess adequate knowledge to teach the subject matter of HIV/AIDS.

Lack of Teacher Training

The mandated curriculum was hurriedly introduced to Kenyan schools without adequate preparation of teachers, a concern expressed by many educators. In 2002, 2 years after the introduction of this mandated curriculum, it was reported that the government planned to train one teacher in HIV/AIDS education per school and estimated 5,000 teachers would have been trained by the end of the year (Siringi, 2001). Yet in 2003, Praxey reported that teachers in many schools seem not to have been given such training. She explained:

> We lack first of all the knowledge to handle the subject in class, in that you know in learning, like other subjects, you must have undergone the training, you must have undergone the training to get that knowledge that you have. Now in HIV/AIDS, it is a disease which has come and people need to know about it and you have not been given that knowledge and you are supposed to handle that in class and also you give to the children. So it becomes very hard for teachers, more especially for those ones who have not been exposed to any seminars of this kind, it becomes very hard in that you now try to avoid teaching it. You find the teacher doing something else because maybe she has taught whatever she had known and is finished. And so that is the end of it. So the first problem is that we don't really have knowledge about the subject to teach in class. (Conversation with Praxey, February 2003)

Avoidance of Teaching the Subject Matter

Teachers who lack the knowledge of the subject matter of HIV/AIDS sometimes use lesson time allocated to nonexaminable subjects such as HIV/AIDS education to teach examinable subjects. This is because teachers are usually under a lot of pressure to complete the syllabus of nation-

ally examinable subjects (Waihenya, 2001). Such an option would be more rewarding to Kenyan teachers as results from these national examinations are used as yardsticks for teachers' promotions and schools' glory. Following is Praxey's view on this topic:

> I teach math and HIV/AIDS lessons in that class. When I teach HIV/AIDS, I teach the subject like these other subjects. As for my case we have the syllabus. It is very shallow and we have only one reference book for the 15 classes in the whole school. So it is my duty to look for what to teach from other sources. I have to make sure that I have marked their work. I go to class and do my duty and check on their work. What most teachers including me do is that you have the book. The knowledge from the books has to be given to the children. And so the children take it like any subject. The children don't understand what it is. We were just giving them the information. They keep it to themselves. Maybe they know what they have learnt or not. (conversation with Praxey, June 11, 2003)

Teaching Practices Inappropriate to Subject Matter

The way teachers teach in Kenyan schools does little to deepen understanding of the subject matter of HIV/AIDS. Children memorize the facts of teachers' isolated information taught from textbooks. Children sit at desks in straight rows waiting for the teacher to provide information. They often get bored, find ways to act out, get in fights or shouts. The children's understanding of HIV/AIDS falls short of attaining the eight outcomes stated in the mandated curriculum. In this found poem, I portray Praxey as she talks about how she was trained to teach in the traditional manner.

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
To allow children to question only when there is time
Some would ask, others wouldn't
That is how I have been teaching (May 20, 2003)

In the following section, I describe a teaching approach that I implemented alongside Praxey in one classroom in a Kenyan school, in order to try to address these five barriers to the effective teaching of the HIV/AIDS curriculum.

THE SIX-STEP CHILD-TO-CHILD CURRICULUM APPROACH

The child-to-child approach is greatly influenced by the notions of active learning and empowerment education in children (Dewey, 1929; Freire, 1970). The active or participatory learning recognizes the role of activities and enables learners "to talk and listen, read, write, and reflect as they approach course content through problem-solving exercises, informal small groups, simulations, case studies, role playing and other activities—all of which require students to apply what they are learning" (Meyer & Jones, 1993, p. xi). The process of active learning enables children to go beyond the information as given. The children are able to see the threads between previously hidden relationships and similarities between what they now know and what they knew in the past.

In the child-to-child curriculum approach (Child-to-Child Trust, 2002; Pridmore & Stephens, 2000), the process of learning involves raising awareness, critical thinking, action, and reflection through the six steps as follows:

1. Identifying an issue and understanding it well. Once an issue is identified, the children carry out activities designed to increase their understanding of it.
2. Finding out more about the issue. This step involves children in further information gathering activities.
3. Discussing what they discovered about the issue and planning action. Here the children organize their findings and use them as a basis for planning action in relation to a specific issue they have identified in step 2.
4. Taking action. The children undertake the activities planned at each step. These might take place in school, community, or home, depending on the nature of the issue chosen.
5. Evaluating and discussing results. The children and teacher evaluate the effectiveness of their activities.
6. Discussing how to be effective, sustain action, to repeat or continue their action.

In the child-to-child approach, children have the rights to make their decisions, which are respected. The aim of what they were learning is to develop the full potential of the individual (Pridmore & Stephens, 2000). Though a child-to-child curriculum approach has been used to teach children on personal and environmental health and children's rights in Uganda and Botswana, it had not been used to teach HIV/AIDS curriculum in the classroom. I wanted to see whether using child-to-child curric-

ulum would be appropriate to the teaching of an HIV/AIDS curriculum in Kenya.

In the following section, I introduce the voices of Praxey and several children in order to illustrate the ways the child-to-child curriculum was experienced by this teacher and her students.

Implementing the Child-to-Child Approach

As is traditional in a Kenyan classroom, I understood that Praxey considered her role was "to fill the students by making deposits of information which he [or she] considers to constitute true knowledge" (Freire, 1970, p. 63). In conversation with Praxey and the children, I discovered that prior to this time, the teacher rarely gave them opportunities to tell of their experiences. Students came to the classroom expecting the teacher to fill them with knowledge. As Praxey, the children, and I worked together, we began to transform the classroom through using the child-to-child approach to teach about HIV/AIDS. As part of this approach, we began to construct knowledge together; everyone learned together. The children, teachers, parents, community members, and print materials were all learning resources, which we used in the classroom as we implemented this new way of teaching and learning. Praxey and I began to try new methods such as changing the way the classroom was arranged so that children had space to move around and share their work. We also tried different activities that encouraged students to take a more active part in the lessons. The changed milieu enabled children to draw pictures, compose poems, and act out plays and choral verses all focused on HIV/AIDS. In the following found poem, drawn from transcripts of conversations with Praxey, she acknowledges that indeed children come with experiential knowledge that enhances their understanding of HIV/AIDS.

> 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. (conversation with Praxey, May 8, 2003)

As we developed activities that allowed space for children to interact, Praxey found such spaces provided fascinating moments as her children

actively engaged in telling their experiences about HIV/AIDS. The fact that students agreed to mix made it possible for opposite sexes to interact freely and to break down the taboo separating them. This shift created space for the children to talk of content that was previously viewed as personal and sacred.

In the following section, I share found poems about several students in the class, which provide windows into the ways children experienced the child-to-child approach to the teaching of HIV/AIDS.

Student Voices on the Child-to-Child Approach

Stephanie, one of the students in Praxey's classroom, described her experience as occurring in a milieu transformed from a hostile, unsafe, and undisciplined one to one that was safe, quiet, respectful, less crowded, and filled with curriculum resources.

In the former classroom
Children used to make a lot of noise
Even when told to be quiet
They would still continue to be noisy
They would threaten the class monitor
They could harass you
They would not listen to the teacher
They would despise the teacher
They would pretend to be studying
Since we moved to this classroom
Learning has been different
Here they are not noisy
We all listen to the teacher and each other
We are fewer children
Our classroom is beautiful
It is big and has more space
It has photographs and posters. (conversation with Stephanie, March 7, 2003)

Stephanie seemed to show a strong awareness of how the child-to-child approach had created a changed classroom environment. The effects of the approach spilled over into other areas such as attitudes and the physical appearance of the classroom.

Sharon talked about how she experienced the change in the classroom milieu. She experienced it as a transformation from one in which unruly

children disobeyed their teacher to one in which children were respectful and learned from one another.

In the past some children would make
Noise to the rest of the classroom.
When the teacher appointed a monitor
Children would harass him or her
Teacher would ask them to be quiet,
they wouldn't be quiet
Teacher would ask them to write,
they wouldn't write
Now we see the difference
These days children don't make noise
These days we understand well
We learn from other children. (Sharon, March 7, 2003)

Sharon seemed to suggest that in this transformed milieu the children were attending to each other, were getting to know one another. This may be the beginning of what Noddings (1993) calls moral dialogue, which in this context enabled students to talk more openly about serious issues surrounding HIV/AIDS.

Hopefully the child-to-child approach began to empower children to challenge the walls of silence that previously prevented them from talking about the HIV/AIDS epidemic. The following is a found poem about the experiences of Nyamote, a young boy in the class who took a risk and asked about HIV/AIDS at home after experiencing the child-to-child approach at school.

I went to ask my mother
It was in the evening
We were having supper
What is HIV/AIDS?
She started laughing
Then she surprised me
Who told you that?
I got afraid she will beat me
I then asked her again
What is HIV/AIDS?
Again she asked me
Who was telling me all that?
She thought I was becoming naughty
I told her it is the teacher
She told us to come and ask

She told me
if it were not from the teacher
I would beat you. (Conversation with Nyamote, March 14, 2003)

Nyamote narrated his story experienced in the broader milieu outside school. He knew there were risks involved in talking about the subject. Even though he sensed there would be difficulties, he said he was "surprised" by the difficulties of negotiating with his mother to make space to talk about HIV/AIDS. He experienced these difficulties because there are social and cultural taboos around talking about sexual contact, which is the main mode of transmission of HIV. The discussion was only possible when his mother knew that Nyamote had been sent by his teacher. That this conversation could begin at home provides a ray of hope that the child-to-child approach may have the possibility to make changes in the broader social and cultural context of Kenyan society.

ADDRESSING THE BARRIERS

Returning to the five barriers described earlier in the paper, I consider each one in the context of my study using the child-to-child approach to teach the HIV/AIDS curriculum.

The Sensitive Nature of the HIV/AIDS Subject Matter

As Praxey and I introduced activities that had the children actively engage with the subject matter and drew on their own experiences, activities such as small circle discussion groups, creating posters and other art, and writing plays and songs, we found they became much more open to dialogue around the sensitive issues connected with HIV/AIDS. Perhaps such an approach, more broadly implemented, could provide many students with opportunities to learn more about this critically important topic.

Lack of Subject Matter Knowledge

Praxey, in working alongside me in this study, was able to overcome feelings of inadequacy in terms of knowledge of the subject. Perhaps working in teams might provide teachers with needed support to feel more confident in their knowledge of the subject matter of HIV/AIDS.

Lack of Teacher Training

As we rethink the barriers inherent among the practicing teachers, we should also reimagine preservice teacher education. The kind of teacher preparation in teacher training colleges espouses teaching methodologies that are mainly teacher-centered and are not cognizant with teaching the subject matter of HIV/AIDS. Teacher preparation institutions should rethink their curriculum in order to avoid producing new teachers who encounter the same barriers as do current practitioners. Preservice teachers who are currently training in teachers colleges would find a child-to-child curriculum approach helpful in overcoming barriers inherent in teaching HIV/AIDS curriculum. Teaching HIV/AIDS is teaching about one's personal life. My study demonstrates that teaching about HIV/AIDS works best when learners are given opportunities to share their experiences. The instructors at the teachers colleges will find a child-to-child curriculum approach useful in reconstructing the content of teacher education methods course. Such components could be lived by teachers during both microteaching and practicum teaching experiences.

Avoidance of Teaching the Subject Matter

As Praxey indicated in my conversations with her, she was likely to avoid teaching the HIV/AIDS curriculum because she felt both inadequate and unsupported. She needed more resources, some of which I was able to provide, and she needed a colleague with whom to work. She needed a new approach as well because the traditional way of teaching was not effective with the HIV/AIDS curriculum. The child-to-child approach was a way to engage students actively with the curriculum and provided possibilities for Praxey to teach this subject and no longer avoid it. Perhaps other teachers would find similar benefits from using such an approach.

Teaching Practices Inappropriate to Subject Matter

The child-to-child approach provides alternatives to the traditional lecture and textbook approach to the teaching of the HIV/AIDS curriculum. In my study with Praxey and the students, I found this approach worked to engage students and create awareness of the issues around HIV/AIDS in Kenya. It also facilitated open dialogue among students as they brought their own experiences into the discussion and moved toward an

understanding of the HIV/AIDS curriculum within the context of their own decision making and their own lives.

CONCLUSION

With the AIDS Education Syllabus for Schools and Colleges, curriculum developers in the Kenya Institute of Education have made an important first step in the battle against the pandemic sweeping Kenya. Yet, a curriculum document is only as valuable as its delivery system. The cultural barriers I have described in this essay continue to prevent true learning and behavior change regarding HIV/AIDS. In order to change the ways teachers teach and the way teachers are trained, the principals of schools and teachers colleges, curriculum developers at the Kenya Institute of Education, and officials in the AIDS Education Section of the Ministry of Education must address the cultural barriers I have outlined here. The Ministry of Education in collaboration with sponsors, principals of schools and school committees, should mount in-service workshops to enable teachers to voice their perspectives and become familiar with the child-to-child curriculum approach. The AIDS crisis mandates a concerted, national effort to explore further how the child-to-child approach could be lived in classrooms throughout Kenya.

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