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Influence of Teacher Preparedness in the Implementation of the Integrated HIV/AIDS Education in Secondary School Curriculum in Kenya

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ABSTRACT:
The study aimed at establishing the influence of teacher preparedness in the implementation of the integrated HIV/AIDS education curriculum in secondary school. The study was guided by the Innovation-Decision Process Theory and the Health Belief Model. The mixed research design was adopted where purposive sampling was used to select 30 head teachers and stratified and simple random sampling used to select 120 teachers and 528 form-four students. Students and teachers questionnaire and head teachers' interviews were used to obtain the required data from the respondents. Cranach's Coefficient Alpha was used to establish the reliability and validity of the research instrument determined using expert judgment. The data collected was analysed using inferential and descriptive statistics with the aid of SPSS. The inferential statistics comprised of Spearman's rank correlation, t-test and multiple regression. From the multiple regression model, (R^2 = .810) showed that all the predictors used account for 81% variation in the implementation of the integrated HIV/AIDS education. Teachers were appropriately qualified to teach integrated HIV/AIDS in their subjects. The study recommends that the Kenya Institute of Curriculum Development should provide more resource materials and in-service training for teachers on HIV/AIDS education.

Key Terms: Teacher preparedness, Integrated HIV/AIDS Education, Secondary School Curriculum

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Introduction

HIV and AIDS education plays a vital role in reducing stigma and discrimination. Around the world, there continues to be a great deal of fear and stigmatization of people living with HIV, which is fuelled by misunderstanding and misinformation. This not only hurts people living with HIV but can also fuel the spread of HIV by discouraging people from seeking testing and treatment (WHO, 2009). HIV and AIDS education can be useful when targeted at specific groups who are particularly at risk of HIV infection. Every year very many children are infected with HIV. Without treatment, thousands die because of AIDS. In addition, millions of children who are not infected with HIV are indirectly affected by the epidemic, in terms of the death and suffering that AIDS causes in their families and their communities. Among the most critical health issues facing humanity presently is the HIV/AIDS pandemic. Since the first case was reported in 1981, the scourge has continued unabated to killing millions of people and leaving many of them,(families and communities) suffering (Alcamo, 2002). It is now estimated that 42 million people are living with the virus worldwide. At the same time, it is anticipated that by 2020, 60 million people will have died of HIV/AIDS (UN, 2004).

The Kenyan government, through the Ministry of Education, incorporated HIV/AIDS education in the school curriculum in 2003 as an essential way of prevention of HIV/AIDS. The curriculum has mostly been unutilized and affected due to teachers inexperience and discomfort in teaching sensitive materials (UNESCO, 2006). Nevertheless, the subject is not usually examined, thus making it difficult to evaluate the level of knowledge acquired by learners (UNESCO, 2006). A study conducted in Korogocho slums on unsafe abortion and teenage pregnancy included respondents between ages 9 to 15 years. All respondents agreed to having engaged in sexual intercourse between ages 12 years to 14 years. According to Kafwa (2005), AIDS education in secondary schools was not effectively implemented, although it was designed to enhance life skills and impart knowledge on HIV/AIDS to students. This necessitated the study to be conducted in Central Rift Valley to ascertain the implementation of integrated HIV/AIDS education curriculum. Effective implementation of the integrated HIV/AIDS Education in Secondary schools" curriculum would, in all likelihood, equip these children with the skills and knowledge to enable them to live positively and to prevent adverse effects of the disease.

1) Impact of HIV/AIDS on Education

The impact of HIV/AIDS is severe on education and schools. HIV/AIDS affects different aspects of education particularly its demand, supply, and quality. HIV/AIDS affects the supply of education by reducing the number of teachers who can carry out their work and the resources available for education (UNESCO, 2003). The epidemic is claiming vast numbers of teachers and other education-related personnel. According to UNAIDS (2004), an estimated 860,000 children lost their teachers in sub- Saharan Africa in 1999. The report further points out that, in Zambia, teachers" AIDS-related deaths are equivalent to about half the total number of teachers trained. Moreover, skilled teachers are not easily replaced thus affecting the desired teacher – to – learner ratio of one teacher to every 40 learners (UNAIDS, 2004).In Kenya, Swaziland, Zambia and Zimbabwe, the epidemic is significantly contributing to shortages of secondary school teachers (UNAIDS, 2004).

In addition, the HIV/AIDS epidemic affects the quality of education and consequently on the progression through the education systems (UNESCO, 2003). The quality of education may thus be affected as more teachers succumb to the epidemic. This is explained by the fact that more under-qualified and inexperienced teachers, coupled with increased class sizes, reduce quality teacher-learner –

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teacher contact (UNAIDS, 2004). Moreover, the few teachers working are likely to be less motivated and frequently absent as they respond to family trauma or illness. This results in less time for teaching and disruption of classroom schedules (UNAIDS, 2003).

Additionally, most families experience a decline in purchasing power thus making expenditures related to schooling impossible (UNESCO, 2003). The report further points out that the loss of education planners; school sponsors and teacher educators in universities and colleges affect the quality of planning, training and support, thus affecting the quality of education (UNESCO, 2003). HIV/AIDS affects the demand for education. Many HIV/AIDS-affected families withdraw children from school to compensate for labour losses, increased care activities and competing expenses (UNAIDS, 2004). In such families, children mainly girls, are withdrawn from school to care for an ill HIV infected family member.

Additionally, household income and saving may be depleted, and adults may see little value in investing in education for their children when the future looks so bleak (UNESCO, 2003). Thus, HIV/AIDS reinforces gender inequities, deepens poverty and threatens future generations (UNAIDS, 2004). HIV/AIDS epidemic results in reduced fertility and death of young people. This results in fewer school-age children, thus decreasing the social demand for education (UNAIDS, 2004).

Education plays a fundamental role in human development through the process of empowering people to improve their well-being and to participate actively in nation-building. Kenyans recognised the importance of education in promoting human development and arrived at a consensus to give education a high priority in their development programmes. After political independence, the government proposed to wage a spirited war against ignorance, poverty, and disease through Education. Education has a role to play in the prevention and handling of the pandemic in that education has the potential to do the following, in case of infection, provide knowledge that will foster the development of a personal, constructive value system, inform self-protection, promote behaviour that will lower infection risks, inculcate skills that will facilitate self-protection, and enhance capacity to help others to protect themselves against risk. Besides this, when infection has already occurred, education still has the potential to strengthen the ability, to cope with personal/family infection, promote caring for those who are infected, reduce stigma, silence, shame, discrimination, help young people stand up for the human rights that are threatened by their personal/family health conditions.

Education has a big role to play even when death has occurred due to HIV/AIDS. This is because it has the potential to; assist in coping with grief and loss, support the assertion of personal rights, and help in the organisation of life after the death of family members (Whiteside *et al.,* 2000). All teachers should be trained on HIV/AIDS awareness campaign as part of their training programme. The presentation should be backed by items such as plays and even real life experiences. The present study seeks to investigate the effectiveness of the implementation of the integrated HIV/AIDS Education in secondary schools.

2) HIV/ AIDS Education in Kenya

Recent studies carried out in Kenya indicate that more than 90% of the population is aware of HIV/ AIDS (Nduati & Kiai, 1996). However, awareness of the existence of a disease is

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not synonymous to knowledge of the nature of that disease. Many people in Kenya, though they are aware of HIV/AIDS seem to be ignorant of how the pandemic is spread and the dangers posed by the disease. The levels of infection of STDs and HIV/ AIDS among the adolescence have continued to rise due to misinformation or lack of proper information on sexual behaviour and HIV/ AIDS (Tuju, 1996). Thus people need to be educated on the mode of spread of the virus, how they can avoid contracting it, and the danger posed by the virus.

Funds should be channeled towards HIV/ AIDS education programmes to ensure that there is an adequate supply of information on the pandemic. In some areas like Nyanza Province, it is estimated that on average, 10 to 20 teachers die of the disease monthly, followed by Rift Valley, Central and Western Provinces. Parents also die of the disease leaving orphaned children who drop out of school. Several studies have carried out on curriculum implementation in Kenya. This review is a discussion of the empirical studies already done.

Rotich (2000) investigated teacher constraints in the implementation of social education and ethics curriculum in Keiyo Sub-County. The findings were that teachers lacked both pre-service and in-service training, resources materials and facilities and management support. Other studies on curriculum implementation include investigations by Kiai (1996); Syomwene (2003) and Mulwo (2006). All the studies mentioned above are related to the current research in that they are centred on the implementation of curriculum innovation in the 8.4.4 system of education. The secondary school, integrated HIV/AIDs education curriculum is an innovation in the 8.4.4 system of education. The present research wants to establish whether or not similar factors as those cited above affected the implementation of the 8.4.4 secondary school HIV/AIDS education curriculum in Central Rift region of Kenya.

HIV/AIDS to a large extent affects education in all spheres, for example; the demand and supply for education, availability of resources for education, potential clientele for education, the process of education, the content of education, the role of education, the organisation of schools and donor support for education. At the secondary school level, HIV/AIDS will have the long-term effect of there being fewer students to educate, fewer children wanting to be educated, fewer children able to afford education and fewer children able to complete their schooling. This will be because populations will be significantly smaller than they would have been in the absence of HIV/AIDS. If the population decreases at the secondary school level, it spreads through to the secondary school level and finally the university/tertiary level though at a decreasing rate.

A planning study conducted in Tanzania in 1992, projected that demographic development would reduce the number of students of secondary school level. In the worst case scenario, at the secondary level, there would be 22 per cent fewer children to be educated, and at the secondary level, the relevant age groups would be reduced by about 14 per cent (World Bank, 1995; 6). The present study is equally concerned with the above revelations and set out to establish the effectiveness of the implementation of HIV/AIDS education at the secondary school level. Figure 1 illustrates key elements essential to a comprehensive HIV/AIDS prevention programme. The present study is based on the fifth element; Sustaining awareness and education, basing on the fact that education is the most

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potent social vaccine for a menace that has ignorance as its basic anchorage. Early Intervention Programmes at secondary school level could be used to curtail the spread of the pandemic.

3)

4) The Role of Education in the Prevention and Control of HIV/AIDS

AIDS education for young people is important in the efforts to end the AIDS epidemic globally. Although HIV transmission can be prevented each year millions of people become infected with the virus: there were 2.7 million new HIV infections. Almost half of these new infections were among people under 25 years old (UNAIDS/WHO 2008). Provision of AIDS education to young people enables them to protect themselves from becoming infected. The youths are particularly vulnerable to sexually transmitted HIV because of using drugs.

The acquisition of knowledge and skills encourages young people to minimise and avoid behaviours that carry a risk of HIV infection (Paul- Ebhohimhempaul, et al., 2008). Even if young people are not yet engaging in risky behaviours, AIDS education is still important because it ensures that they are prepared for dangerous situations even as they grow older (UNESCO, 2008). AIDS education also helps to reduce discrimination and stigma by dispelling false information that leads to fear and blame. This is important for prevention because stigma usually makes people reluctant to be tested for HIV. There is a higher likelihood of the people who are unaware of their HIV status to infect others. AIDS education can help to prevent this, halting stigma and discrimination before they have an opportunity to grow (Bennel, 2001).

Educating young people about HIV and AIDS is necessary for starting discussions about sensitive subjects such as sex and drugs use. Most people believe that it is not appropriate to talk to young people about these subjects. They fear that doing so will encourage young people to indulge in risky behaviours. Such attitudes are often based on moral or religious views rather than evidence and severely, limit AIDS education around the world. Substantial evidence shows that educating young people about safer sex and the importance of using condoms does not lead to increases in sexual activity (UNESCO, 2009). Therefore, teaching the youths that "immoral" sex and drugs indulgence leads to HIV infection, implies that any HIV-infected person is therefore involved in these "immoral" activities (Paul- Ebhohimhem et al., 2008).

To prevent young people from becoming infected with HIV, there is a need for comprehensive information about how HIV is transmitted and what they can do to stop themselves from becoming infected. Such information should be delivered without moral judgment (Paul - Ebhohimhem et al., 2008). Schools play a pivotal role in providing AIDS education for young people. Not only do schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning new information. Therefore schools are a well-established point of contact where young people can receive AIDS education. At the same time, HIV and AIDS is significantly weakening the education sector's capacity in many countries, and more significant investment in education is vital for the provision of effective HIV prevention for young people (UNESCO, 2009).

Unfortunately, when it comes to HIV and AIDS education, ideological and religious views often conflict with science. America has one of the highest teenage pregnancy rates out of high – income countries (Boler & Archer, 2008). The ideological message of sexual abstinence until marriage plays a key role in sex education. Abstinence-only programmes often do not teach people about contraception use and safer sex, and thus, many youths remain unaware of how to protect themselves from

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becoming infected with sexually transmitted diseases (STDs) and HIV/AIDS. Federal funding for abstinence-only programmes in America has increased significantly since 1997, despite many studies concluding that these programmes have no long-term effect on sexual-health outcomes (IRIN, 2006).

Schools provide one of the most cost-effective and efficient ways of reaching young people. However the education sector has been seriously threatened by AIDS (UNAIDS, 2004). Generally, a well-designed education programme is a valuable tool in the fight, to establish an environment where PLWHA are well supported and new infections are prevented (Boler *et al.,* 2003). Children and young people are more likely to be affected by HIV/AIDS than any other age group. They are also more likely to change behaviour as a result of education. Studies have shown that HIV prevalence of an area is expected to decrease as education increases and that primary education can half the risk of infection among young people (Boler & Jellema, 2005).

A study by Kelly (2000) on the encounter between HIV/AIDS and education reveals that reduced vulnerability to HIV is observed in people with secondary and higher education. Schooling increases learning power, self-confidence and social status allowing young people to take greater control over their sexual choices (Kelly, 2000). Through HIV/AIDS education, schools can also help reduce stigma and discrimination (UNAIDS, 2004). HIV/AIDS education is likely to encourage a more respectful open-minded attitude towards other people (Kelly, 2000) hence reducing discrimination. Similarly, education is needed to improve the quality of life for the HIV-infected people. HIV /AIDS education gives students a greater understanding of the epidemic and helps them realise that HIV can affect anyone. The education should extend beyond mere biological facts to include many aspects of behaviour, values and attitudes (Grunseit, 1997). Teachers expand their understanding of HIV/AIDS while researching for a lesson and can pass on this information on to adults and students. Children themselves once informed about HIV/AIDS can share with their parents and friends what they have learnt. HIV-infected children in the school are likely to learn more about it through the school's support (Boler & Jellema, 2005).

Discriminatory laws and government views can also have a detrimental effect on HIV and AIDS education. In Zimbabwe, for example, homophobic views are, and President Robert Mugabe has publicly denounced homosexuality. This has made it difficult for AIDS organisations to target gay men with educational messages. HIV/AIDS remains a disease without a cure despite the new advances in therapy. In the absence of curative treatment and vaccine, the only method currently available for dealing with the epidemic in large scale is through developing appropriate standards of behaviour that promote a healthy state of mind, body and soul(UNAIDS, 2000).

Young people are a priority at this front as they are still developing behaviours and can adopt behaviors faster than adults. Providing young people with candid information and life skills is a prerequisite for success in any AIDS response (UNAIDS 2002). Research has shown that when youths are given appropriate tools and support, they become powerful agents for change (UNAIDS, 2004). One effective way of reaching young people in large numbers is through AIDS education in schools. The inherent strengths of a school setting are that: the young people have a curriculum, teachers and peer groups. Additionally, school equips them with information, skills and attitudes (UNAIDS, 1997).

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However, not all AIDS education programmes are effective. Some programmes focus mainly on the biomedical aspects of HIV/AIDS and ignore skill development. Such programmes result in an increase in knowledge only without any behaviour change or development (UNAIDS, 2001). According to UNAIDS (1997), effective AIDS Education curriculum is one that covers effective prevention, care and support for people with HIV/AIDS and non-discrimination. Education of this kind has been shown to help young people delay sex and when they become sexually active to avoid risky behaviours.

Additionally, effective programmes focus on the key elements of knowledge, attitude, and skills (UNESCO, 2003). Such programmes focus on skills particularly those related to decision-making, communication and interpersonal relationships (UNAIDS, 2000). Moreover, they discuss the possible results of risk behaviours and provide sufficient time for classroom work and interactive teaching methods such as role-playing (UNAIDS, 1997).

In Senegal, HIV/AIDS education in schools has proved successful in equipping students with appropriate knowledge, skills, and attitudes (UNAIDS, 1999). Similar interventions in Uganda that emphasise behaviour change have yielded positive results and contributed to the decline in the new infections in the country (UNAIDS, 2003). Other African countries that have introduced interventions targeting youths and have yielded positive results are Ethiopia and South Africa (UNAIDS, 2003).

HIV/AIDS education in secondary schools in Kenya was introduced in the year 1999. According to Kafwa, (2005) the primary purpose of the Kenya secondary school HIV/AIDS education is behaviour development and change that is appropriate to the youth's stage of development, and that helps in HIV/AIDS prevention and control. The programme focuses on the critical components of knowledge, attitude, and skills. The curriculum reads, in part:

> The purpose of the secondary school AIDS curriculum is to equip the students with the necessary knowledge, skills, and attitudes that will help them prevent being infected and spreading HIV/AIDS. In turn, the students will communicate effectively facts and issues on HIV/AIDS to their peers and other members of the society (MOEST, 1999)

The curriculum was put in place because young people have been identified as the window of hope in the fight against HIV/AIDS. They are a great asset in helping prevent HIV/AIDS and bring the epidemic under control. As they are still developing behaviours and experimenting with sexual matters, they can adopt safer practices more quickly than adults can (UNAIDS, 1999). This study assessed the effectiveness of the implementation of the integrated HIV/AIDS education in the secondary school curriculum. A survey conducted by Action Aid investigated how schools in Tamil Nadu, India and Nyanza, Kenya, implemented their state-sponsored HIV/AIDS curriculum (Boler et al., 2003). The researcher sought the attitudes of 3706 teachers, students, parents and other key stakeholders.

The study found that teachers and schools play a key role in teaching young people about HIV/AIDS in both countries. Young people and their parents view the school as a trusted place to learn about HIV/AIDS. Majority of Indian teachers (87%) and Kenyan teachers (87%) felt that their profession has a responsibility to teach young people about HIV/AIDS. According to the study, the efforts of the teachers were hampered by perceived parental disapproval, religious barriers especially in Kenya, sexual

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relations and power inequalities leading to the paradox of safer sex. Teachers efforts were also hampered by a broader crisis in education including over-crowded classes, lack of training opportunities and learning materials and large numbers of out of school children who will not be reached by school-based HIV/AIDS education.

The study concluded that the success of HIV/AIDS education is unlikely to improve without dramatic improvements to underlying education systems (Boler et al., 2003). There is no set age at which AIDS education should start, and different countries have different regulation and recommendations. Often young people are denied life -saving AIDS education because adults consider the information to be too "adult; for young people. These attitudes hinder HIV prevention, as it is crucial that young people know about HIV and how it is transmitted before they are exposed to situations that carry a risk of HIV infection (UNESCO, 2009).

AIDS education should begin as early as possible. Information can be adapted so that awareness of AIDS can start from an early age while still ensuring that topics are age appropriate. According to UNESCO (2009) guidelines advise that primary education on human reproduction should begin as early as age five. This information provides the foundation on which children can build AIDS-specific knowledge and skills as they develop, education about condoms and how they can protect themselves from HIV infection can be introduced, from around age nine.

Methodology

This study adopted a descriptive survey design, which enabled the researcher to describe the state of affairs as they are and report the findings (Kombo & Tromp, 2009). This study was carried out in secondary schools in the Central Rift region of Kenya. The target population of this study was all the head teachers, teachers, and students in public secondary schools in the Central Rift region of Kenya. Out of the 105 schools, 3 national schools, 36 county schools and 66 Sub-County schools formed the accessible population of the schools. From the available population of 105 public secondary schools, purposive sampling was used to select the two national schools whereas stratified random sampling was used to select various categories of county and Sub-County schools. Purposive sampling was used in the selection of the respondents, whereby 30 head teachers were selected, 7 from Sub-County school, 14 from county school and 3 from national school. At least 120 teachers were selected using stratified random sampling from the selected schools. In the selection of the form-four students, both stratified and simple random sampling was used. Stratified sampling applied to mixed secondary schools whereas simple random applied in the case of single-sex schools. Out of the accessible population of 9228, a sample size of 528 students was selected using proportionate sampling. Questionnaires and interview schedules were used in this research to obtain the required data from the respondents. The questionnaires were administered to the teachers by the researcher. Further, a 30-minute interview was conducted by the researcher among the selected head teachers and take notes. After all, data had been collected, the researcher conducted data cleaning, which involved the identification of incomplete or inaccurate responses and correct to improve quality of data analysed. The data were coded and analysed using the Statistical Package for Social Sciences (SPSS). The research yielded both qualitative and quantitative data.

Results

Teachers Preparedness on the Implementation of the Integrated HIV/AIDS Education

The first objective of the study was to establish the level of preparedness of teachers in the implementation of the integrated HIV/AIDS education in the Secondary school curriculum. The teachers" questionnaires, as well as

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interview schedule of head teachers, was used to obtain information on the level of preparedness of teachers in the implementation of the integrated HIV/AIDS education in the Secondary school curriculum. The sum of agree and strongly agree was used to represent an agreement of respondents towards a statement, while strongly disagree and disagree was used to measure divergence. From the study majority, 75 (64.6%) agreed that the teachers were appropriately qualified to teach HIV/AIDS in their subjects, with 28(24.1%) disagree and 11.2% undecided on their appropriate qualification to teach HIV/AIDS in their subject. This showed that teachers were appropriately qualified to teach HIV/AIDS in their subjects.

From the study majority, 58(50%) agreed that the training, seminar and workshop attended, had assisted in the effective teaching of HIV/AIDS education, with 38(32.8%) disagree and 17.2% undecided on assistance obtained from training, seminar and workshop attended. This showed that teachers were averagely benefited from training, seminar and workshop attended in effective teaching of HIV/AIDS education. Most of the teachers 63(54.3%) disagree that the provision of teaching materials had improved their teaching of HIV/AIDS topics, with 42(36.2%) agreed and 9.5% undecided on the provision of teaching materials for the teaching of HIV/AIDS topics.

This indicates that the provision of teaching materials had not improved the teaching of HIV/AIDS topics in most of the schools. Most of the teachers 64(55.1%) disagree that the schemes of work showed proper sequencing of HIV/AIDS lessons, with 41(35.3%) agreed and 9.5% undecided that schemes of work had adequate sequencing for HIV/AIDS lessons. This finding showed that in most schools schemes of work had no proper sequencing of HIV/AIDS lessons. Most of the teachers 68(58.6%) disagree that the HIV/AIDS content prescribed in the syllabus was fully covered in all teaching subjects, with 24(20.7%) agreed and 20.7% undecided on HIV/AIDS content prescribed in the syllabus. This indicates that the HIV/AIDS content prescribed in the syllabus was not fully covered in all classes subject in most of the schools. Most of the teachers 66(56.9%) disagree that all teachers were trained to teach or implement integrated HIV/AIDS education curriculum, with 20(17.3%) agreed and 25.9% undecided on whether teacher training on integrated HIV/AIDS education curriculum. This finding showed that in most schools not all teachers were trained to teach or implement an integrated HIV/AIDS education curriculum.

On average, 53(45.7%) of the teachers agreed that when making schemes of work, they ensured there was clarity of learning objectives of HIV/AIDs, with 52(44.8%) disagree and 9.5% undecided on the clarity of learning objectives of HIV/AIDs when making schemes. This showed that the teachers averagely ensured there was clarity of the learning objectives of HIV/AIDs when making schemes of work. Furthermore, 47(49.2%) of the teachers agreed that they were always well prepared when teaching the integrated HIV/Aids, with 50(43.1%) disagree and 7.8% undecided on their preparation in teaching the integrated HIV/Aids. This showed that the teachers were averagely prepared to teach integrated HIV/Aids.

5) Correlation on the Influence of teachers preparedness on implementation of the integrated HIV/Aids Education in the secondary school Curriculum

Spearman Correlation Coefficient was employed to determine the influence of the Level of readiness of teachers on the implementation of integrated HIV/Aids Education in the secondary school Curriculum. It was used to measure the degree of relationship between the two variables. The relationship between the level of preparedness of teachers and the effective implementation of the integrated HIV/AIDS education in the Secondary school curriculum were investigated using Spearman Correlation Coefficient as summarised in Table 1. There was a strong positive relationship between the level

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of preparedness of teachers and the effectiveness in the implementation of the integrated HIV/AIDS education in the Secondary school curriculum [r=.675, *n*=116, p<.05].

6) Table 1: Correlation on the Influence of teachers preparedness on the implementation of the integrated HIV/AIDS education

			I	P
Spearm a's	Implemen tation (**I**)	Correlation Coefficient	1.000	.675**
		Sig. (2-tailed)	.	.000
	Prepared ness (**P**)	Correlation Coefficient	.675**	1.000
		Sig. (2-tailed)	.000	.

**. Correlation is significant at the 0.01 level (2-tailed).
b. Listwise N = 116

This indicated that an increase in the level of preparedness of teachers the implementation of the integrated HIV/AIDS education in the Secondary school curriculum also improved. Thus the more teachers are prepared, the higher and the effective implementation of the integrated HIV/AIDS education in the Secondary school curriculum. The findings agree with Oluoch, Omulando and Shiundu (1992) who observed that pre-service and in-service training of teachers is important to any curriculum implementation. For curriculum development venture to succeed, the teachers involved must understand and accept the ideas contained in the new curriculum being proposed or implemented. The teachers should look at the particular curriculum development effort as their own and not something being imposed from outside. Thus they have to understand, accept and internalise the philosophy or reasoning behind the new ideas, materials and teaching methodology advocated in the new curriculum.

Teacher training is critical to successfully delivering AIDS education in schools, but the efforts to train teachers are often inadequate if they exist at all. As UNESCO, (2008) in Kenya, many teachers have opted not to teach about HIV and AIDS as a result of inadequate training. AIDS education requires discussions that are detailed about subjects such as sex, death, illness and drug use. UNESCO (2009), states that teachers are not likely to have experience dealing with these issues in class and require specialised training, so they are comfortable discussing them without letting personal values conflict with the health needs of the learners.

To enable teachers to gain this understanding and acceptance, it is necessary for them to go through specially designed educational programmes. These programmes should be directed both at the serving teachers and at the teacher trainees. Relevant training programmes should hence be instituted within the regular teacher preparation curriculum to enable newly qualified teachers to be conversant with the new curriculum before they leave college. At the same time, suitable in-service training programmes should be organised to help the serving teachers" acquaint themselves with the new curriculum. It is rather unfortunate that curriculum development staff tends to concentrate on the in-service training of serving teachers and forget the teachers in training. This is unwise since all it does is to postpone the task of training these teachers who will eventually have to be trained to cope with the new curriculum. To keep the teacher ignorant of what is taking place in schools is to miss an excellent opportunity of effectively reaching a lot of teachers without too much effort. Consequently, teacher training is regarded as essential for effective implementation in schools of any innovative teacher provided curriculum

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(Cameron, 1991). Kafwa (2005) argues that HIV/AIDS education has not been taken seriously because there are no trained teachers and also there are no instructional materials.

The findings that teachers who were specially trained on HIV and AIDS had adequate knowledge on HIV/AIDS education compared well with findings of a study carried out in India on sounds of silence in teaching HIV/AIDS by Boler and Carrol (2004). The findings that teachers without any training on HIV/AIDS felt inadequate agrees with the results of a study carried out in Kenya and India on obstacles to teaching HIV/AIDS (Boler, 2003). UNESCO, (2008) on teachers training on HIV/AIDS in Eastern and Western African countries showed that little or no time or resources are being devoted to HIV/AIDS education in pre-service or in-service training of teachers. The results of the study agreed with a survey carried out by Boler and Carroll (2004) on sounds of silence that teachers do not have enough time to teach about HIV/AIDS.

Conclusion

Teachers were appropriately qualified to teach integrated HIV/AIDS in their subjects. The provision of teaching materials had not improved the teaching of HIV/AIDS topics in most of the schools. There was a correlation between the level of preparedness of teachers and the implementation of the integrated HIV/AIDS education in the Secondary school curriculum. Teacher training is critical for success in the delivery of AIDS education in schools, but the efforts to train teachers are often inadequate. The use of resource persons was appropriate in teaching HIV/AIDS content in the integrated secondary curriculum. Group discussion was relevant in teaching HIV/Aids. Teachers used ICT equipment and software like TV, Cds was appropriate for teaching HIV/AIDS. The community members would also be encouraged to educate the students on the cultural ways of preventing HIV to supplement formal knowledge. The ministry should, therefore, increase the production and distribution of HIV/AIDS education materials and encourage teachers to work with the community members to develop appropriate HIV/AIDS education materials specific to the needs of the society.

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