

# Religious Pluralism, Conflict and HIV/Aids Education in Refugee-Affected Regions of North-Western Kenya

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## Abstract

This paper examines how multi-religious factors influence the teaching and learning of HIV/AIDS education in refugee schools based on a qualitative study conducted in refugee-affected communities in North-Western Kenya. The study involved a total of 3 primary schools from Kakuma Refugee Camp (KRC) and 3 from the host community. A sample of 617 respondents of diverse nationalities, including 356 male and 160 female pupils, was used. The study utilized semi-structured interviews, observation, FGDs, documentary analysis and drawings to generate data. The findings reveal that, first; traditional ethnic cultures interacted with religion to influence the nature and level of interaction between boys and girls during HIV/AIDS education lessons, thereby determining the process of learning. Whereas Somali Muslim pupils sat and worked in same gender clusters, Christian Sudanese and Turkana boys and girls interacted across genders more freely. Consequently, the cultural and religious tendencies denied Muslim Somali boys and girls an opportunity to work together as allies in addressing pertinent and effective strategies in HIV/AIDS education. Further, unlike the Christian Turkana and Ugandan girls who seemed open and outgoing in their participation in HIV/AIDS education activities, Somali and Ethiopian Muslim girls remained quiet, reserved and shy as a way of showing respect to male teachers and pupils. In this regard, Kenyan Christian teachers interpreted the behaviour of Somali and Ethiopian Muslim girls to mean disobedience and hence, tended to exclude the girls during classroom activities. Because religion determined the teacher's interpretation of the content, pupils received different and sometimes conflicting messages on similar topics depending on the teacher's religious background. It was therefore concluded that religious beliefs influenced the learning of HIV/AIDS education in refugee schools in a complex manner, which teachers need to understand clearly for them to be able to enhance inclusive and responsive learning

**Keywords:** Religious Pluralism, Conflict, HIV/AIDS Education, Refugee-Affected Regions, North-Western Kenya

## 1. Introduction

Religion can be viewed as having a multi-prong effect to social life. While it has succeeded in bringing groups of people with common belief systems together as they struggle with ultimate problems of human life, there is evidence to suggest that religion sometimes cause complex divisions and conflict among communities (Peil, & Oyeneeye, 1998; Lubeck, 1985). Many people have a tendency to view their sets of religious beliefs and practices as unchanging truths that are superior to all other ways of believing which they often see as fallacious and worth elimination

According to Bocci (2013), understanding the relationship between religion and HIV/AIDS may be a complex task given that religion cannot be characterised as a universally standardized set of practices. Members of the same religion may exhibit differences in their practices and understanding of religious teachings in regard to matters of sexuality and HIV/AIDS. However, Bocci (ibid) further notes that, some researchers in communities such as Middle East and North Africa (MENA) have linked low rates of HIV infections with Islamic regulations on sexuality and usage of intoxicants as well as approval of male circumcision. Some have even concluded that Muslim communities have low rates of infection because Muslims are less likely than Christian and Jews to engage in premarital sex. Similar arguments have been noted in studies by Gray (2004) and Gray *et al.*, (2000) which focused on Muslim communities in Africa. More studies from Africa link membership of religious groups to the risk of contracting HIV. For instance, members of Pentecostal and African Independent Churches (AIC) were found to be less likely to contract HIV in Malawi (Hill, Cleland & Ali, 2004) due in part to their reduced likelihood of having extramarital partners when compared with members of other religious groups. A study by Trinitapoli and Regnerus (2004) in rural Malawi has revealed a similar protective effect of membership in a Pentecostal church for married men. These findings suggest that adherence to religious teachings may be associated with reduced risky behaviour. The North-Eastern province of Kenya, which is Muslim dominated, has been among regions with the lowest HIV prevalence rates in the country. However, a knowledge gap exists based on lack of research-based evidence to demonstrate how male and female members of different religious denominations interact with school-based HIV/AIDS education especially where gendered pupils and their teachers engage in the process of teaching and learning within multi-religious settings such as refugee camps. This study selected the Kakuma Refugee Camp (KRC) in Kenya to address this knowledge gap and broaden the existing knowledge base in this regard.

Cushner, McClelland and Safford. (2003) who focused on regular schools in the Western countries, point out various educational implications of religious pluralism in school settings which, if not addressed sensitively, could become potential sources of conflict. Arguably, curriculum materials, subject content, school rules and customs, student services, school calendar decisions, scheduling of student activities, school diet, holiday celebrations, teaching materials and school financing could jointly or singly conflict with a community's religious beliefs and practices. It has been observed for example, that religious teachings may often conflict with specific tenets of health education, including HIV/AIDS education (Acosta, 1996). After examining the religious teachings of Judaism, Galli, Greenberg, and Tobin (1987) found out that many of its precepts are incongruent with what was taught in school-based health education in relation to human sexuality, nutrition and drug education.

Kenya has had its share of religious conflicts, albeit in relatively smaller scale, which are bound to have a spill over effect to HIV/AIDS Education. For example, major religious groups such as Christians and Muslims have often disagreed on sensitive matters such as constitution review and the role of women in leadership among other issues. Terrorist acts in the country have sometimes been associated with Islamic extremism which Goffman (1963/1997) refers to as 'tribal stigma of religion'. Within Christianity, the various denominations seem to disagree on matters of considerable social importance such as sexuality, HIV/AIDS education, contemporary medicine among others. Teachers and pupils from the diverse religious groups come to school with different ways of believing and interpreting content, teacher and teaching methodology among other aspects of the HIV/AIDS subject. Being miniature societies, schools and HIV/AIDS education classrooms can easily reflect the religious tensions and conflicts portrayed in the larger society. As such, the idea of hosting both the Muslim and Christian refugees in the same refugee camps, as seen in the Kenyan Daadab and Kakuma Refugee Camps where their children receive educational services jointly, raises fundamental research interests for the teaching and learning of HIV/AIDS education.

Researchers such as Mugambi (1999) and Chidongo (2014) concur that separating formal and religious education in Kenya is a complex task. Schools have been accused of channelling learners into certain religions at the expense of others. Ideally, Kenyan schools were and to some extent are still expected to propagate Christian religious traditions, values and attitudes, including those related to sexuality. This is a historical fact based on the role played by the Christian missionaries in the introduction of formal education, training of teachers, development of the Christian Religious Education (CRE) curriculum and educational policies (Chidongo, 2014). Christian churches also became sponsors to their schools in post-colonial Kenya. Notably, the Roman Catholics and Protestants sometimes experienced conflict, disagreements and misunderstandings in their efforts to provide support to the Kenyan education sector. According to Chidongo (2014) the two wings of Christianity at some point separately initiated in-service courses for primary and secondary school religious education teachers; Christian Religious Awareness for Teachers (CREATE – Protestants) and Centre for In-servicing Religious Education Teachers (CISRET – Catholics). African Indigenous Religion, which is older in the country, presumably lacked influential leaders to negotiate for a sizeable share of the curriculum early enough. It ended up being included in CRE only as a unit. Muslims and Hindus later pushed for the inclusion of their religious education in the curriculum and it is expected that more religious groups will be doing the same (Chidongo, 2014). HIV/AIDS education, when located in the context of sexuality education, has often elicited resistance among major religious groups in Kenya, namely, Christianity and Islam. This has also been observed in some parts of the USA. Additionally, sex education for young people in Kenya, like elsewhere in the world, is also focusing more on morality and less on physical know-how (AVERT, 2009a). The Kenyan CRE curriculum has often portrayed abstinence as the only acceptable and safe method of HIV prevention among the unmarried people. According to Vatican Magazine (2009), Pope XVI and the head of the Vatican's office on family issues at one point seemed to endorse the contentious claim that latex condoms are ineffective, hence portraying safer sex as dangerous and immoral. Notably, the Pope later on pointed out circumstances that may require condom use to preserve life and avoid death (Wynne-Jones, 2010). These contradictory positions have portentous impact, not only on the Catholics, but also on the general public.

With regard to matters of sexuality and HIV/AIDS education Heba and Kotb (2004) have observed that some Muslim parents consider sex as dirty and feel uncomfortable discussing the topic with their children, yet they do not mind the same being taught to their children in school by secular teachers, peers and the media. Other Muslim parents and teachers alike feel that the topics of sexuality and HIV/AIDS should not be discussed at all because this could encourage young children to experiment with sex. Despite these debates, Muslim scholars have argued that HIV/AIDS education is an important subject for school children (Jenny & Mark, undated) and that the teenagers and adolescents are curious and will always search for answers if they have nowhere or no one reliable to go to. Because of embarrassment, they tend to go to any readily available source which may provide wrong information. The Islamic leaders who see HIV/AIDS education as important explain that the Koran looks at life holistically and discusses all topics including sex. In the same light, Heba and Kotb (2004) have argued that Prophet Mohammed did not shy away from discussing all topics related to sexuality even with people of the

opposite sex and, therefore, those who claimed to follow his example need to do the same. Gender mixing in the context of Islamic religion and in relation to HIV/AIDS education is a contentious issue. Some Muslim teachers have argued that they must teach pupils of their own gender while others have insisted that Islam promotes gender equality, therefore teachers are free to teach any category of pupils regardless of their gender (Jenny & Mark, undated). In this context, religious organizations have the potential either to be partners in/or obstacles to combating the HIV/AIDS epidemic (Hunter, 2003). Hence, this paper seeks to highlight the role of religious organizations in influencing beliefs and practices in refugee HIV/AIDS education.

Considering that the majority of the African population, including that of Kenya is Christian (70%) or Muslim (20%), which portrays a high level of religious participation (AVERT, 2009d), understanding the role of religion in HIV/AIDS education in the classroom can be educationally beneficial. For example, creating awareness through church sermons, seminars and conferences has enabled church leaders to have a strong influence on their followers, partly due to the frequent contacts (Liebowitz, 2003; Pfeiffer, 2002; Pfeiffer, 2004b). In Nigeria, for instance, Orubuloye, Caldwell, & Caldwe (1993) found out that Christian religious leaders who were regularly addressing the dangers of HIV by encouraging their members to refrain from sexual relations outside of marriage, consequently helped in promoting sexual behaviour change. Muslim leaders, on the other hand, tend to emphasize the importance of leading exemplary sexually upright lives as means to the prevention of HIV infection. Despite the active role they play, the influence of religious organizations on school-based HIV/AIDS education has not yet been a topic of rigorous scholarly inquiry.

In Kenya, some scholars such as Mugambi (1999) and Ochieng' (2010) have argued that Christianity, Islam and the African Indigenous Religion (AIR) have all impacted on the spiritual psyche of the Kenyan personality. However, there is no research-based evidence to demonstrate the veracity of this argument in the context of HIV/AIDS interventions. While the originators of the Christian church in the Western world have come to terms with the AIDS epidemic and entertain prevention measures such as the use of condoms, churches in Africa, including Kenya, continue to condemn the use of condoms (UNICEF ESARO/UNAIDS, 2002; Boler, Adoss, Ibrahim, & Shaw, 2003). Some Kenyan Churches have burnt condoms in public to make their point in concrete terms. While studies in Kenyan schools are yet to evaluate the consequences of this kind of action on the teaching and learning of HIV/AIDS education, the position of this paper is that such actions are likely to influence HIV/AIDS education and its impacts. This is bearing in mind that in Uganda for example, because the church quietly agreed that it would not publicly discredit the prevention measures advocated by the government and other stakeholders, the Uganda government was able to popularize preventive measures including condom use hence help reduce rate of HIV infection drastically.

The fact that conflicts based on religious plurality were evident at KRC was of great interest to this study. According to UNHCR (2005) and Nkam (2001), there are more than thirteen churches with different faiths and practices, all of which have been put up by refugees themselves. These include Catholic, Anglican, Orthodox and Lutheran, among other churches. The researchers further note that refugees of all ages and nationalities attend the services and teachings scheduled from Monday to Sunday. Muslim refugees have about ten mosques around KRC where they carry out their normal services and the teaching of the Koran to their children and youth. Religious teachings, which also touch on matters of sexuality and gender, have a strong hold on the psychology of believers (Mugambi, 1999), who include refugee pupils and teachers of HIV/AIDS education. Hence, the study sought to explore the interaction between secular and religious teachings with regard to HIV/AIDS education in the context of a multicultural and gendered refugee community at KRC. The question of possible conflicts between religious beliefs and the web of other social complexities that influence HIV/AIDS education was a key focus area. This is so, particularly considering the findings by a UNHCR, Community Development Section (2002) study at KRC show that Somali Muslim girls and women are conspicuously absent from the public HIV/AIDS education, the '*barazas*', apparently because their religion prohibits men and women sitting together to discuss sex publicly.

### **1.1 Limitations of the Study**

There were difficulties in finding parents to participate in the study because at KRC, repatriation of Sudanese had begun and some parents had gone back to Sudan in early 2008, leaving their children to continue with schooling at KRC schools. These schools were comparatively well-developed than those in Southern Sudan. In the surrounding host community, male parents were often absent from their homes because they were either out in the fields tending to their animals or participating in other social and economic activities. However, the study proceeded successfully though with more female than male parents from the host community who were available for sampling to provide parental perspectives.

Some female teachers and female pupils from the Somali community were shy and often kept quiet or covered their faces during Focus Group Discussions (FGDs). This called for patience on the part of the author-cum-researcher who applied a variety of tactics such as playing games with the girls and walking around school compounds with the teachers so as to establish rapport and enable them feel free to discuss matters of HIV/AIDS education, sexuality and gender.

The greatest challenge encountered was that of gaining research access to KRC within a pre-scheduled timeframe. The KRC is a UNHCR protected area, which requires the researcher to go through lengthy process of seeking clearance from various authorities including the Ministry of Education, Department of Refugee Affairs, UNHCR and LWF among others. Requirements for clearance by some of these authorities included the author's health insurance, attachment to a hosting NGO working at KRC as well as the Ministry of Education permit. In addition, the issue of personal security, for 'an outsider' in refugee camps, is a matter of great concern for UNHCR, hence the reason for controlling entry. These challenges among others seem to contribute to reasons why Kenyan researchers avoid conducting research in refugee camp situations.

## 2. Methodology

The study adopted a case study design, which was implemented within the qualitative research paradigm. The case study was appropriate in establishing a broad and in-depth understanding of how a number of factors influenced HIV/AIDS education at primary schools within and around KRC. Kakuma Refugee Camp is located in the Kakuma administrative division of Turkana South, which by the year 2008 formed part of the larger Turkana district. The latter has since been divided into North and South Turkana districts. The larger Turkana District is one of the remotest semi-arid parts of the Rift Valley Province of Kenya. KRC 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 (UNHCR, 2006).

According to Mburu (2002) there were 23 primary schools, 3 secondary schools and 5 pre-schools in KRC. However, the number of schools and pupils decreased 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, 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%. The study population comprised 265 teachers at KRC primary schools and approximately 250 teachers from the host community. Out of the 265 host community teachers, 42 were qualified P1 teachers, 213 had undergone some form of in-service training that did not necessarily lead to P1 qualification, and 10 were untrained teachers.

Stratified random sampling and purposive sampling were employed in the selection of the primary schools which participated in this study. The 3 host community schools chosen were selected based on religion. The first school was purely Islamic, the second was Catholic while the third was Protestant. The Islamic school mainly consisted of pupils from the Somali community residing at KRC and the surrounding host community. The 2 host community schools with Christian backgrounds mainly consisted of Turkanas from the local community and refugees of Sudanese nationality. While the pupil population of the HC Islamic school was mainly Muslim, the Catholic and Protestant schools' population was mainly Christian from mixed denominations that did not necessarily reflect the religious background of the school. All the 3 host community schools were co-educational and were given pseudonyms just like the KRC schools. The inclusion of the surrounding host community schools in the study helped provide insights on links between the HIV/AIDS education program at KRC schools and the schools in the host community.

All Standard 7 pupils from each of the 6 schools sampled were purposively selected, yielding a total of 516 pupils (356 boys and 160 girls) who all participated in drawing. Of this total, there were 300 Sudanese, 91 Kenyans, 77 Somalis, 21 Ethiopians, 11 Congolese, 6 Ugandans, 5 Rwandese, 3 Burundians and 2 Eritreans. Class teachers and prefects assisted the author to draw sitting plans for all classrooms that participated in this study. The sitting plans indicated positions of all the desks as well as gender, cultural and religious details of pupils utilizing the desks. This enabled the author to identify religious and cultural backgrounds of pupils whose information was recorded manually during classroom observation. Standard 7 pupils were selected because they had experienced HIV/AIDS education for a longer period than pupils in Standard 1 to 6. They could therefore comfortably comment on the subject. Standard 8 pupils were left out of this study because they were busy preparing for Kenya Certificate of Primary Examinations (KCPE).

A total of 16 Standard 7 pupils (8 boys and 8 girls) were selected from each co-educational school for purposes of FGDs. Similarly, 8 Standard 7 pupils were selected from each of the girls' and boys' schools for the same purpose. Teachers were purposively selected for FGDs in order to include all nationalities represented, as well as all subjects, since HIV/AIDS education had been infused and integrated across the curriculum. The NCKK HIV/AIDS and reproductive health education teachers were also included in the sample. As a result, a total of 48 teachers were selected. Out of this number, 39 were male and 9 were female. All 6 head teachers (all male) of the participating schools took part in this study. Being in leadership positions, head teachers were expected to offer insights, through interviews, about what happened in their schools each day in relation to HIV/AIDS education. They were also in a position to explain some of the cultural and religious factors that were 'external' to the school, but influenced the teaching and learning of HIV/AIDS education in relation to gender.

Community members who were also parents in participating primary schools were purposively selected to take part in this study, regardless of whether their sons and daughters had been selected in the sample or not. The

head teachers assisted in the selection of parents who showed an interest in school activities. The initial plan was to select 8 male and 8 female community members from the different communities represented in each school, so as to give a total of 96 parents. However, only 39 parents, 23 of whom were male and 16 female managed to participate in this study through FGDs. A total of 4 male religious leaders, of which 1 was Catholic, 1 Protestant and 2 Muslims were purposively selected for interview purposes. In the same way, 2 female religious leaders, 1 catholic and 1 protestant were selected, giving a total of 6 religious leaders who participated in this study. Notably, there was no female Islamic religious leader within and around KRC to participate in this study. Only those religious leaders who worked closely with primary school pupils and other community members on matters of HIV/AIDS education at KRC and the host community were selected.

NGO members of staff were purposively selected for interview purposes. The sample composed of 1 female NCKK officer who was in leadership position. The NCKK was explicitly and practically involved in HIV/AIDS and Reproductive Health education in schools and communities within and around KRC. One male officer was also selected from International Rescue Committee (IRC), the organization that coordinated all health related matters, including issues of HIV/AIDS within KRC on behalf of UNHCR. The selected officers gave information on the activities of their organization related to HIV/AIDS education.

In total, 617 individuals, comprising 422 males and 195 females, were involved in this study. Of this total, there were 330 Sudanese, 130 Kenyans, 85 Somalis, 33 Ethiopians, 17 Congolese, 8 Ugandans, 8 Rwandese, 4 Burundians and 2 Eritreans. Hence, the majority of respondents, a total of 487 out of 617, were refugees, and only 130 were Kenyans from the host community. Similarly, 516 out of 617 were primary school pupils comprising 356 boys and 160 girls. The sample consisted of more boys than girls because the KRC and HC school populations were male-dominated.

The study utilized qualitative methods of data collection. These included observation, semi-structured interviews, drawings, documentary analysis and FGDs. The use of the various methods of data collection allowed for triangulation for validation of information. They also helped to provide comprehensive in-depth information about the respondents' experiences and perceptions of the interactive nature and influence of gender, culture and religion on HIV/AIDS education. Cassel and Symon (1994) argue that triangulation of data by use of a multi-method approach is essential to answering many important questions involving complex processes engaging a number of actors.

Since data collected from the study were largely qualitative, they required qualitative analysis. The actual data analysis was an ongoing process throughout the study culminating in deeper analysis after fieldwork. The author carried out preliminary analysis during the pilot phase and fieldwork. Reference was made to the interactive influences of multicultural, religious and gender factors on HIV/AIDS education. Voice-recordings of interviews and FGDs were transcribed to generate text data. The transcribed data were then coded manually using a coding frame prepared by use of the various themes that had already been identified. After coding the transcribed data, reflections and remarks from participants were recorded as well as actions, potentials and barriers, as described by Miles and Huberman (1994) and Bernard (2000). Data was sorted and sifted through to identify differences and similarities between themes. Further, identification and isolation of data patterns was done to establish commonalities and differences. This enabled elaboration on findings and their discussion based on the existing body of knowledge. Analysis yielded emerging themes pegged onto the initial study objectives.

### **3. Results and Discussion**

#### ***3.1 Religion, Gender Clustering and Classroom Behaviour***

Some degree of same-gender clustering in classrooms where HIV/AIDS education was taught was observed in the co-educational schools. The clustering became more pronounced at the host community (HC) Prudence Muslim Academy with a predominantly Muslim Somali population. Boys occupied one side of the classroom while girls sat on the other side with minimal interaction across genders. Muslim pupils and teachers attributed the gender separation to the influence of religious beliefs and practices, which prohibit male and female interaction. The administrative authorities in the predominantly Muslim HC schools therefore felt they had a responsibility to enforce the practice. Some of the respondents explained the situation thus:

The Islamic religion prohibits uncontrolled mixing of boys and girls and that is why in this school you see boys sitting on their own and girls on their own (Male Turkana Muslim Head teacher, Prudence Muslim Academy).

The headteacher and the deputy headteacher always remind us not to sit near the girls because it is bad manners according to the laws of the Islamic religion (Mohammed- Somali Muslim-Boys FGD, Prudence).

Some of us are not employed by the TSC (Teachers' Service Commission) and we have to do as the school administration expect. Like in this school it is expected that boys must be separated from girls all the time and that is exactly what we do (Mr. Anindo-teacher FGD, Prudence).

Teacher FGDs revealed that whereas Muslim teachers were comfortable with the gender segregation in the classroom, Kenyan Christian teachers disapproved the arrangement. According to the teachers, this situation could inhibit HIV/AIDS education as learners with this kind of religious reasoning would not expect issues of HIV/AIDS and sexuality to be spoken to them openly, especially by teachers or fellow pupils of the opposite sex. Mr Maende, a Kenyan Christian teacher explained it thus:

Some of us are not comfortable with the seating arrangement in the classroom. According to Islamic beliefs, girls have to sit alone and are not supposed to come in contact with boys in any way during learning activities. Sometimes such kinds of things do not give the learner an opportunity to realize that some things have to be spoken out to them (Teacher FGD-HC Prudence Muslim Academy).

Unlike the HC Muslim Somali schools, schools with complex cultural diversity such as KRC Peace Co-educational School and HC Joy and Charity co-educational schools showed some degree of mixing of boys and girls in the classrooms. The interaction of Muslim Somali girls with boys in such schools was more explicitly observed than that of their counterparts at the HC Prudence Muslim Academy. Consequently, boys and girls freely exchanged knowledge and life-skills that pertain to the prevention of HIV infection. In these culturally diverse schools, pupils gave reasons other than religion and administration for the small scale gender segregation in their sitting arrangements, regardless of their cultural and religious backgrounds. The girls explained their views thus:

Sometimes boys behave badly in the classroom, they laugh, insult girls and tease and that is why we are not always comfortable sharing desks with them (Awinja-Muslim Somali- Girls' FGD, Peace Co-educational School).

It is not just good manners to sit with boys all the time (Ebby-Muslim Ethiopian-HC Joy Co-educational School).

Some differences were observed in the classroom behaviour of boys and girls along cultural and religious divides. For instance, at the HC Prudence Muslim Academy, the Somali Muslim girls often covered their faces with 'shangas', and turned away from boys when Mr. Sunguti, a Kenyan Christian teacher, mentioned words such as 'sexual intercourse', 'penis' or 'vagina' in a Science lesson. The girls were explicitly shy and barely answered a question in the lesson while nearly all the boys actively participated. Despite this situation, Mr. Sunguti made no effort to involve girls in the lesson. He was a good example of teachers who did not take interest in understanding and involving all pupils with their differences. Notably, Mr. Sunguti had also been noted arguing as follows in a teachers' FGD:

The behaviour of girls around here is indeed very strange. When you go in and try to talk to them about matters of HIV/AIDS and sexuality, you find them looking down, whispering; covering their faces and that is very funny according to me. It is quite annoying and uncomfortable to teach such girls (Mr. Sunguti- Kenyan Christian, HC Prudence).

At the HC Charity, HC Joy and the KRC Peace co-educational schools, Somali Muslim girls were found to be open and often participated in the HIV/AIDS education lessons, during which they interacted with boys more freely than their counterparts at the HC Prudence Muslim Academy. This category of active and outgoing Somali Muslim girls was described by their counterparts at the HC Prudence Muslim Academy as ill mannered and behaving 'Sudanese-like'

### **3.2 Religion and Learners' Expectations of the Teacher's Gender**

Religious factors tended to influence the learners' expectations of the gender of the HIV/AIDS education teacher. At the HC Prudence Muslim Academy, all the Muslim girls portrayed the HIV/AIDS education teacher in their drawings as a female while Muslim boys drew a male teacher. This observation was consistent with the views of Islamic religious leaders that HIV/AIDS education could only be taught in single-sex fora by teachers who belonged to the same sex as the learners. One male Islamic leader said:

If HIV/AIDS education must be taught in school, then it must not be done in a mixed gender classroom. Boys must be separated from girls so that the boys can be taught by male teachers and girls by female teachers to help curb immorality (Male Islamic Leader).

Notably, pupils in schools where their religious group was under-represented clearly negotiated their positions with regard to religious beliefs in HIV/AIDS education. This tendency was observed among Somali Muslim pupils at the HC Charity and Joy co-educational schools, who portrayed the HIV/AIDS education teacher as either a man or a woman regardless of the pupils' gender. This observation concretises the argument by Campbell (2004) that individuals were likely to hold onto their cultural and religious beliefs mainly when they belonged to the dominant cultural or religious group in a school, rather than when they represented the minority. Hence, refugee pupils from minority religious groups could sacrifice their religious beliefs and practices for the sake of the effectiveness of HIV/AIDS education when the situation demanded it.

Further, the FGD data showed that Christian pupils looked for qualities other than gender in an HIV/AIDS education teacher. This was consistent with the views of Christian religious leaders, who thought that gender was

not the defining factor for the 'ideal' HIV/AIDS education teacher. For instance, the Catholics emphasized more on the importance of the professional qualifications of the teacher as noted in the comments of one female Catholic leader who said:

To me, the ideal HIV/AIDS education teacher has nothing to do with gender or religion. The most important thing is the professional qualification. I will prefer that the teacher does a bit of counselling psychology because when it comes to HIV/AIDS, you need to understand theories of understanding these children very well and not just understanding how they behave while they are growing (Female Catholic religious leader).

Both male and female Protestant leaders argued that a good HIV/AIDS education teacher ought to possess high moral standards and must not be implicated in sexual relationships with pupils. This was based on the argument that teachers were the immediate role models of their pupils and as such, they had the moral responsibility to practise what they taught in class particularly with regard to sexual relationships.

### **3.3 Abstinence versus Safe Sex: Perceptions of Teachers and Religious Leaders**

The issue of teaching pupils about safe sex, especially condom use, generated a lot of discussion and debate among the religious leaders, teachers and community members across the participating schools. Their expressed perceptions were as diverse as their cultural backgrounds and religious orientations. For instance, the male Catholic religious leader argued that although the Catholic Church had campaigned against the teaching of condom use for a long time, the Church seemed to be softening its stance, although it could not admit to that. He expounded thus:

I believe that the Catholic Church is beginning to accept that sex among adolescents is a reality and they have to be taught how to protect themselves from HIV infection. Of course I know that the Church cannot admit this openly. But the mere fact that the Catholic Church is now offering small places on the walls or billboards of its institutions for the advertisement of the condoms shows that the Church is beginning to see that people continue practicing illicit sex with or without a condom and the only way to protect such people would be letting them use the condom (Male Catholic Religious Leader).

The above argument notwithstanding, more so coming from a religious leader, some teachers subscribing to the Catholic faith were still rigid on the question of teaching about condom use. On this issue, Mr. Opondo of the HC Charity Co-educational School argued as follows:

**Researcher:** Is there anything you feel uncomfortable teaching as a result of your Catholic Background?

**Mr. Opondo:** Of course you know and I don't have to say it. (*Laughter*).

**Researcher:** I don't know and that is why I am requesting you to help me know, what is it?

**Mr. Opondo:** As a Catholic, I think you know, the debate has been all over in the media that due to our faith, we discourage the use of condoms and other contraceptives. That being the case, I cannot advise pupils to use a condom as one of the options for preventing HIV infection. (*Laughter*) I cannot do that, I can't. I teach science and it is there in the books but my faith cannot allow me to do so. That for sure will be like telling the pupils that they can go and experiment with sex as long as they use a condom (*Laughter*).

**Researcher:** So what do you do when you come across a topic that requires you to teach condom use?

**Mr. Opondo:** I cannot or if I happen to teach, then I tell them about the disadvantages of using a condom and in most cases emphasize abstinence and not otherwise (Teacher FGD, HC Charity Co-educational School).

On the contrary, female Catholic teachers articulated ethics of care, arguing that although they emphasized abstinence as the best way to prevent HIV, they would support condom use to help save the lives of sexually active pupils. Mrs Awiti from the KRC Peace Co-educational School had this to say:

I have to tell them about condom use because I know some of them engage in unprotected sex and there is nothing we can do. For instance, in this school at least every term we find a girl pregnant and that is evidence enough that the girl engaged in unprotected sex. So I tell them about condoms but I also emphasize that abstinence is the best protection (Teacher FGD, KRC Peace Co-educational School).

Like the female Catholic teachers, both male and female Protestant teachers underscored the belief that abstinence was the most acceptable way to prevent infection by HIV. However, they also seemed to have no problem teaching condom use. Similarly, the Protestant religious leaders were of the view that because some people failed to respect God by practising illicit sex, such people had to be taught condom use in order to survive the pandemic and get a chance to live and know God. These kinds of religious-based arguments helped reveal the underlying conflicts in the social, sexual and education lives of not only pupils and their teachers, but also the KRC community and its neighbourhood regarding HIV/AIDS education.

Teachers with a strong Islamic background, like some of their Catholic counterparts, did not believe in teaching safe sex. In fact, the teachers were uncomfortable mentioning such words as 'condom' and 'sex' in the FGD, suggesting that they could have been experiencing difficulties with the words when teaching in the classroom. The interview with the male Islamic religious leader revealed that it was against Islamic Religious principles to discuss issues of sexuality with children, especially in a mixed-sex forum. This view clearly problematised HIV/AIDS education, since it involved adult teachers and pupils who were culturally and legally children. The suggestion that children get to know about sex 'naturally' as they become adults raises critical concerns for any HIV/AIDS education programme. The Islamic religious leader explained:

As Muslims, we believe that it is improper to discuss sex with children. Things to do with sex are natural and human beings just get to know them when the right time comes. That is how Allah made it. It is even worse when you put boys and girls together and talk to them about sexuality. Maybe if you must, then you can do so in single-sex groups (Male Islamic religious leader).

*According to Advocates for Youth (undated), mainstream medical associations and public health and educational organizations endorse HIV/AIDS education that is accurate and balanced. In this connection, young people have a right to be given age appropriate information that would help them reduce their risk of potentially negative outcomes such as unwanted pregnancies and sexually transmitted infections (STIs). Information pertaining to contraception and condom use may be necessary to some primary school learners especially in refugee settings where many are over aged.*

*Review of studies has shown that when condoms are used consistently, for all acts of penetrative vaginal intercourse, there is 80% reduction in HIV incidence (Weller & Davis-Beatty 2007). Notably, the studies reviewed did not report on the 'correctness' of use of the condom or its quality, indicating that the effectiveness of the condom may be higher. In this regard, falsification of information to convince learners of any category that abstinence is the only option in HIV prevention would amount to denying them their basic human rights.*

### **3.4 Information Education and Communication (IEC) Material on HIV/AIDS**

Information Education and Communication (IEC) material on HIV/AIDS at KRC and HC schools and communities included T-shirts, billboards, wall hangings, paintings and pamphlets. Notably, the IEC materials were often used as teaching resources during HIV/AIDS education lessons. The interview with the NCKK field officer revealed that the organization often passed on messages on HIV/AIDS through printing and distributing T-shirts to pupils and community members at KRC and its host community. In all instances, during visits to KRC and HC schools, at least 4 to 5 members of the school community would be seen wearing T-shirts with HIV/AIDS messages. Some of the messages read as follows: 'Keep the Promise', 'Stop HIV/AIDS', 'Say NO to sex before marriage', 'Join the war against HIV/AIDS', 'Abstinence is the best prevention', 'Abstain from Sex till Marriage' and 'HIV/AIDS is a killer disease'. Mr. Sunguti expounded on this educational strategy saying:

Around here, HIV/AIDS is taught and learned everyday and every time through all the school activities including even the clothes we wear. Even as you can see, my clothe is written at the back 'keep the promise'. This is so that the pupils can read the message and take the necessary action (Teacher FGD, KRC Peace Co-educational School).

Notably, the information on most HIV/AIDS education T-Shirts emphasized 'abstinence only' education which is supported by dominant religious groups at KRC and its host community. This paper contents that abstinence is just one of the many aspects of HIV/AIDS education that need to be publicized through IEC materials. Consequently, this mode of teaching seemed to negate a whole range of messages related to HIV/AIDS education such as love and care of PLHWAS, safe sex and modes of HIV transmission, among others. Despite the fact that gender balance was observed in the distribution of T-Shirts with messages on HIV/AIDS as expounded by the NCKK officer, it was observed that out of a total of 45 T-Shirts worn by respondents in this study only 5 were worn by the female respondents. This translates to 11 percent of girl respondents wearing T-shirts with messages on HIV. Some of the girls from the KRC Peace Co-educational School explained that they felt uncomfortable wearing T-Shirts with HIV/AIDS messages since that could portray AIDS as woman's condition. The same views emerged from female parents in an FGD at the HC Joy Co-educational School. They argued that the HIV/AIDS stigma affected women more than men, and that women were not free to wear clothes that could increase such stigma. One of the parents said:

You know sometimes men want to say women have brought AIDS even when it is them. So when they see a woman in a T-shirt written AIDS they will just think that the woman has AIDS (Grace-Parent FGD, HC Joy Co-educational School).

It was also noted that the dress code for the Muslim Ethiopian and Somali girls was governed by religious obligations, indicating why they did not use T-Shirts and Caps with messages on HIV/AIDS. Some of the girls explained as follows:

Some of us cannot use the T-Shirts because as Muslim girls we cannot just dress the way we

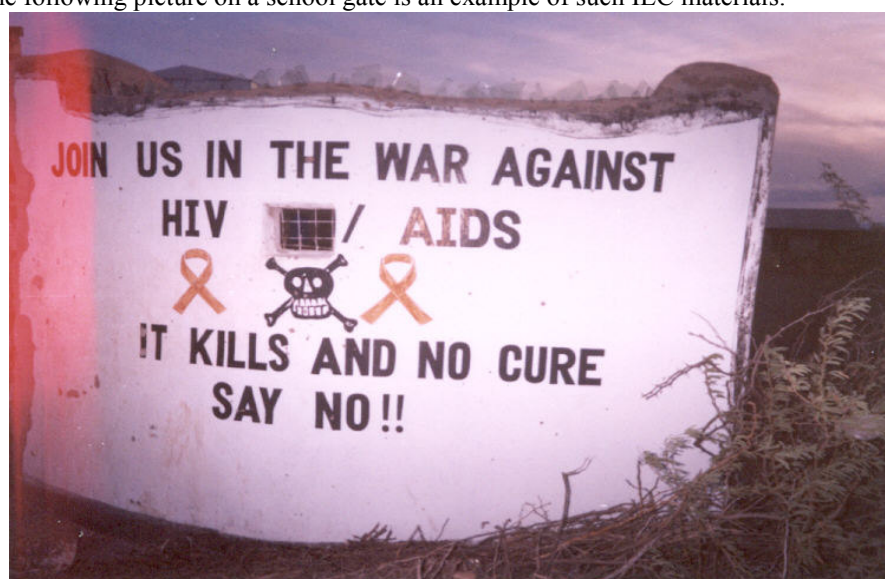


like. We have to dress in something that will cover our bodies completely but the T-Shirts will not do that (Asha, KRC Patience Girls' School).

You know caps are un-Islamic for girls. Maybe they could have thought of something different which will not make us look like 'thugs'. Maybe caps can be used by the boys and some other 'don't care' girls, like the Sudanese and Turkanas (Amina, HC Prudence Muslim Academy).

The excerpts above reveal that religious identity through dress code that differentiated the Muslim girls from 'other' such as Christian Sudanese and Turkana girls emerged as major motivator against the adornment of caps and T-shirts of whatever nature.

Posters, wall hangings and paintings with messages on HIV/AIDS were common on notice boards, walls and school gates within and around KRC. Some of the IEC materials were designed to get the 'safer sex' message across by creating fear of the potential consequences of becoming infected by HIV. The materials demonized HIV/AIDS, portraying it as a monster, a killer, a death sentence and an enemy. Such modes of teaching were likely to discourage PLWHAS from seeking medical help and social support, thus increasing the feeling of hopelessness. The following picture on a school gate is an example of such IEC materials:



**Plate 1: School Gate at HC Charity Co-educational School**

Although IEC materials such as the one captured and discussed above could be effective in bringing about behaviour change in certain people, it also carries the risk of stigmatising PLWHAS, who stand accused of allowing themselves to become infected by HIV. It also portrays them as a danger to other people. Consequently, such IEC materials contradicted aspects of HIV/AIDS education aimed at reducing stigma associated with HIV/AIDS.

### ***3.5 Learner's Belief in the Healing Power of Jesus***

A strong religious influence was noted in the understanding of HIV/AIDS issues by some Christian Sudanese boys, who expressed belief in the healing power of Jesus. Such a belief which may be categorised among the myths and misconceptions surrounding the HIV/AIDS pandemic was also held by some Christian Sudanese teachers. It was likely that the belief could be easily transmitted to many Sudanese and non-Sudanese pupils at KRC schools. This could jeopardize the prevention messages in HIV/AIDS education, since pupils were likely to regard divine intervention as a sure solution to the HIV/AIDS problem. Additionally, emphasis on the healing power of Jesus could result in religious conflict among non-Christian refugee pupils learning HIV/AIDS education. For instance, whereas Muslims may believe in the healing power of 'Allah' for example, they may not necessarily look at Jesus as God and may not understand why he is associated with the healing of HIV/AIDS. Plate 2 captures an example of this Christian angle to the issue of HIV/AIDS which could have great impact in counteracting the message of hopelessness conveyed in Plate 1 above.



**Plate 2: Christian Sudanese Boy's Belief in the Healing Power of Jesus**

Despite the differences in levels of AIDS awareness between pupils at the KRC schools and their counterparts at the HC schools, both groups of pupils expressed a strong belief that they had a responsibility to create AIDS awareness among community members. This indicated that pupils at both KRC and HC schools were gaining a positive attitude towards HIV/AIDS education.

#### **4. Conclusion and Recommendations**

Evidently, assigning teachers from different religious backgrounds such as Christian Catholic, Christian Protestant and Muslim to teach similar topics on HIV/AIDS education to different groups of pupils translates into sending different and sometimes contradictory messages about similar topics. Hence, pupils may go to the same school and use the same curriculum, but still interpret and perceive issues related to HIV/AIDS differently depending on the religious background of their teacher. In the same way, if teachers with different religious beliefs and practices were given a chance to teach HIV/AIDS education to the same classroom, they would send different and sometimes contradicting messages about similar topics, which may leave pupils in a state of confusion.

Based on these two key conclusions above, it is imperative that host government departments as well as NGOs that deal with HIV/AIDS education being offered within refugee contexts of multi-culture and multi-religious settings adapt a reflexive approach that would help them to appreciate the non-homogeneous nature of the school learner populations. Consequently, the HIV/AIDS in such contexts should be consciously designed and implemented to make it inclusive and non-contradictory in its messages.

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