

**EXPLORING THE USE OF PARTICIPATORY VISUAL  
METHODS IN TEACHING SEXUALITY EDUCATION  
WITHIN THE HIV AND AIDS EDUCATION PROGRAMME  
IN SELECTED KENYAN SECONDARY SCHOOLS**

By

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## DECLARATION

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In accordance with Rule G4.6.3, I hereby declare that the above-mentioned thesis is my own work and that it has not previously been submitted for assessment to another University or for another qualification. All sources quoted have been indicated and acknowledged by complete referencing using the APA 6<sup>th</sup> edition style.



.....  
SIGNATURE

DATE: 3 August, 2017

## **DEDICATION**

I dedicate this study to my daughter Lindsay Chepkoech, for her love, patience and support during the period of study and always; I love you.

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## ABSTRACT

The HIV and AIDS prevalence in Kenya is still high and remains a major health concern despite the Kenyan government's initiatives to create awareness about the epidemic through inclusion of the HIV and AIDS programme in schools. This is because the provision of sexuality, HIV and AIDS education in schools is not effective. Teachers face various challenges in the effective delivery of the subject due to their discomfort related to these sensitive topics. Therefore, learners are left inadequately supported by the teachers. With an immense variety of conflicting information about sexuality availed to young people through the social media and also through their peers, young people are left at risk of exploring their sexualities with inadequate and wrong information, thus exposing them to HIV infections. Since schools have been identified as ideal sites for the effective delivery of sexuality, HIV and AIDS education, teachers are expected to teach the learners using a variety of pedagogical strategies in order to achieve efficacy in the delivery of this subject, hence the need to explore teaching styles that could provide a safe space for the effective delivery of sexuality, HIV and AIDS education.

This study sought to explore teachers' experiences of using participatory visual methods in teaching sexuality education within the HIV and AIDS education programme in selected Kenyan secondary schools, in order to understand how such methods could affect the teaching of Sexuality education. This study employed a phenomenological research design, interpretivist paradigm and a participatory methodology. Memory accounts, reflective journals and focus group discussions were used for data generation with nine secondary school teachers, from three purposively selected schools in Kenya. Vygotsky's socio-cultural theory underpinned the study.

The findings revealed that teachers are uncomfortable teaching sexuality education because of fear of leading learners astray, fear of victimization and sexualization, and fear of misleading and hurting learners because of lack of knowledge. This resulted in teachers feeling guilty due to ineffective delivery of Sexuality education. The findings also revealed that participatory visual methods were effective for use by the teachers and the learners in the classroom to navigate issues around sexuality, HIV and AIDS. This was because they are learner-centred, thus making learners producers of knowledge while at the same time encouraging optimism in teaching and learning. This study thus recommends pre-service teacher training on participatory methods of teaching. Educational institutions should also arrange for workshops to train in-service teachers on comprehensive sexuality, HIV and AIDS education and how to tackle it in their classrooms. Moreover, curriculum developers should make sexuality, HIV and AIDS education a compulsory subject to give it equal status with other examinable subjects, for it to be taken seriously. It is only through concerted efforts from everyone that Kenya can reach its target of Zero new HIV infections.

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## LIST OF ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>HIV</b>	Human Immunodeficiency Virus
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>KIE</b>	Kenya Institute of Education
<b>KDHS</b>	Kenya Demographic Health Survey
<b>MOE</b>	Ministry of Education
<b>NACC</b>	National AIDS Control Council
<b>NASCOP</b>	National AIDS and STI Control Program
<b>NAEA</b>	National Art Education Association
<b>STIs</b>	Sexual Transmitted Infections
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNAIDS</b>	United Nations Joint Program on HIV and AIDS
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Program
<b>WHO</b>	World Health Organization

# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 INTRODUCTION**

HIV and AIDS is the second most common cause of death among adolescents globally (UNICEF, 2014). In 2013, 120 000 young people, aged 10-19, died of AIDS-related illnesses. This number highlights the need to teach the youth the importance of sexuality, HIV and AIDS education as Boonstra (2011, p. 18) notes that “still sexuality education of many kinds is not available in many regions of the world”.

The youth are living in a rapidly changing technological world that exposes them to a wide range of influences. Thus, the need to acquire knowledge, skills, values and attitudes, which allow them to nurture healthy and responsible relationships are important to make informed and responsible decisions. While parents play a major role, schools have a complementary role in providing sexuality, HIV and AIDS education as part of a holistic education (Ministry of Education, Singapore, 2016). Schools have increasingly been identified as safe and unbiased settings to address the issues of increased sexually transmitted infections and teenage pregnancies (UNESCO, 2015). In order to mitigate the epidemic, interventions around young people are important to decrease the number of new infections and the continuity of the epidemic (Mkumbo, 2010).

The main focus of this study is to explore the use of participatory visual methods in teaching sexuality education within the HIV and AIDS programme. In this chapter, the focus of this study is presented and explained. The background, research problem and aims, the context of the study and the concepts of this study are explained. The research questions which serve as the guidelines for this study, in meeting the goals, are framed. A brief outline of the literature review, research design and methodology is presented.

### **1.2 BACKGROUND OF THE STUDY**

Sub-Saharan Africa remains the region most affected by the HIV epidemic, where 71% of the global total number of people are affected by the HIV and AIDS epidemic (UNAIDS, 2016a). Most countries in sub-Saharan Africa have established bodies and educational programmes in

order to reduce new cases of HIV infections and AIDS-related mortality, but still, the number of those living with HIV and AIDS is not decreasing (NACC, 2014b).

HIV and AIDS have become a national disaster in Kenya. The first reported case of HIV in the country was in 1984 (Ogot, 2004). Oginga, Muola and Mwanja (2014) observe that most new HIV and AIDS infection cases in Kenya occur among adolescents aged 15 to 24 years. Wanyonyi (2014) concurs that sexual immorality is still rampant in Kenyan secondary schools. Despite the introduction of HIV and AIDS Education Programme in the school curriculum in 2000, which was later revised in 2004, many young people are still indulging in risky sexual activities (Wanyonyi, 2014). The programme is aimed at teaching learners about life skills, sexual-reproductive health, sexually transmitted infections (STIs), and HIV and AIDS (Nyaroncha, Opiyo & Omolo, 2014). Ogle and Wambua, (2011) posit that Kenyan learners continue to experience low levels of knowledge on sexuality, HIV and AIDS. Ongunya, Indoshi and Agak (2009) concur by noting that there is still a gap between the HIV and AIDS objectives and the behaviour change of the learners. This implies that the programme has not been implemented effectively, or it is not teaching the correct knowledge, skills and values.

Education is important in imparting values and preparing learners to be autonomous; thus, making informed choices (Elliot & Tudge, 2007). Unfortunately, research states that much of what takes place in the classroom is not what is expected. Darling and Barron (2008) argue that many teachers offer instruction in their classroom using the traditional (lecture) way and explanations that require an inquiry. Nyaroncha *et al.*, (2014) also observe that the most commonly used method in teaching HIV and AIDS education in Kenya is the lecture method, where the textbook is the main resource. Tanner (2009) concurs with the above authors by noting that teachers dominate the classroom talks and give minimal time for the learners to participate; thus, learners are not engaged to be fully equipped with knowledge. Cox, Dyer, Robinson-Pant and Scheweisfurth (2009) also note the need to empower learners in decision-making through learner participation. Thus, this study explores the use of participatory visual methods in teaching sexuality education within the HIV and AIDS education programme in three selected Kenyan secondary schools and suggests strategies that enhances the learning of HIV and AIDS education in schools.

Chege (2006) argues that teachers are experiencing challenges in teaching HIV and AIDS education and thus, avoid teaching the learners or use methods such as giving them books to read on their own, thereby leaving learners to explore on sexuality matters on their own.

Mbugua (2007) and Nganda (2008) also agree that teachers are uncomfortable teaching learners about responsible sexual behaviours. The National Art Education Association (NAEA, 2009) agrees on the need of equipping learners with artistic knowledge and technology, and visual arts knowledge to promote learning. Further research by Jaswinder and Wanjiru (2013) also indicates that multimedia approaches are not often used in Kenyan classrooms.

Based on the above arguments, an interest developed to investigate the use of participatory visual methods in the teaching and learning of sexuality, HIV and AIDS education in selected Kenyan secondary schools to determine whether they could improve the teaching and learning of sexuality, HIV and AIDS education.

### **1.3 STATEMENT OF THE PROBLEM**

From the exposition above it is clear that Kenya has a high HIV prevalence among young people even though the HIV and AIDS Education Programme has been introduced in schools (Oginga *et al.*, 2014). Teachers are uncomfortable teaching learners on the different issues relating to sexuality (Chege, 2006; King'ori, 2010) and, therefore, it was important to discover strategies to overcome the challenges in addressing issues of sexuality, HIV and AIDS. Adults, including parents and teachers, often have different views on sexuality (Buthelezi, Mitchel, Moletsane, De Lange, Taylor & Stuart, 2007; Lukolo & Van Dyk, 2015). Thus, what is imparted during the lesson, is that which matters to the teachers, as they assume that what they provide the learners is what learners need to know about sexuality. In reality, however, learners have different world views gained from their social interactions. In this sense, a good sexuality education is the one that enables these learners to deal with issues related to sexuality, despite environmental interactions.

There are little to no studies that have engaged on the inclusion of participatory visual methods as pedagogical strategies to effective teaching and learning of sexuality, HIV and AIDS education in Kenyan secondary schools. The lack of enough research spurred the interest in exploring the prevalence of this phenomenon. Ineffective teaching and learning of sexuality, HIV and AIDS education seems very prevalent in Kenyan secondary schools (Nyaroncha *et al.*, 2014; Oginga *et al.*, 2014; King'ori, 2010; Chege, 2006). Thus, authorities are faced with devastating consequences for the community because these learners are not equipped enough in the subject (UNESCO, 2015). As King'ori (2010) observes, teachers should vary their methodology in teaching sexuality, HIV and AIDS education. It was therefore important, to



explore the use of participatory visual methods in teaching sexuality education, in order to understand how the methods influenced teaching and learning. This study also aimed and suggested strategies that could enhance the teaching and learning of sexuality education.

## **1.4 RESEARCH QUESTIONS**

Considering the above problem statement, the following research questions were formulated.

### **1.4.1 Primary Research Question**

*What are teachers' experiences of using participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?*

### **1.4.2 Secondary Research Questions**

1. How are secondary school teachers teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?
2. How do secondary school teachers experience the use of participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?

## **1.5 RESEARCH AIM AND OBJECTIVES**

### **1.5.1 Research Aim**

The aim of this study was, to explore teachers' experiences of using participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools, in order to understand how such methods, affect the teaching of sexuality education.

### **1.5.2 Research Objectives**

Based on the aim of this study, the following objectives were formulated:

1. To investigate the methods used by Kenyan secondary school teachers in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools.
2. To explore Kenyan secondary school teachers' experiences of using participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools.

### **1.6 LITERATURE REVIEW**

In this study, the literature review validates the importance of the study in relation to the existing frame of knowledge. This section explores the meanings given to relevant concepts of this study: HIV and AIDS prevalence globally, sub-Saharan Africa and Kenya with a specific review of UNESCO, UNAIDS, WHO, UN and UNICEF documented reports on HIV and AIDS among young people aged 15-24 years. The gaps among the general population and also the youth are reviewed. From the literature the young people are the most stricken by the epidemic because of their engagement in risky sexual behaviours (UNAIDS, 2016a; Mkumbo, 2010).

A further look into sexuality education globally narrows down to the Kenyan context while citing the works of scholars such as Helleve, Flisher, Onya, Kaaya, Mukoma, Swai and Klepp (2009); Oluga, Kiragu, Mohamed and Walli, (2010); Sarma and Oliveras (2013); Chaudhary and Rahman (2014); Coombe and Kelly (2001); Eisenberg, Madsen, Oliphant and Seiving. (2013); Mufune (2008); Ndjoze-Ojo and Murangi (2002); Kirby (2008); Lukolo and Van Dyk (2015); Khau (2012; 2010; 2009); Beyers (2013); Buthelezi (2004); and Njue, Askew and Chege (2005; 2009). The provisions of HIV and AIDS education in schools are described, emphasising the HIV and AIDS Education Programme in Kenya. The challenges faced by teachers while teaching sexuality, HIV and AIDS education are reviewed, as well as the importance of participatory methods in influencing learning, especially when teaching sensitive issues of sexuality (Beyers, 2013; Mkumbo, 2010; Buthelezi, Mitchell, Moletsane, De Lange, Taylor & Stuart, 2007). Effective teaching and learning with an insight into the

teaching and learning of sexuality, HIV and AIDS in Kenya are also discussed, while the arguments are based on the objectives of the Kenyan national goals of education.

This study is grounded on Lev Vygotsky's sociocultural theory (1978). Vygotsky's theory emphasises that social interaction is influential in human consciousness. This is because human beings learn through the interaction with their social environment or society and also through an experienced individual. Vygotsky states that true learning, resulting in cognitive changes, happens in Zones of Proximal Development (ZPD) (Jansen, Moletsane, Neves, Soudien, Stroud, Swartz & Wild, 2012). The ZPD explains what children can accomplish on their own against what they can accomplish through proximal interaction with others. For example, with the help of an expert, peer or teacher, for cognitive development (Lolwana, Lazarus & Donald, 2010).

## **1.7 RESEARCH DESIGN AND METHODOLOGY**

The study is phenomenological in nature, as it studied the emerging patterns of meaning making that people develop as they experience a phenomenon (De Vos, Strydom, Fouche & Delport 2014; Schreiber & Asner-self, 2010). It is situated within the qualitative approach. As explained by Denzin and Lincoln (2005), this approach has an emphasis on the virtues and behaviour that are not experimentally examined. This approach has allowed the study to bring to the fore matters related to sexuality, HIV and AIDS education in the classrooms, and also to understand the subjective experiences of teachers when teaching this subject. This study takes an interpretivist paradigm in that "it aims at giving depth to the data that will be collected by providing detailed descriptions and explanations of the analysis of the data" (Basit, 2010, p.16).

Purposive sampling methods were employed to select the participants in the study as well as the site (Simiyu & Opiyo, 2011). The results were then generated from the chosen sample by the use of participatory visual methods, which include memory accounts, reflective journals and focus group discussions, as data generation methods. The data generated was analysed thematically. The research process adhered to the ethical considerations governing this study throughout and the trustworthiness was ensured (Creswell, 2009; Creswell, 2005; Krueger and Neuman, 2006).

## **1.8 CONTEXT OF THIS STUDY**

This study was conducted in Kenya, in three selected secondary schools, in Uasin Gishu County. Kenya is a developing country that gained its independence from Britain in 1963. It is situated in the sub-Saharan East Africa, with a land area of 581 309 square kilometres. Kenya borders with Ethiopia to the North, Somalia to the North East, Uganda to the West, Tanzania to the South and is bounded by the Indian Ocean to the West (Central Intelligence Agency, 2012). The country has a population of approximately 48 million people.

Uasin Gishu covers 3345.2 square kilometres, with an approximate 894 179 people, as per the national statistics in 2009 (KNBS, 2014b). The county is among the country's counties, with high HIV prevalence rates, especially among the youth (KNBS, 2014b).

## **1.9 OUTLINE OF CHAPTERS**

### **Chapter 1**

This is the introductory chapter that briefly details the background of the study, the statement problem, research aim, objectives and questions, research methods and methodology, ethical considerations and trustworthiness.

### **Chapter 2**

This chapter reviews existing literature on HIV and AIDS, sexuality and teaching and learning. Vygotsky's sociocultural theory that guides this study is also discussed.

### **Chapter 3**

A description of the research design and methodology is provided in this chapter. The sampling techniques and the data generation methods (participatory methodology) are outlined and discussed. Last, the data analysis procedures, ethical considerations and trustworthiness measures employed are discussed.

### **Chapter 4**

In this chapter, the results of the data generated using memory accounts and reflective journals are presented. These show the challenges teachers face in the effective delivery of sexuality,

HIV and AIDS education and the effectiveness of participatory visual methods in teaching the subject.

A discussion of the findings categorised into themes that were identified and organised by coding is also presented. Verbatim texts are included for authentication.

## **Chapter 5**

In this chapter, the study is summarised, while the limitations are identified and conclusions are drawn. Recommendations are made for further research drawn from the findings of the study.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

A literature review “summarizes, synthesizes, and critiques related literature to gain a deeper understanding of the particular research topic” (Simiyu & Opiyo, 2011, p.58). This study explores the use of participatory visual methods in the teaching and learning of sexuality education in selected Kenyan secondary schools. Powell and Powell (2010) posit that effective teachers should use various teaching and learning resources to engage learners in learning. Karten (2010) also asserts that teachers can use technology to motivate and instruct learners, for this increases their own classroom productivity and serves as a means to enhance learning.

The literature below was reviewed in order to obtain a background of teaching sexuality education within the HIV and AIDS programme in Kenyan secondary schools. The literature review gives a brief exposition of the main elements of the study. These elements are discussed systematically under the following categories: HIV and AIDS in the world, HIV and AIDS in sub-Saharan Africa, HIV and AIDS in Kenya, HIV and AIDS education, effective teaching and learning with specific reference to Kenya and the theoretical framework guiding the study.

#### 2.2 THE MEANINGS OF AIDS, HIV AND SEXUALITY

**Acquired Immune Deficiency Syndrome**, otherwise known as AIDS, is a result of HIV infection. When the body system is suppressed, it becomes weak and simply prone to infections and any kinds of diseases (Mathur, 2008). Zwahlen and Egger (2006) further explain that AIDS is not considered a disease but, in reality, a condition caused by HIV infection.

This study has not aligned on the viral aspect definition, but on the social aspect. Researchers have engaged on finding the cure for HIV, but to date, none has yet been discovered other than the medication that prolongs the lives of those infected. It is, therefore, important to look at the alternatives, as a measure to bring about a positive behaviour change, especially among adolescents who are the most affected, as indicated by the UNAIDS and WHO reports. As defined by UNAIDS (2015c, p. 5), behaviour change in relation to HIV infection is “the adoption and maintenance of healthy behaviours (with respect to particular practices) that

reduce the chances of acquiring HIV”. Therefore, this study examined the teachers’ pedagogy, which has an influence on the delivery of sexuality, HIV and AIDS education that is meant to promote behaviour change.

**Human Immunodeficiency Virus (HIV)** weakens the human body, therefore, making it vulnerable to diseases. The human body has two types of cells, the red cells (responsible for carrying nutrients to all body parts) and the white cells (acts as a body defender in that it makes the cellular immune system). When the Human Immunodeficiency Virus accesses the bloodstream, it tears down the white cells one after another. Eventually, many of the white cells will be destroyed making the immune system weak; thus, incapable to guard the body from infections (Khakshour, Moghadam, Kiani, Saeidi & Zarif, 2014; Opata, 2011). The HI Virus is passed through a variety of ways: breast milk, blood, vaginal secretion and semen (De Cock, Jaffe & Curran, 2012; Chavan, 2011).

**Sexuality** is defined based on the context being applied, as it is influenced by several aspects of the environment in which people live. Different scholars have come up with a variety of meanings of sexuality, as they cumulatively posit that it is formed by lifelong processes, right from conception (Seidman, Fischer & Meeks, 2011; Naiker, 2010; McGuffey, 2008; Campos, 2002). In a more elaborate way, WHO (2002, p.5) defines sexuality as “a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships”. Sexuality is further defined by Weeks (2003, p.7) as:

Historical construction, which brings together a host of different biological and mental possibilities, and cultural forms, gender identity, bodily differences, reproductive capacities, needs, desires, fantasies, erotic practices, institutions and values which need not be linked together, and in other cultures have not been.

This means that people’s sexuality changes over time. This aligns with Vygotsky’s theory, which underpinned this study, as he observes the influence of interactions and relationships in humans right from the onset of humanity. Thus, one’s sexuality is modelled by the world around them.

This study adopted these definitions in order to explore the teachers’ effectiveness in the delivery of sexuality, HIV and AIDS education because dimensions of sexuality affect people’s

sexuality differently. It is observed that human sexuality comprises of biological, sociocultural and psychological dimensions (Greenberg, Bruess & Oswalt, 2013; Bollin & Whelehan, 2009). Thus, these dimensions affect how teachers and learners respond to the teaching and learning of sexuality, HIV and AIDS education.

### **2.3 HIV AND AIDS IN THE WORLD**

The discovery of HIV and AIDS is dated back to 1981 which is more than 35 years ago (Opata, 2011). Smith and Whiteside (2010) posit that early detections were discovered in the 1970s in the Caribbean, Africa, United States of America (USA) and Europe. WHO (2016) statistics indicate that HIV and AIDS is a threat to health, as it is wreaking havoc on people in different parts of the world. The epidemic has affected the livelihood of people in different nations, socially and economically; thus, needing more intervention. The statistics show that since 1981 an estimate of 30 million people have died of AIDS-related deaths globally, whereas more than 36 million are living with HIV and AIDS. AVERT (2016b) reports are in line with WHO (2016) statistics in that they indicate an average of 30 million people having succumbed to AIDS-related illnesses out of the 78 million people infected since the start of the epidemic.

Since HIV and AIDS has become a global challenge, efforts have been made in response to the epidemic through global investment. Despite the efforts made, an estimate of 36.7 million people was living with HIV in 2015, which adds to a prevalence rate of 0.8% whereas, 1.1 million people are reported to have died of AIDS-related illnesses in the same year (UNAIDS, 2016b). A rough estimate of 2.1 million new HIV infections in 2015 was reported, most of whom were children infected through pregnancy, delivery or breastfeeding. Still in the same year, 1.9 million adults, 15 years and above, were newly infected with HIV of which most of these infections were acquired through sexual transmission.

Globally, it is indicated that HIV is mostly transmitted through sexual activities and the youth are the most affected (Tahir, Shah & Uddin, 2015). According to UNICEF, UNAIDS and WHO estimates, the youth are the only group in which deaths due to HIV and AIDS are not decreasing. An estimate of 65% of all new infections worldwide are adolescent girls (UNICEF, 2014). UNAIDS (2014a) states that the youth account for about 40% of the total global number of people living with AIDS. This can be attributed to the youth always experimenting and trying to establish their sexual identities, as well as the influence of a tough peer group relationship. This is evidenced by a study done among urban high school students in Swaziland,



which revealed sexual intercourse among male and female students to be very high, reaching a level of 81.4%. Only a few of this percentage used condoms, thus leading to a rise in sexually transmitted diseases (Mushoriwa, 2014).

Over the past 15 years there has been remarkable advancement against AIDS which has been evidenced by a decline in the number of AIDS-related deaths and also the number of new HIV infections (UNAIDS, 2016a). This decline has motivated a global obligation to end the HIV and AIDS epidemic by 2030. Thus, after the expiry of Millennium Development Goals in 2015, the Sustainable Development Goals were agreed upon by the international community of which one of its targets is to end the AIDS pandemic by 2030 (UN, 2015). Also, during the World AIDS day in 2014, UNAIDS set targets that aimed at ending AIDS by 2030. These targets were affirmed in the UNAIDS 2016-2021 strategies that merge with the Sustainable Development Goals (UNAIDS, 2016b).

The scale-up of antiretroviral treatment is one of the utmost successes of the global response to AIDS. There has been an increase in the number of people receiving HIV treatment recently adding up to 17 million in December 2015. This number has risen to 15.8 million people in June 2010, right from 7.5 in 2010, as indicated by UNAIDS (2016b). These developments have attributed to a 26% reduction in AIDS-related deaths since 2010. In line with the statistics above, there is a variation depending on the different countries in their effort to reduce the spread of new infections. Some countries have managed a drop of 50% and above in new adult infections in a decade, while others have not made any noticeable progress. Other countries however, have devastatingly increased numbers of new infections (UNAIDS, 2016a).

With the rising numbers of new HIV infections, US\$23.9 billion will be required by 2030 to respond to the epidemic globally. So far, US\$ 19 billion was used in 2015 in response to the AIDS pandemic (UNAIDS, 2016b). Countries with low resources have been the major beneficiaries of the new global programme that has ensured that the number of people receiving treatment has significantly increased. According to the World Health Organization (2015a), out of the estimated 15 million people receiving antiretroviral treatment, 13.5 million people were in low- and middle-income countries.

Another major breakthrough is the progress in preventing the mother-to-child transmission of HIV and keeping the mothers alive. UNAIDS (2015a) observes that 73% of the estimated 1.5 million expectant women living with HIV globally have access to antiretroviral therapy as a

way of avoiding the mother-to-child transmission of HIV. Thus, between 2000 and 2014 new HIV infections among children were reduced by 58%.

Below is a presentation of HIV and AIDS prevalence by regions in the world:

### **2.3.1 HIV and AIDS Prevalence in the Caribbean**

About 250 000 children and adults are living with HIV in the Caribbean. In 2013, it was projected that there were 12 000 new HIV infections, representing a global total of 0.55% (UNAIDS, 2016a). Trinidad and Tobago, Cuba, Jamaica, Haiti and the Dominican Republic are the countries affected worst by the HIV and AIDS pandemic (UNAIDS, 2016a). These countries account for 96% of all the infections in the region. Of all the countries in this region, Haiti has the highest percentage of people living with HIV, accounting for 55% (UNAIDS, 2016a). The HIV prevalence varies depending on gender. The groups that encounter high prevalence rates are men and gay men. On the contrary, in Haiti, the prevalence rate is high among young ladies of 15-19 years with 0.5%. These numbers account for more than double the number of men infected by HIV in the same age bracket (UNAIDS, 2016a). In 2013, an estimate of 11 000 people died of AIDS-related deaths (UNAIDS, 2016a). Most of the people who died were from the Bahamas, Haiti (leading at 59%), Trinidad and Tobago, the Dominican Republic and Jamaica (UNAIDS, 2016b). However, WHO (2016) observes that Jamaica, Haiti and the Dominican Republic posted a drop by half the number of AIDS-related deaths between 2005-2013 (UNAIDS, 2016b).

The region is making substantial progress to reduce the number of AIDS-related illnesses. There was an increase in the number of people above 15 years of age receiving antiretroviral treatment between 2011 and 2013. The number rose from 31% in 2011 to 42% in 2013 (UNAIDS, 2016a). Even with the reduction of new infections in the Caribbean, HIV remains the main cause of deaths due to the fact that vulnerable communities do not enjoy access to satisfactory community welfare support and health services (UNAIDS, 2016). There is an indication of inadequate access to sexual-reproductive healthcare services in the lower socio-economic bracket, which is in relation to the high number of adolescent pregnancies being recorded (UNICEF, 2007; AVERT, 2016b).

Approximately 40% of the Caribbean's population of 40 million is below 24 years. Of this young population, 79% boys and 56% girls have had sexual intercourse before 14 years of age

(UNAIDS, 2016b). It is more worrying that an average of 38% of the adolescents between 13-15 years did not use any protection during the intercourse (WHO, 2013); thus, heightening their risk of contracting HIV (UNAIDS, 2016b). Most of the adolescents aged 15-24 years have adequate knowledge of HIV prevention. However, sexuality, HIV and AIDS education ought to be taught appropriately to equip the youth in this region to prevent the contraction of HIV and AIDS and other related illnesses (UNAIDS, 2016b).

### **2.3.2 HIV and AIDS Prevalence in Asia and the Pacific**

These two regions are second in the world after sub-Saharan Africa with the largest number of people living with HIV and AIDS. By the end of 2013 4.8 million people were estimated to be living with HIV (UNAIDS, 2016a). It is reported that 90% of the total number of the people living with HIV in these regions are from Vietnam, China, Thailand, Myanmar, Indonesia and India (UNAIDS, 2016a), whereas Pakistan, Cambodia, Nepal and Malaysia account for 6% of the total number in the region. Compared to other regions of the world, 2.1 million people are living with HIV in India, which makes it third in the world in the number of people living with HIV at the end of 2013. In Thailand, it is not easy to reach those below 25 years of age as a way of preventing them from further spreading the epidemic (AVERT, 2016a).

Many people infected in the region are below the age of 25 and most of these populations are people who inject drugs, men who have sex with men, sex workers and their clients, gay men and transgender people (AVERT, 2016b). Griensven (2010) asserts that HIV prevalence is mostly stricken among men who have sex with other men (especially those aged 18 to 19 than those above 30 years of age).

Despite the high rates of people living with HIV in the region, success stories have been registered because of HIV prevention programmes. First, there was a drop of 27% in the number of AIDS-related deaths between 2005 and 2013. Second, the number of new infections declined between 2005 and 2013, 8% in South and South East Asia and 16% in the Pacific (UNAIDS, 2013).

Another progress made in the region is the drop in the number of people infected in countries that have prioritised the key population of those infected by HIV. India, for instance, marked a reduction of 38% of deaths in 2005 and 2013. India made this possible by prioritising gay men,

those who inject drugs, sex workers and men who have sex with men in 1992 during its inception of response to AIDS (AVERT, 2016b).

### **2.3.3 HIV and AIDS Prevalence in Middle East and North Africa**

These regions have the least number of people living with HIV in the world. However, there are rising numbers of new infections of HIV and AIDS-related deaths. The rise in numbers can be explained by the fact that there is limited education linked to HIV in the region (World Bank, 2010). Approximately 25 000 new HIV infections were recorded in 2013, accounting for a global total of 12%. Most of the newly infected people came from Sudan and the Islamic Republic of Iran (UNAIDS, 2016b). Between 2005 and 2013 it was estimated that the number of annual deaths was 66%. This percentage was a setback to the global efforts of responding to the HIV epidemic because a 35% drop in the number of annual HIV deaths was marked globally.

However, AIDS-related deaths decreased in those countries that have access to HIV treatment, though the countries in these regions have low access levels to treatment (UNAIDS, 2016b). The rate of HIV infection varies depending on the gender. Most of those infected with HIV are men who have sex with men, those that inject drugs, gay men, sex workers and migrants (UNAIDS, 2016b). Religious practices and gender inequalities in these regions have had an influence in the rate of HIV infections in the regions. The women and girls in these regions are suppressed by men, therefore, making them the most affected by the epidemic. Thus, these regions need to obtain more knowledge on HIV (Chahil-Graf & Madani, 2014).

### **2.3.4 HIV and AIDS Prevalence in Latin America**

At the end of 2013, an estimated number of 1.6 million people were infected with HIV in this region. Most of the people were from Mexico, Brazil, Bolivarian Republic of Venezuela and Colombia (AVERT, 2016b). There is still minimal HIV knowledge in the region. Trade and commerce are majorly affecting infection rates. Specifically, HIV infections in the region mostly occur along the trading ports, urban setups and commercial places with approximately 10 new infections hourly. More still, the young population aged 15-24 years, account for one third of new infections in this region (UNAIDS, 2016b). Despite the devastating HIV infection rates, there has been a decrease in AIDS-related deaths. This decrease shows a success because

the region has access to antiretroviral treatment, therefore, scaling up efforts on the reduction of AIDS-related deaths globally (AVERT, 2016b).

### **2.3.5 HIV and AIDS Prevalence in Western and Central Europe and North America**

Approximately 2.3 million people in Central Europe and the Western regions were living with HIV at the end of 2013. USA with 56% takes the lead in the number of people living with HIV in these regions as compared to Netherlands and France. This has been attributed mainly to the limited knowledge of sexuality education in schools (MacKercher & Simon, 2015; UNAIDS, 2016b). In 2013, there was an estimate of 27 000 deaths related to AIDS and an estimate of 88 000 people newly infected with HIV (UNAIDS, 2013). A limited knowledge of HIV prevents most people to go for HIV testing, including those with a high risk of HIV infection, therefore, making them vulnerable to HIV infection (Surpervie, Ndawinz, Lodi & Costagliola, 2014).

### **2.3.6 HIV and AIDS Prevalence in Eastern Europe and Central Asia**

An estimated 1.1 million people were living with HIV in Central Asia and Eastern Europe at the end of 2013. This estimate accounted for a global total of 3%. This shows an increase of 5% in the number of deaths related to HIV in these regions between 2005 and 2013. Ukraine and Russia had a considerably high infection rate of eight out of ten people. This has been heightened, majorly because of the low levels of knowledge of sexuality education in the regions. Sexuality education is not fully established in most countries of the two regions. Only parts of sexuality education integrated and taught in a subject such as Biology, therefore, calling for appropriate prevention services for the young people.

The inadequacy of sexuality education is evident especially with the youth. It is noted that young people (15-24 years) showed a double rise in the HIV prevalence rate between 2001 and 2011. This was geared up by displacement and migration in the regions, sexual exploitation and gender-based violence, peer pressure, drug abuse and alcohol (UNESCO, 2013a). UNESCO (2013a) further states that in 2012 about 10% of the new infections occurred among youth aged 15-24 years. These infections occurred as a result of exposure to sex and sexual activities at the early age of 15 years by most of them (European Centre for Disease Prevention and Control, 2015; UNAIDS, 2016b).

## **2.4 HIV AND AIDS IN SUB-SAHARAN AFRICA**

According to WHO (2015a), sub-Saharan Africa is the region most stricken by the HIV and AIDS scourge globally. It is estimated that about 25.8 million people were living with HIV in 2014, while almost 70 percent of the global total of new HIV infections occur in this region. The epidemic differs between the countries in sub-Saharan Africa and within countries. Smith and Whiteside (2013) observe that Eastern, Central and Southern Africa have a higher HIV infection rate, as compared to other regions in the world. The prevalence is influenced by social, biological and behavioural domains (Mavedzenge, Olson, Doyle, Changalucha & Ross, 2011). An estimated 34 million people have succumbed to AIDS-related causes so far.

The transmission of HIV in this region is commonly through heterosexual sexual intercourse (Cock, Jaffe & Curran, 2012). It is devastating that the majority of those infected by HIV are the young people aged 15 to 25. Dupas (2009) notes that a quarter of the nearly two million people infected with HIV yearly in sub-Saharan Africa are the young women who engage in sexual practices before 25 years of age. Categorically, the young women's HIV prevalence is thrice that of their male counterparts in the region. It is worth noting that young women account for 20% of new HIV infections reported among adults globally in 2015 (UNAIDS, 2016b). It is further stated that 15-19 year olds, who are particularly at risk of infection, may equate to higher HIV prevalence rates when they are older (UNAIDS, 2013). NACC (2014a) reports that young women engage in unsafe sexual practices with older men in sub-Saharan Africa, thus heightening their risk of HIV infection. Madlala (2008) affirms this as she observed a review of 45 studies in sub-Saharan Africa in which she found that relationships among young women and older men are commonly connected to unsafe sexual behaviour and low condom use, which heightens their risk of HIV infection. Most of these sexual encounters are commercial in that some women are paid by men for sex. Some are forced into sex because men view women as subordinate (Njue, Voeten & Remes, 2009). This, therefore, calls for a need to sensitise the young people on sexuality matters.

Hence, the number of HIV-infected persons is high in sub-Saharan Africa, it is imperative that interventions are strengthened. Thus, the region has made an effort to reduce the number of AIDS-related deaths. It is notable that the number of the infected people on treatment has doubled to nearly 10.3 million people, leading to a decline of 36% in AIDS-related deaths since 2010. Additionally, the number of new HIV infections has decreased (UNAIDS, 2016b).

The HIV prevalence rates vary from one country to another in the region. Some countries have shown high prevalence rates while others are remarkably low. Nigeria, Uganda and South Africa account for nearly half of the annual new HIV infections in sub-Saharan Africa, despite a 35% reduction in the number of new infections between 2005 and 2013 in the region (AVERT, 2016b).

Below is a review of literature of some of the sub-Saharan countries with high HIV prevalence rates. These include South Africa, Swaziland, Lesotho, Zimbabwe, Uganda, Nigeria, Tanzania, Zambia, Botswana and Malawi.

South Africa has been devastated by HIV and AIDS in sub-Saharan Africa and the world at large. It has the largest population of people living with HIV in comparison to Central, Western and Eastern Africa. An estimated 6.3 million people were living with HIV in South Africa in 2013. In the same year (2013), there were 330 000 new infections, whereas 200 000 South Africans succumbed to AIDS-related illness (UNAIDS, 2014). These numbers slightly increased in 2015, whereby an estimate of seven million people were living with HIV, and 380 000 of them were newly infected. However, the number of AIDS-related deaths decreased to 180 000 indicating that the antiretroviral programme is very effective in the country. HIV prevalence among the general population still remains high at 19.2% and is particularly high among South African's young people aged 15-24 years (UNAIDS, 2016a). This group of youth accounts for 25% of new infections in South Africa, according to a survey in 2012. It also indicates that the rate of new infections is high among young women (15-24) and is more than four times that of men of the same age. The low status of women and the poverty levels that lead them to have commercial sex, compounded by gender-based violence, are pointed out as contributory factors to the gender disproportion in the HIV prevalence rates (Human Science Research Council, 2012).

South Africa, using its available resources, has invested in HIV and AIDS programmes with the aim of fighting HIV and AIDS (UNAIDS, 2014). The HIV and AIDS life education programme has been effective since 2000 in all public primary and secondary schools in South Africa. The programme is implemented through Life Orientation lessons (Department of Basic Education, 2013). It is noticeable that this programme has been successful in that HIV and AIDS prevalence among women aged 15 to 24 has declined in South Africa between 2002 and 2012 (Human Science Research Council, 2012).

Earlier in the chapter it is mentioned that sub-Saharan Africa has been affected enormously by the HIV and AIDS pandemic. In connection with that, Swaziland is noted as the country with the highest HIV prevalence in the world. It takes a lead with 27% of the entire population living with HIV (UNAIDS, 2014). Over 4,500 people died of AIDS-related illnesses in 2013 (UNAIDS, 2014), whereas about 11 000 people were newly infected in 2015 (UNAIDS, 2016a). The HIV and AIDS pandemic have had devastating impacts in Swaziland, as UNAIDS (2016a) observed. The life expectancy, according to 2013 estimates, in Swaziland was 49 years.

However, Swaziland's endeavour to curb the HIV pandemic has been progressive. They have increased their own funding and investments in response to the HIV pandemic. Consequently, they have among the highest rates of antiretroviral treatment in the region at 67% (UNAIDS, 2016b). This has enabled an increase in the life expectancy, from 49 years to 61 years, for women and 57 years for men (WHO, 2015b). The country's progress in tackling HIV, especially in reducing overall HIV incidences, has been immense. HIV prevalence is stabilising, as it has dropped to 1.8% in 2013 from 2.5% in 2011. Altogether, the country needs to tackle the key obstacles that hinder their response to HIV (UNAIDS, 2016b).

Cultural practices in Swaziland have been a major setback in the effort to reduce the HIV incidences. Apparently, women are not free to dictate their own sexuality in that men are responsible for the women's sexual and reproductive health. In addition, polygamy and child marriages are common in the country. These factors have made women prone to sexual violence, as well as limited access to health information and education in general. Therefore, the practices have been contributory factors to the doubled rate of HIV infection from 7% in 2006 to 14% in 2010 in women aged 15-24 years (Swaziland Ministry of Health, 2014).

Lesotho comes after Swaziland in the category of countries with a high HIV prevalence having the second highest HIV prevalence globally. HIV prevalence in Lesotho in 2005 was 22% and has risen slightly to 22.7 % in 2015. However, there has been a reduction in the number of new infections from 30 000 people in 2005 to 18 000 in 2015 (UNAIDS, 2016b). Young people aged 15-24 years of age have a HIV prevalence rate of 10.5 % among young women and 5.8 % among young men.

Lesotho has made an effort to provide support for the young people, despite the low economic status, which has affected the country's response to HIV. The slow response is evidenced by the low percentage of the young population with comprehensive HIV and AIDS knowledge,



28.7% of young men and 38.6% of young women (Lesotho Ministry of Health, 2012). Despite the strenuous economic status, Lesotho has now invested in youth programmes and campaigns aimed at reaching out to the youth aged 15 to 24 years. So far, the campaigns had reached 250 000 youth by 2016 (Kick 4 Life, 2016).

Botswana is ranked third in HIV prevalence in the world. HIV prevalence in Botswana was 25.4% in 2005 and has declined to 22.2% in 2015. It is also noted that new infections in Botswana have significantly decreased to 9 100 in 2013 from 15 000 in 2005. Unfortunately, the number of new infections has started rising again to 9 700 in 2015. However, AIDS-related deaths have considerably reduced from 14 000 in 2005 to 3 200 in 2015 (UNAIDS, 2016b). This is an indication that there is a positive progress in curbing the HIV pandemic (UNAIDS, 2016b). One of the progresses is the Botswana government's strong commitment to combating the HIV and AIDS epidemic (AVERT, 2016b). It is the first country in the sub-Saharan countries to provide HIV and AIDS patients with free antiretroviral medication.

HIV and AIDS prevalence among adolescents aged 15 to 24 years in Botswana has fallen over the past decade from 35% to 6% (UNAIDS, 2016b). Although this progress has been noted, the knowledge of HIV among young people in Botswana is very low, where less than 50% of young people have the capability to respond to fundamental HIV-related questions accurately (Botswana Ministry of Health, 2014).

Another progress in Botswana's plan to decrease HIV infection, is the implementation of the first national HIV programme. This was established in 1988 and since then has implemented different strategies to combat HIV and AIDS. One of the successful programmes was the 'Talk Back' programme launched in 2004 by the Ministry of Health and UNDP. The programme targeted teachers and learners. It was aired on a weekly basis through Botswana Television. The government saw to it that all schools (primary and secondary) were well equipped with the necessary technology like a television and video recorder to enable the learners to watch the programme. Botswana is still committed to implement behavioural interventions with the aim of increasing HIV knowledge among the young population (Botswana Ministry of Health, 2014).

Nigeria has a high prevalence rate as well. Of the global total number of people living with HIV, 9% live in Nigeria (UNAIDS, 2016a). In 2013, 3.2 million people in Nigeria were living with HIV (UNAIDS, 2016a). There has been a reduction of 35% in the number of new

infections between 2005 and 2013. Approximately 210 000 people died of AIDS-related illness in Nigeria in 2013 accounting for 14% of the world's total percentage (AVERT, 2016b). The reduction in the number of deaths has been minimal, owing to the fact that it is only half of the total number of people living with HIV that have access to antiretroviral treatment.

Nigeria's national data points out that 4.2 % of those aged 15 to 24 are living with HIV (UNAIDS, 2014). HIV is more prevalent among young women, as compared to men of the same age which is because more young men (70%) are aware of HIV prevention as compared to women (56%) of the same age (AVERT, 2016b). In 2012, only 24% of the young people could rightfully mention preventive measures of the sexual transmission of HIV. It is also sad to note that only 17% of the young population are aware of their HIV status, yet 15% of this youth experience an early sexual debut before 15 years, consequently increasing their vulnerability to HIV. The young people's ignorance of the pandemic calls for appropriate knowledge on HIV (Nigeria Federal Ministry of Health, 2013).

Nigeria offers family life and HIV education lessons as part of their school curriculum. These lessons are meant to teach learners more about HIV (Nigeria National Agency for the control of AIDS, 2014). In a study by Abbah (2013), it indicated that teachers are vastly trained and there is a responsibility to reduce the new infection rates through education despite teacher shortages.

In Uganda, an estimated 1.5 million people were living with HIV in 2015 and an estimated 28 000 Ugandans succumbed to AIDS-related illnesses in the same year (UNAIDS, 2016a). It is alarming that the number of new HIV infections in Uganda has been going up. In 2013, Uganda recorded an increase in new cases of HIV infection in the world at 7% of the total global increase. Since then, it is third in the world, with increasing cases of new infections (AVERT, 2016b).

The rise in the number of new infections in Uganda can be attributed to a number of factors. Some of which include gender-based violence and injustice, for instance, the sexual abuse of women and low levels of education. As a result of these factors the majority of the new infections occur among young women (Uganda Ministry of Health, 2014). The women, especially those aged 15 to 24 years, are affected the worst, where about 570 of them are infected by HIV weekly (UNAIDS, 2014).

Another driving force leading to the rise of new HIV infection in Uganda, is the fact that an estimate of 38.9% of young men and women, aged 15 to 24 years, could correctly point out ways to avert the sexual transmission of HIV back in 2013 (UNAIDS, 2014). The ignorance in sexual knowledge was detrimental because, the percentage of young women aged 15 to 24 years at the end of 2013, who had had sexual intercourse before 15 years, was 13.1%, whereas the percentage of men in the same age group was estimated at 11.9%. This behaviour was exposing them to the risk of infection as they had inadequate knowledge of HIV (UNAIDS, 2016b).

However, devastating the pandemic in Uganda, robust prevention and treatment projects have been executed. This has produced a positive result in that the number of AIDS-related deaths have dropped between 2005 and 2013 by an estimate of 19% (AVERT, 2016b). However, the Ugandan government still needs to invest in HIV and AIDS education to sensitise the general population (Uganda Ministry of Health, 2014).

Malawi is among the countries with high HIV prevalence globally (Malawi Ministry of Health, 2016). In 2015, about 980 000 of people in Malawi were living with HIV, which was a reduction from the estimated 1 000 000 people in 2013 (UNAIDS, 2016b). The government of Malawi has made impressive efforts to reduce the HIV epidemic. Remarkably, the number of HIV-related deaths has dropped from 48 000 people in 2013 (UNAIDS, 2014) to 27 000 people in 2015 (UNAIDS, 2016b).

In 2005, new infections were at 98 000, while the number reduced drastically to 28 000 in 2015/2016 (Malawi Ministry of Health, 2016). The Malawian youth are the most affected by HIV. Young people account for 50% of the total of new infections. Specifically, HIV prevalence is higher among the young people aged 15-17 years (Small & Weller, 2013). This is because most of the young people engage in sexual practices immensely, even before the age of 15, yet they have low HIV knowledge (Malawi National AIDS Commission, 2015). The distinctively sexually active people are the young men. As indicated, one in every five of them is active even before the age of 15 (Population Reference Bureau (PRB), 2014). These young people are exposed to sociocultural practices that are avenues to the vulnerability of HIV, and rituals and initiation ceremonies practised at communal levels often influence them to engage in unprotected sex (Jimmy-Gama, 2009).

Malawi has made remarkable progress in its response to the HIV epidemic, more especially with regard to treatment. It is aiming to achieve viral suppression for the majority of their patients by the end of 2020 (Malawi National AIDS Commission, 2014). However, the country's target is to provide the young people with adequate knowledge of HIV, since they are the most affected (AVERT, 2016b).

In Tanzania 1.4 million people were living with HIV in 2015 (UNAIDS, 2016). The Tanzanians account for 6% of the total number of people living with HIV in the world (Tanzania Ministry of Health, 2014). Despite the enormous numbers, Tanzania has made improvement in controlling the HIV epidemic. As a result, there has been a double decrease in the number of people living with HIV. In 2013, 72 000 Tanzanians were newly infected with HIV. This number dropped to 54 000 in 2015 as an outcome of the increased availability of antiretroviral treatment (UNAIDS, 2016b).

Less than half of Tanzanian adolescents have low levels of comprehensive knowledge of HIV, therefore, engaging in risky sexual behaviours which include having multiple sexual partners and engaging in sex without condoms. This remains a challenge in the fight against HIV in Tanzania (Tanzania Ministry of Health, 2014). Subsequently, in 2014, an estimate of 6% of young people aged 10 to 19 years were living with HIV in Tanzania (UNAIDS, 2014). Even with the challenges associated with HIV in Tanzania, the HIV prevalence has dropped over the past decade, although many people are still infected each year (Tanzania Ministry of Health, 2014).

In Zambia, there are 1.2 million people living with HIV. There is 12.9% adult HIV prevalence, 60 000 new HIV infections and 20 000 AIDS-related deaths (UNAIDS, 2016a). Improved access to antiretroviral treatment has led to prolonged life expectancy. In 2015, life expectancy was at 65 years in women and 59 years in men, up from 49.4 years in 2012. HIV prevalence in Zambia is stagnating as it is neither increasing nor decreasing at 14.5% (AVERT, 2016a). It is estimated that one person in every eight people in Zambia is living with HIV (UNAIDS, 2016a). Although 39% of Zambia's population have detailed knowledge of HIV, 90% of the population has recorded new HIV infections, mainly because of unprotected sex. There is a disparity in HIV prevalence of the young men and women of 20 to 24 years (Zambia National AIDS Council, 2014) because of gender inequalities, where women are not allowed to negotiate safe sex, therefore, making them more vulnerable than men.

In an effort to combat the HIV epidemic, the Zambian government has availed life skills education in schools and HIV education is integrated in the subject. The government has also implemented campaigns aimed at raising HIV awareness (Zambia National AIDS Council, 2014). The Zambian government is yet to obtain results from various studies done on the mainly affected populations in the country. If these results become known, appropriate ways of curbing the HIV pandemic can be achieved (UNAIDS, 2016b).

Zimbabwe is ranked fifth in sub-Saharan countries with high HIV prevalence at 14.7%. About 1.4 million people in Zimbabwe are living with HIV, which equates to 4% of the world's total, while 4.1% of the young population aged 15-24 years are living with HIV (UNAIDS, 2016a).

HIV and sexuality education in Zimbabwe is inadequate. Only 41% of young men and 52% of the young women have comprehensive knowledge of HIV. This makes the youth vulnerable to risky sexual behaviours and HIV (Zimbabwe National Statistics Agency, 2012). Also, 15% of young women aged 15 to 19 years are reported to have had sex with men older than them by ten years (sugar daddies). This contributes to higher risks of contracting HIV in that older men are more likely to have more power or are already infected by HIV (Zimbabwe National Statistics Agency, 2012). HIV-related education in Zimbabwe could be more helpful, especially if schools are held responsible for its provision. Its usefulness will be important, especially in Zimbabwean communities, where there is a persistence of unhealthy practices such as the sugar daddy culture, patriarchy and polygamy (UNAIDS, 2016b).

Although the HIV prevalence rate is still high among the young people in sub-Saharan countries, efforts to mitigate HIV prevalence and other risky sexual behaviours are functioning and bringing a difference. The HIV prevalence has declined in countries such as Zambia, South Africa, Nigeria, Zimbabwe, Botswana, Lesotho, Tanzania and Malawi. This decline is due to the awareness of such countries of the factors that cause HIV among their youth. It is important that interventions are strengthened to ensure consistency in the decline of new HIV infections in these countries.

## **2.5 HIV AND AIDS IN KENYA**

After the discovery of HIV in Kenya in 1984, its prevalence had intensified at 10.5% in 1996 and fell to 6% by 2013 (UNAIDS, 2013). This was enhanced by the scale up of antiretroviral treatment. Kenya ranks the fourth largest HIV epidemic globally, with 1.6 million people in

2013 living with HIV. This number dropped to 1.5 million people in 2015 (UNAIDS, 2016b). The number of AIDS-related deaths has steadily declined from 51 000 in 2013 to 36 000 in 2015. Furthermore, there was a reduction in the number of people living with AIDS between 2009 and 2013 by 32% (AVERT, 2016b; NACC, 2014a).

Even though the general rate of HIV infection is dropping in Kenya, the young people aged 15 to 24 have the highest number of those infected with HIV. They account for over 40% of the population of new HIV infections in the country and 51% of new infections in adults as by 2015 (NASCO, 2014). It is worth noting that HIV prevalence among young women has reduced by half since 2003; thus, indicating a positive progress in the effort to combat HIV (NACC, 2014b). However, it is noted that young women (aged 15-24) are almost thrice more likely to be living with HIV, as compared to men of the same age (3% and 1.1% respectively). This is common in most of the African countries. Moreover, people in marriages and stable relationships are also seen to be affected, with a 44% rise in the number of new infections. This is attributed to infidelity among these two groups. It is sad that most of them (83.6%) are unaware of their partners' HIV status; thus, increasing the vulnerability to infection (NACC, 2014b).

The 2014 Demographic Health Survey reports that only 54% of the young females have knowledge on prevention of sexual transmission of HIV, compared to 64% of young males (KNBS, 2015). One third of the new HIV infections is amongst prisoners, men who have sex with men (with 18.2%), those who inject drugs (18.2%) and sex workers (with 29.3 %). These groups add up to the list of those leading with AIDS epidemic in the country (NACC, 2016).

The annual number of new HIV infections are currently less than a third of what they were when the epidemic peaked, therefore, advancing Kenya as one of the sub-Saharan countries showing improvement (UNAIDS, 2013). In 2013, an estimated 100 000 new HIV infections were marked in Kenya, which was caused by factors such as limited knowledge on risky sexual behaviour and people's incorrect perception of HIV risks (UNAIDS, 2016b). The Kenya AIDS Strategic Framework's (2014/15-2018/19) objectives are meant to reduce new HIV infections by 75%, while also reducing AIDS-related deaths by 25% over its five-year duration. The objectives also strive to lessen HIV-related stigma and discrimination by 50% and increase domestic support to respond to the HIV epidemic and encourage condom distribution and their use to 50% (NACC, 2014b). This highlights the need to teach the young Kenyans appropriately in order to combine efforts to achieve the goals. HIV knowledge should also reach the different

education levels because research has indicated that HIV prevalence is high among women and men across all education levels (NACC, 2015).

HIV and AIDS need to be addressed as they affect the youth, who are tomorrow's leaders. Failure to address it may lead to grave consequences for the country, as it affects the workforce and; thus, the economy of the country. Kenya has made an effort to address the HIV pandemic; it has managed a 49% reduction in new infections (NACC, 2016). There has been an increase in spending on HIV and AIDS by the Kenyan government from US\$ 663 million in 2009/2010 to US\$ 757.9 million in 2012/2013 (NASCO, 2014). The Kenyan government has also made targets to lower the HIV rates among the youth aged 15- 24 for they are the most affected. This is in alignment with meeting the targets of zero reduction by 2030 (NACC, 2016). While the government is targeting to reduce the rates of infection, The Catholic Bishops of Kenya (2006) argue that promiscuity has been a major setback, therefore, needs to be addressed in the church and also in the society. They further state that self-discipline should be reinstated, especially if communities went back to their old habits of protecting virtues and values by taking severe measures against promiscuous people.

The HIV prevalence in Kenya is 8.4% in the urban areas as compared to 6.7% in the rural areas. Just like other countries in the world, HIV prevalence is more concentrated in the urban areas in Kenya. This is because of the increased opportunities of people from different parts of the country interacting, therefore, creating avenues for sexual networking. These habits increase their risk to infection accordingly (NACC, 2016).

Kenya has 47 counties and 42 ethnic groups. These counties are ethnically habituated; specific ethnic groups dominate certain areas. HIV prevalence varies depending on the counties. One of the reasons associated with the discrepancies of HIV prevalence in the various counties is the communal sex customs in the different ethnic groups. Each community has its own way of considering sexuality-related content (NACC, 2016). Nine out of the forty-seven counties have the highest prevalence. These counties include Nairobi, Coast and the Western regions. Nairobi and Coast regions have had a 50% rise in the number of new infections between 2013 and 2015. The two counties' prevalence is higher than that of the national average (NACC, 2016); whereas the western part of the country is the most affected. This part hosts the Homabay, Kisumu, Migori, Siaya, Kisii, Busia, Nyamira and Bungoma counties. The ethnic groups found in these regions are the Kisii, Luhya and Luo communities (Kenya Ministry of Health, 2015). Having stated earlier that societal practices influence the risks associated with HIV, these

ethnic groups in western Kenya have been hit hard by the HIV epidemic majorly because of some of the sociocultural practices in their communities (Njue, Voeten & Remes, 2011).

Some of the cultural practices that encourage vulnerability to HIV are diverse. For example, the Luhya, Maasai, Luo and the Kikuyu communities encourage their boys to have sexual freedom after circumcision, without cautioning them of HIV prevention measures. This gives the boys the liberty to try it out, heightening the risks to infection (Njue *et al.*, 2009). Another practice is wife inheritance among the Luo community. When a man dies among the Luos, if he was married, the wife is passed over to the husband's brother. In addition, sometimes the Luo and Luhya rituals let a widow have sexual intercourse with the dead husband's relative as part of the cleansing rituals. In this case, one might easily become infected, especially if one of them has HIV. Some of the Kenyan youth access pornographic videos in communal video halls and also go illicit brew dens in the villages. This happens especially among the youth in the western part of Kenya. Such behaviours leave the young generation promiscuous and, therefore, vulnerable to HIV infection and other related diseases (Njue *et al.*, 2009). A dominating behaviour in Kenyan communities is the societal expectation that women and girls should be submissive. They are to heed to almost everything requested by their male counterparts, especially in relationships. This means that most women and girls may not negotiate safe sex. Hence, they become susceptible to HIV (Njue, Voeten & Remes, 2011). Kenya Ministry of Health (2015) statistics cite the need to reduce the number of new infections, especially by targeting the specific high-risk counties. This is a strategy to lower the HIV prevalence rates in the country.

The HIV prevalence of the five most affected counties in Kenya is given below:

Nairobi County, by the end of 2013, had 11.3% of the country's total number of people living with HIV, whereas youth aged 14 to 24 accounted for a total of 14% of those living with HIV in the county (NACC, 2016). Homabay County is 4.5 times higher than the country's prevalence at 10.4% and the young people of 15 to 24 years have 22% HIV prevalence in this county. However, there has been a reduction of 19% in the number of new infections of the adult population 15 years and above since 2013 (NACC, 2016).

Kisumu County has a prevalence rate 3.4 times higher than the national rate at 19.9%. NACC (2016) reveals that women have a higher prevalence rate (21.2%) than men (18.3%) in this county. Siaya County's prevalence rate is about 4.2 times higher than the national rate, equating



to 24.8%, with 22% of the young 15-24 years in the county living with HIV. Migori is ranked the fifth highest in Kenya as it is 2.5 times higher than the national prevalence rate at 14.3%, the youths (15-24) and the women have a high prevalence in the county (NACC, 2016).

The counties that have the lowest HIV prevalence rates are Tana River, Wajir, Lamu and Garrisa. Wajir County has the lowest number of people with HIV. It contributes 0.1% of the country's total number, although the number of AIDS-related deaths increased by 3% among adults of 15 years and above in 2013 (Kenya National Bureau of Statistics, 2014). In Lamu County, 0.2% of its people are living with HIV and 19% of those aged 15 to 24 are also infected. Tana River County has 0.2% of the total number of people living with HIV nationally, whereas 19% of those aged 15 to 24 are infected (NACC, 2016). Last, another county that has a low prevalence rate is Garrisa with a national total of 0.2%, where 19% of the young (15-24) in the county live with HIV (NACC, 2016).

## **2.6 HIV AND AIDS EDUCATION**

In this section, a presentation of HIV and AIDS education in several countries is discussed. The section also presents the HIV and AIDS educational interventions, with specific reference to Kenya. A further discussion on the challenges of the implementation of the HIV and AIDS programme is presented, as well as teachers' challenges in the delivery of sexuality education within the HIV and AIDS education programme. There is also a discussion with regard to the use of participatory methods in teaching sexuality, HIV and AIDS.

### **2.6.1 HIV and AIDS Education Globally**

HIV and AIDS education refers to interventions that aim at providing individuals with essential knowledge that creates awareness of HIV and AIDS, therefore, allowing them to make informed decisions. Appropriate education is vital because of its long-term effects. HIV and AIDS education should be provided for different groups of people varying in generations to suit them. This type of education should be aimed at bringing change in behaviour. For this reason, the education sector has been identified for the promotion of changing the epidemic. Although it is not only provided in schools, the schools are ideal grounds in the provision of sexuality, HIV and AIDS education that is sustainable (Francis, 2010). In some countries, for instance in Kenya, sexuality education is offered within the HIV and AIDS education

programme (Opata, 2011). Sexuality education, according to Lukolo and Van Dyk (2015, p.35) is:

A lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexuality development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. It also addresses the biological, sociocultural, psychological and spiritual dimensions of sexuality from cognitive domain (information), the affective domain (feelings, values and attitudes) and the behavioural domain (communication and decision-making skills).

Sexuality education takes the form of abstinence-only or comprehensive approach (Lukolo & Van Dyk, 2015; Eisenberg *et al.*, 2013; Stanger-Hall & Hall, 2011; Buthelezi *et al.*, 2007).

HIV and AIDS have had serious repercussions on the education system, as it has influenced the demand and supply of education in many countries in the world (Abdu, Umar, Faisal, Tajuddin, Suria & Yakasai, 2016). These authors observe that HIV and AIDS affect the effective delivery of education in schools. This happens when teachers, administrators, learners and their relations are infected or die of HIV. In a way, learning is disrupted in schools in that learners might not be taught, the number of learners reduces in schools or administrative functions of schools may not run smoothly. Hecht, Stover, Bollinger, Muhib, Case and Ferranti (2012) posit that, HIV-related deaths of education stakeholders affect a country's social, economic, political and moral stability. This is because most of the government's resources are diverted towards addressing the pandemic. More still, material and human resources diminish, therefore, draining a country's socioeconomic status (Abdu *et al.*, 2016).

Owing to the devastating effects of HIV and AIDS on the socioeconomic status of the world, education is deemed suitable for curbing the spread of HIV and AIDS through sexuality education lessons. Research has continually found that sexuality education which provides precise, comprehensive and developmentally suitable knowledge on human sexuality, comprising risk reduction strategies and contraceptives, supports young people in taking steps to safeguard their health as well as delaying sex, using condoms or contraception and maintaining one sexual partner (Bridges & Hauser, 2014). Rushahu (2015), however, puts it that HIV and AIDS and Life Skills education strives to prevent young people from indulging in risky sexual behaviour.

It is of importance to note that globally girls are seriously affected by HIV and AIDS (Haberland & Rogow, 2015). It is, therefore, of utmost importance to teach the girls skills and values that will enable them to make informed choices about their lives. In line with this, UNESCO's (2009) main goal of sexuality education is to arm the young people with skills, knowledge and values to allow them to make informed and responsible choices concerning their social and sexual lives. This is because the delivery of comprehensive information about HIV and AIDS is a major prevention tool appropriate to curb the spread of HIV (Bankole & Mabekoje, 2008). Odu and Akanle (2008) support this by saying that when people are knowledgeable about HIV and AIDS, their behaviour would be in accordance to the knowledge gained, as it would encourage safe sexual behaviour. Further still M'maisi (2007) concurs with the above authors by observing that HIV and AIDS education plays a major role in combating the spread of HIV and AIDS through the acquisition of knowledge on self-protection from sexually transmitted infections.

Coombe and Kelly (2001) agree on the need of education to teach sexuality to curb the rise of HIV and AIDS, as it will arm the young population with better knowledge for behaviour change. Kioli, Were and Onkware (2012) support this in that they view schools and education institutions as very appropriate places to offer sexuality education. Visser (2007) also reiterates that HIV and AIDS education and peer education are mandatory in HIV and AIDS awareness and prevention.

A study done in the Dominican Republic indicates that HIV and AIDS education is wide and entails aspects of sexuality education such as negotiation skills, as well as the right to say no to sex which emphasises girls' rights, sexual and reproduction health, self-efficacy and self-esteem, responsible sexual behaviour, responses to peer pressure, prevention of HIV, interpersonal communication skills and sexual behaviour from an emotional perspective (International Bureau of Education, 2006). Oginga *et al.*, (2014) explain that effective HIV and AIDS education teaching and learning in schools can help curb HIV and AIDS transmission among the youth and, therefore, the need for responsible and comprehensive sexuality education in order to ensure responsible sexual behaviour.

In research studies around the world commissioned by UNESCO, which involved 29 developing countries and 11 developed countries, nearly all the studies showed improved knowledge, whereby two thirds had a positive influence on behaviour change. These findings indicate that when HIV and AIDS education is well implemented in schools, it can lead to a

positive behaviour change and; thus, a reduction in sexually transmitted infections (UNESCO, 2014). In line with this, Kirby, Obasi and Laris (2006) show in their assessment of the effectiveness of sexuality, HIV and AIDS education interventions across schools in developing countries that the outcome revealed positive behaviour change among learners. These changes included increased contraceptive and condom use and also a reduction in sexual activities.

In an effort to deliver sexuality, HIV and AIDS education in the appropriate way, it is important to note that some of the young people are not completely ignorant (Njue, Allberg & Voeten, 2011). Most of them have many questions concerning their sexuality. For example, myths and misconceptions about pregnancy, transition to adulthood, boy-girl relationships and also questions concerning STIs and HIV. Sometimes, these youths lack the opportunities to confirm these questions. They need support from parents and teachers in order to negotiate safer ways of dealing with their sexuality (Njue *et al.*, 2011). Therefore, comprehensive sexuality education is needed to provide the youth with avenues to express themselves and obtain appropriate guidance (UNAIDS, 2016b).

Many countries in the world have included HIV and AIDS education into their curriculum. Despite this inclusion, some countries are still recording high rates of new HIV infections (UNAIDS, 2016a), although education has been identified as a tool to fight new HIV infections. This is because many teachers are uncomfortable being faced with the responsibility of teaching learners the content of HIV prevention (Carr-Hill, 2003; Haberland & Rogow, 2015). It is, therefore, important to devise new ways of effective teaching in order to curb the further spread of the pandemic.

Since teachers find it uncomfortable addressing some topics of sexuality, HIV and AIDS education, participatory visual methods are deemed suitable to address this problem (Chaudhary & Rahman, 2014). This is because both teachers and learners will be involved in the teaching and learning, therefore, easing the teachers' discomfort. Researches indicate that, appropriate teaching approaches have not been adopted to implement the teaching of HIV and AIDS education in the curriculum. Few countries have guidelines on the teaching approaches that help the teacher to address the problems of HIV and AIDS with learners clearly. For example, Life Skills approaches and participatory methods of teaching in class have been used in some schools in Botswana to teach health matters and particularly HIV and AIDS to enable learners to acquire skills to prevent HIV and AIDS infections Pullizi and Laurie (2009). Some of the participatory methods, which were used by the teachers in class to build skills and

influence learners' attitudes include: class discussions, role plays, storytelling, songs and dances. Pullizi and Laurie (2009) point out that the participatory methods seem to enable the teachers and the learners to develop meaningful attitudes towards HIV and AIDS, and to learn the necessary skills that can help them prevent infection and reduce the stigma. Another study done in Peru indicates that teachers use participatory teaching methods like discussion and role play although the lecture method is frequently used (UNESCO, 2014).

In some countries, the government has invested in training teachers on the different methods they can use to deliver sexuality, HIV and AIDS education. Like in Bangladesh, teacher training has been focused on how to explore different methods of teaching sexuality matters, and HIV and AIDS in class (Sarma & Oliveras, 2013). A curriculum that encompasses sexuality, HIV and AIDS has been developed, whereby teachers are always trained in order to enable them to use a variety of methods in class to develop the students' knowledge around HIV prevention and transmission and attitudes towards the infected (Sarma & Oliveras, 2013). The training aims at enabling teachers to use the best methods possible which will allow and encourage the learners to trust them that they are comfortable to raise sensitive and complicated matters about HIV and AIDS without fear. The best methods of teaching HIV and AIDS in Bangladesh are focused on the basis that education for HIV and AIDS awareness and prevention cannot be imparted effectively if it is surrounded by fear and uncertainty (Sarma & Oliveras, 2013).

Similar to Bangladesh, the New Zealand education review office (NRO) has also developed a programme to direct the teachers of New Zealand on how to cultivate and implement an operational school-based programme for HIV and AIDS education awareness and prevention (Nyirenda & Schenker, 2006). The programme centres on diverse methods of teaching HIV and AIDS matters in the classroom in order to give learners a better understanding to prevent themselves from infection and treat the already infected people positively. The methods being emphasised are the innovative participatory methods that encourage learners to take part in class activities like role play, audio and visual activities, singing and open discussions. These innovative methods enable learners to produce and share knowledge among themselves (Nyirenda & Schenker, 2006).

South Africa is among the countries that have implemented the use of participatory and visual methods in the delivery of sexuality, HIV and AIDS education. The Department of Basic Education in the country promotes the prevention of HIV through Education; thus, schools are

the centres used for care and support. Subsequently, HIV and AIDS education has been prioritised which is legislated by some educational policies (Simbayi, Skinner, Letlape & Zuma, 2005). Hillman and Wood (2013) also reiterate that schools are the most suitable places for teaching sexuality education, helping them develop effective life skills and motivating them to make informed choices.

Ineffective delivery of sexuality, HIV and AIDS education may be blamed on the minimal allocation of time for the delivery of the subject. Moreover, in most of the countries, sexuality, HIV and AIDS education is still infused in other subjects and is also not examinable as other subjects (UNICEF, 2008). In secondary schools in Nigeria, sexuality, HIV and AIDS education is taught during Biology lessons once or twice a week and is also incorporated for about five minutes in other subjects by the various subject teachers during their lessons (International Bureau of Education, 2006). Britain has a similar version as Nigeria in that sexuality and AIDS education is infused in the career subjects and does not specifically state how much time teachers use to teach the subject, since it is infused in the subjects they teach. Therefore, it is difficult to know whether teachers teach the subject or not (International Bureau of Education, 2006).

The Mauritius Institute of Education (MIE) uses the infusion method as an approach to teaching HIV and AIDS education in secondary schools (Bholah & Gunga, 2009). The authors further indicate that it is infused in Biology lessons in the entire country. It is further observed that MIE created a link with the schools on the island that their learners could gain access to HIV and AIDS education.

In Ghana, sexuality, HIV and AIDS education has not only been infused in Integrated Science, but also in career subjects including Agricultural Science, Life Skills and Environmental Studies, whereby the secondary school curriculum uses learning resources such as radio programmes and textbooks (International Bureau of Education, 2006).

In India, most of the young people are not knowledgeable about HIV and AIDS. The National Aids Control Organization (2008), in its second phase, launched the Adolescent Education programme. It aimed at training teachers and also peer educators to educate the learners in school and out of school on HIV prevention and Life Skills. Even with the implementation of this programme, most of the young people are still naïve about HIV and AIDS. This is one reason why the HIV prevalence rate is still high in India.

Although efforts have been made globally to curb the further spread of HIV and AIDS, there is still a lot to be done especially in educating young people on sexuality. For instance, in Thailand, teachers provide sexuality education lessons in a directive way which does not encourage learner participation, making sexuality education not effective. Learners are supposed to be taught in a way that encourages their participation to enable them to make informed choices on sexuality (Thaiweesit & Boonmongkon, 2009). Another example is Uganda's lack of sexuality education. This is because there is a disagreement between comprehensively framed sexual-reproductive health rights and local economic, political and community settings where the youth live. The discrepancy necessitates for a comprehensive rights-based sex teaching. However, inadequate scopes of sexual health rights are provided. Instead, they are narrow and not comprehensive in the exploration of confined sociocultural situations, shaping the sexual and reproductive health necessities and rights of young people in Uganda (Rijsdijk, Lie, Bos, Leerlooijer & Kok, 2013). The deficit in knowledge is consequential because at the end of 2013, 13.1% of young women aged 15 to 24 had sexual encounters before the age of 15 and men in the same age bracket were estimated at 11.9%. Moreover, in 2014, 38.5% of the young men and women aged 15 to 24 years could accurately point out ways of preventing HIV sexual transmission (UNAIDS, 2016b).

In a study in Zambia, it was concluded that Zambian teachers are still uncomfortable with components of sexuality, HIV and AIDS education; thus, leading to selective teaching (Ramos, 2007). Another chief drawback in the effective delivery of sexuality, HIV and AIDS education is that most teachers only teach from a reproductive angle, not emphasising pregnancy prevention. This contradicts with one of the objectives of sexuality education that focuses on preventing teenage pregnancies (Altman, 2004). This suggests that teachers are still selective in what they teach the learners. This setback has notably been seen in most countries in sub-Saharan Africa. Shefer, Kruger, Macleod, Baxen and Vincent (2015) posit that sexuality, HIV and AIDS interventions have had little impact on the youth's behaviour change in the region, therefore further interventions need to be sought in order to curb the spread of HIV and AIDS.

### **2.6.2 HIV and AIDS Education in Kenya**

The Ministry of Education, having been given a mandate by the Kenyan government, developed the HIV and AIDS programme in 1999. The programme was meant for use in primary and secondary schools. It defined learning goals that were intended to prevent and

control Sexually Transmitted Infections (STIs) and HIV. Included in the goals are the learners' ability to acquire knowledge about HIV and STI infections, making decisions about personal and social behaviour, advancing life skills that lead to an AIDS- and STI-free life, showing compassion for those infected and actively engaging in school-based, as well as out-of-school activities (Ministry of Education, 2003). The implementation of the programme began in the following year, 2000. The programme mainly covers aspects such as transmission and prevention of HIV and AIDS, including taking care of people infected with HIV. Furthermore, the programme encourages learners to abstain from sex. This is not enough in that the programme should equip learners with skills for self-protection and at the same time address the social and sexual issues of the learners (UNICEF, 2008). The programme does not have allocated time as the other subjects on the school timetable but is rather infused in subjects such as Life Skills, Religious Studies, Languages and science subjects like Biology (UNICEF, 2008).

Although the Kenyan government has made progress in implementing the HIV and AIDS programme into the school curriculum, there is still a challenge concerning the method of its delivery and the content delivered. This is majorly because the programme is not assessed, therefore, teachers are not putting more effort in teaching it as compared to the subjects examined at national level. There have also been disputes between the government and religious bodies on the content in the HIV and AIDS programme. The religious groups, particularly the Catholic Church, are against the teaching of condom use (Catholic Bishops of Kenya, 2006). Moreover, some parents are against their children being exposed to teachings on the use of condoms as they consider it pornographic and, therefore, illegal to the youth (Da Silva, Bunn, Bertoni, Neves and Traebert, 2013). Moreover, cultural beliefs and practices that govern the Kenyan society hinder the effective delivery of sexuality, HIV and AIDS education. For instance, in a study conducted in Tanzania and Kenya by Oluga, Kiragu, Mohamed and Walli (2010) with tutors and teacher trainees on deceptive cultural practices that sabotage HIV and AIDS education, they found that the taboo against speaking about sexual matters with the young people was the key cultural belief and practice notable as worsening the risk of HIV and AIDS infections in their communities and schools. Therefore, these contradictions challenge the efficacy of teaching.

Njue *et al.*, (2005) posit that because of the discomfort associated with the teaching of sexuality within the HIV and AIDS programme in Kenyan schools, some teachers have resorted to



discussing it during extracurricular activities. This is done mainly in clubs such as drama, music and debating clubs and also guidance and counselling sessions. The learners are expected to participate actively in the discussions in the various clubs. Some teachers in some Kenyan schools have used participatory visual methods like the use of print media and folk in their teaching. Although some teachers have tried these innovative methods, not all of them have used the methods and, therefore, the proper use of the participatory visual methods is still lacking in Kenyan schools.

The implementation of the HIV and AIDS education programme has faced challenges. Njue *et al.*, (2005) observe that the teachers are inconsistent in delivering the HIV and AIDS programme because most of them teach what they are comfortable with, for example good morals and abstinence, omitting the sensitive aspects like contraceptives and condom use. The discomfort in teaching this is as a result of the lack of training, thereby lacking appropriate delivery methods and knowledge. HIV and AIDS education needs to be offered in the right way, with the right materials, that it can be operational in empowering young people to guard themselves against the disease. The major driving force for the rise in the number of young people living with HIV in Kenya is their perception of how the epidemic is spread and their lack of knowledge on the risky sexual behaviours that lead to the spread of HIV (NACC, 2016).

Another challenge is the government's inability to offer enough funds for running the programme. This poses a major challenge in that it is very difficult to implement the programme when funds are lacking. Although the Kenyan government has had a constant hold up in the struggle against HIV and AIDS, it has scarce teaching and learning resources for tackling sexuality education (NACC, 2016; UNESCO, 2010). This statistic is observed by Demographic and Health Survey findings that 64% of young men and 54% of young women between 15 to 24 years had comprehensive knowledge of HIV prevention. However, even with the provision of HIV and AIDS education, it does not mean a reduction in HIV prevalence between learners who had gone through secondary education (5.8%) and those who had accomplished primary education (6%) (Kenya National Bureau of Statistics, 2015).

### **2.6.3 Challenges Faced by Teachers in Teaching Sexuality, HIV and AIDS Education**

Based on the high HIV prevalence rates among the young people, teachers are, therefore, faced with the task of discussing sexuality, HIV and AIDS more with the learners (Helleve *et al.*, 2009). This will only be possible if teachers portray traits of self-confidence, self-respect and

respect for others. Furthermore, teachers are expected to create a favourable environment that allows them to have a free interaction with learners. By so doing, both the teachers and the learners feel comfortable discussing sexuality matters together (Njue *et al.*, 2009).

Contrary to the expectation, it is not always the case in the classrooms. Boonstra (2011) and Dailard (2001) note that the adults do not always teach the young people what they desire. Teachers have assumed that they can easily teach about sex and sexuality without revealing their personality in relation to sexuality (Khau, 2009). Baxen (2010) observes that teachers feel uncomfortable teaching sexuality, HIV and AIDS. Therefore, they distance themselves from close interaction with the learners. Teachers' discomfort in addressing the subject may be attributed to a number of factors. For instance, some teachers may be suffering from HIV or their relatives are, or some may be coming from communities that are devastated by HIV and may not want to mediate the subject (UNAIDS, 2009). Although teachers should offer care and support to those learners who are infected and affected by HIV (Helleve *et al.*, 2009), teachers have admitted that they fear teaching about HIV and sex (Eisenberg *et al.*, 2013; Mufune, 2008; Ndjoze-Ojo & Murangi, 2002). Kirby (2008) posits that the teachers and the curriculum developers are supposed to provide comprehensive education to remove and reduce the stigma attached to the people infected and affected by HIV. Furthermore, Campbell and Lubben (2003), and Beyers (2012) observe that stereotyping HIV as bad leads to discrimination and stigmatisation of those infected. Additionally, teachers should know the needs of their learners, for instance the learners' relationships with those close to them. This is because research indicates most sexual abuse cases involve those close to the victims (Shapiro, 1997; Ullman, 1996; Yamawaki & Tschanz, 2005).

Some teachers find it a taboo talking about sexual matters (Lukolo & Van Dyk, 2015). This is because they face challenges influenced by cultural practices that make them feel awful talking about sexual matters openly. For example, some cultures encourage virginity and believe that children should not be taught about sexual practices. Therefore, the teachers fear teaching the learners against their culture and tradition (Motsomi, Makanjee, Basera & Nyasulu, 2016; Bilinga & Mabula, 2014; Mangwaya & Ndlovu, 2013). Thus, teachers' personal and community beliefs are influential in the effective delivery of sexuality, HIV and AIDS education (Hakaala, 2015; Helleve *et al.*, 2009). Moreover, the teachers' self-confidence affects the delivery of sexuality education, in that, most of what they teach will be controlled by their social being. Motalingoane-Khau (2010) observes that teachers' comfort levels to

address sexuality education have been influenced by their own experiences about the subject. This affects their delivery of the subject. McNamara, Geary and Jourdan (2010) support this argument by saying that the way one is brought up, and also personal beliefs, affect the teaching of sexuality education. Hence, teachers end up policing themselves on what to teach depending on how they were brought up as they teach within their comfort zones (Motalingoane-Khau, 2007).

In line with the observation of the authors above, most of the societies around the world still function within the belief of childhood sexual innocence (Epstein & Johnson, 1998). The societies believe the young ones should not be exposed to sexual knowledge. This belief affects sexuality discourses in school and at home (Eisenberg *et al.*, 2013). Therefore, children are sheltered from having sexuality knowledge before they become adults (Bhana, 2009; van der Riet, 2009). This limits teachers to revolve sexuality discourse around abstinence (Lukolo & Van Dyk, 2015). This type of education teaches the youth to attain self-sufficiency before engaging in sexual activities (Boonstra, 2011). Dailard's (2001) study observes that abstinence-only education is not appropriate. This is affirmed by Chinsebu, Kasanda and Shimwooshili-Shaimanya (2011) who observe that learners still engage in sexual practices even with the provision of abstinence education. Mufune (2008) believes that the learners should know about their sexuality when they are ready for marriage and procreation. This is contrary to Khau's (2012, p. 420) believe that "sexuality is a key component of our being" and should not be seen as bad. Despite the effort to block the learners from accessing comprehensive sexuality education, learners will obtain the knowledge from other sources such as their peers, social media, books and journals (Macleod & Graham, 2015; Beyers, 2013; Haihambo-Van Dyk, 2007; Altma, 2004). Thus, they are often perceived as sexually more knowledgeable than their elders (Talavera, 2007).

Teachers' discomfort in addressing sexuality, HIV and AIDS education may be due to a lack of knowledge. Teachers feel uncomfortable teaching learners what they are not sure about and, therefore, opt to skip what they should teach them (Oshi & Nakalema, 2005; Westwood & Mullan, 2007). Thus, most of the teachers do not teach as meticulously as they need to teach. Coombe (2003) also argues that there is inadequate teacher preparedness to tackle sexuality, HIV and AIDS. It is important that teachers are properly trained to become well equipped to address the subject (Toor, 2016). Njue *et al.*, (2011) concur with the author above by recommending that the teachers and other education stakeholders should be trained rigorously

which will make them aware of how to handle possible barriers to the effective delivery of sexuality, HIV and AIDS education. Training will equip them to dispel arising myths and misconceptions of culture and religion, for instance.

Moreover, teachers fear being labelled for advocating a supposedly immoral lifestyle to the learners (Eisenberg *et al.*, 2013; Boonstra, 2011; Stanger-Hall & Hall, 2011). There has been a debate that teaching the learners sexuality education will awaken their sexuality and, therefore, teachers prefer not to teach it (Bilinga & Mabula, 2014; Iyer & Aggleton, 2012).

These, therefore, are challenges to teachers, as they become selective in what they teach or avoid teaching about sexuality at all (Ajzen, 2012; McNamara, Geary & Jourdan, 2011). A study by Mufune (2008) reveals the challenges faced by teachers in provision of the subject matter such as the fear of promoting sexual activities and the teachers' lack of confidence. Some teachers also fear being victimised (Buthelezi, 2004) and sexualised by learners as it creates rifts in the effective delivery of sexuality, HIV and AIDS (Aapola & Kangas, 1996; Cunnison, 1989; Lahelma, Palmu & Gordon, 2000). Buthelezi (2004) posits that teachers need motivation to overcome these challenges and to avoid fear and personal discomfort.

#### **2.6.4 Using Participatory Visual Methods in Teaching and Learning Sexuality, HIV and AIDS**

Participatory visual methods expose people's views, as they feel empowered and less pressurised because they do not express themselves directly in speaking. The methods stimulate and engage participation (Richards, 2011). Schools and teachers are expected to be sensitive to the "socio-cultural and gender issues, promote partnerships with the community, promote tolerance, use new pedagogies, and adjust assessment practices to be consistent with new pedagogies and learning areas" (UNESCO, 2006, p. 178). Higgs (2016) views that the curriculum's main concern should be to empower teachers and learners to gain confidence in their own potentialities and to obtain a sense of pride in their own ways. Therefore, using didactic and teacher-centred teaching methods can demoralise the learner-centeredness in learning (Gibbs, Willan, Jama-Shai, Washington, & Jewkes, 2015) by presenting teachers as knowledge experts (Baxen, Wood & Austin, 2011).

In relation to this study, Khau's (2012, p.412) study posits that "a good sexuality education ensures that learners are given information that allows them to develop their values, attitudes

and beliefs towards sexuality, while also shaping their sexual identities and informing their relationship with others”. Furthermore, Kirby (2001) argues that comprehensive sexuality has its advantages in that the learners develop positive attitudes by engaging in open discussions. However, cultural and religious norms in our societies affect the effective delivery of comprehensive sexuality in schools and at home (Eisenberg *et al.*, 2013). The thought of teaching sexuality education creates a feeling of anxiety to the teachers, therefore leading to difficulties in delivering it (Eisenberg *et al.*, 2013; Mufune, 2008; Ndjoze-Ojo & Murangi, 2002). However, as Masinga (2009) argues, teachers should be aware of themselves and admit their own prejudices and beliefs in order to become better teachers. This is affirmed by Beyers (2011, p. 194) who posits that “adults must realise that what they view as culture may not be what the modern youth experience as culture”. It is also noted in a study by Day, Kaufmann, Kiepiela, Brown, Moodley, Reddy and MnCube (2006) that many teachers strain to transfer sexual reproductive knowledge and to facilitate its teaching methods into the classroom context. In this case, Francis (2010, p.318) posits that “the lack of training relates to failure to engage with the position of youth as “knowers”, as opposed to innocent, and seeing them as legitimate sexual subjects, who can give input into what is taught”. Moreover, as observed by Francis (2011), teaching about sexuality empowers learners to not only avoid negative aftermaths, but to also institute healthy attitudes towards sexuality. Moreover, Boonstra (2007, p. 8) asserts that “only by listening to adolescents and understanding the specific barriers they face will we be able to give them guidance and support they need so they can be responsible in their own lives, contributors to society and sources of strength as the next generation”.

In relation to the discussions by the authors above, participatory approaches are deemed beneficial in bringing to fore the voices of the learners in relation to sexuality, HIV and AIDS (Peterson, Rayner & Armstrong, 2009; Walsh, Mitchell and Smith, 2002; Welbourne, 2002); for this method engages the learners actively in learning activities (Holderness, 2012; Wilmot & Wood, 2012). The interactive nature of participatory approaches is a move away from didactic, passive instructional approaches (Martin, Nelson, & Lynch, 2013; Pegg, Waldock, Hendy-Isaac, & Lawton, 2012). Mitchell, Moletsane, Smith and Chisholm (2008) argue that learners are able to make a transformation in behaviour change through their own learning. It is, therefore, important to include the learners’ knowledge in the classroom for effective curriculum outcomes (Beyers, 2013; Mkumbo, 2010; Buthelezi *et al.*, 2007). It is further acknowledged that these methods enable learners to learn things they would not have thought of asking about (Eisner, 2008).

It is the teachers' responsibility to teach the learners on sexuality, HIV and AIDS in advance before becoming sexually active (Beyers, 2013). For that reason, Richards (2011) argues that participatory visual methods motivate both the teachers and learners to participate to achieve success, as the methods make it easier to create conversations and discuss meanings (Beyers, 2013). The learners eventually have long-term sustainability of the knowledge gained for the participation guides learners in acquiring new knowledge, unearthing knowledge, experiences and other related factors that lead to greater understanding and behaviour change (Baker & Wang, 2006). It is also noted that "social interactions do not just influence cognitive development but rather create individual schemas and thinking processes" (Moreno, 2010, p. 89).

The participatory methods; thus, engage the learners in knowledge creation (Coad, 2007; Pink, 2006; Chambers, 2006; Clacherty & Donald, 2007; Einarsdottir, Dockett, & Perry, 2009) while at the same time bring to fore the knowledge that would have otherwise been harmful to the learners. For instance, as Coldiron, Stephenson, Chomba, Vyalika, Karita, Kayitenkore and Haworth (2008) posit that the liberalisation towards sex in the current world has proved a leeway for the young people to engage in sex anyhow, unlike in the past, when people were punished for any sexual acts. The eventuality is that the young people are exposed to things such as birth control pills which lessen their fears of falling pregnant, while heightening their actions of unprotected sex. These actions are linked to HIV infections (Coldiron, *et al.*, 2008; Aggleton and Campbell, 2000). Thus, these methods enable them to receive the appropriate guidance from their teachers, in a simplified way, to make informed choices about their lives. The participatory strategies in the form of group work, influenced by a social constructivist understanding, can encourage reflection and dialogue, the voiceless tell their stories and those of others; thus, coconstructing knowledge (Finley, 2008; McTavish, Streelasky, & Coles, 2012; Leshem, Zion, & Friedman, 2015).

The participatory learning engagements have been noted to build secure and creative spaces for critical discussion, allowing multiple voices and experiences to be heard. It; thus, promotes a sense of hope for the teachers and the learners (Cherrington, 2017). Scioli and Biller (2010) argue that optimism is enabled when one experiences empowerment and a feeling of liberation or release from oppression. By using participatory visual methods, the teachers are empowered to teach better as compared to using the teacher-centred methods. While Jacobs (2005, p. 794) asserts that "hope is a necessary condition", it is important that teachers root their practices in

optimism (Nolan & Stitzlein, 2011) by experiencing themselves, the world, and the future with optimism (Scioli & Biller, 2009). By doing so, the teachers can effectively deliver sexuality, HIV and AIDS education with hope for themselves and the learners to face challenges at the present time and in the future. Lopez (2010, p. 42) posits that optimistic teachers generate an energy that create ripples of hope for others: “Those hopeful teachers spread hope by encouraging autonomy, modelling a hopeful lifestyle, promoting strengths-based development, and telling stories about how students and educators overcome big obstacles to realize important goals”. This is; thus, realised through participatory engagements between the teachers and the learners perceived to be associated with self-esteem and the competence of the teacher and the learner (Lopez, 2010; Marques, Lopez & Pais-Ribeiro, 2011).

Participatory visual methods enable teachers to be optimistic in the sense that they look beyond themselves but at the larger context of their learners to deal with issues at an advanced level (Nolan & Stitzlein, 2010). Moreover, the methods have far-reaching benefits of optimism for the learners, who, according to Ungar (2008), learn from their experiences and also failures, consequently developing self-efficacy; thus, creating usefulness of themselves and their potential (Larsen & Stege, 2012). This is affirmed by Denzin, Lincoln and Smith (2008), who observe that individuals become hopeful when they use participatory visual methods in that the methods promote self-determination aimed at achieving justice and equity.

## **2.7 EFFECTIVE TEACHING AND LEARNING**

### **2.7.1 What is effective teaching and learning?**

According to Hawkin’s learning act (1974), effective learning is as a consequence of improvement in the level of content (It), the teacher’s knowledge (Thou), and the learner’s engagement (I). He further states that without a ‘thou’ there is no ‘I’ evolving and without an ‘It’ there is no content for further contexts. Darling-Hammond, Chungwel, Andree, Richardson and Orphanos (2009) support that effective learning is a combination of the teacher’s mastery of content, the teacher’s skills and their capability to respond to the needs of the learners, who in turn should be responsive to what the teachers teach them by acquiring high-order thinking and performance in learning.

## 2.7.2 Factors Influencing Effective Teaching and Learning

For learning and teaching to take place there should be interaction between the teachers and the learners. Ntshangase, Mdikana and Cronk (2008) observe that the social interaction between the teachers and learners in class is important for academic achievement. These authors therefore, encourage teachers to devise ways of freely interacting with the learners through a variation of teaching methods.

More importantly, for efficacy in teaching and learning there should be class participation which is the active involvement of a learner in class activities through asking and answering questions, discussions and class-given assignments (Rana, Malik & Naeem, 2008). Class participation is influenced by a number of factors. A learner's motivation is a major factor because a learner who is interested in class activities will improve and achieve good academic outcomes (Rana *et al.*, 2008). Rana *et al.*, (2008) further argue that a learner's level of intelligence, which in most cases is determined by heredity and the age of a learner, may affect learning either positively or negatively in that children inherit their intellectual capabilities from their parents and tend to understand what is taught depending on their age in a given class. Effective learning is also supported by a learner's and a teacher's background. Lemmer, Meier and Wyk (2006) cite that if a learner's home language is different from the language of instruction in school, it therefore has an influence on a learner's participation in that it limits a learner from expressing oneself; thus, having a negative impact in learning. They further argue that a family's social values such as how one ought to or ought not to behave, which in the study include the values associated with sexuality education, may have detrimental effects on learning as a learner may avoid class participation.

Rana *et al.*, (2008) posit that learners may shy away from learning if they come from unstable backgrounds where parents and guardians neglect them or face domestic violence and have financial constraints. However, learners whose parents are involved in their learning activities show improvement and these learners exhibit a sense of security; thus, helping the learner to do well in school (Olender, Elias & Mastroleo, 2010). These authors further argue for the parents' emotional and material support in academic improvement. When a learner's basic needs are not met, a learner enters the classroom with the inability to focus on the academic tasks at hand (Gargiulo & Metcalf, 2017). Geske and Ozola (2008) are in support by further adding that there is a link between the financial position of a family in terms of the provision of study aids at home and the learners' learning achievements, where learners from well-to-do



homes have comparatively more books to aid their learning. Reche, Bundi, Riungu and Mbugua (2012) and Kainuwa and Yusuf (2013) concur with the above authors as they cite that the inconsistency of income of parents results in diminishing resources for learners, hence low academic achievements. Learning resources, which according to Luckin (2010), include digital resources such as mobile phones, video recordings, and DVDs, human resources such as parents, siblings, peers and teachers, and also physical resources such as paper, pens, literary books, informational texts, magazines and journals should be available to achieve efficiency in teaching and learning. He further states that the range of potential learner resources is vast and could include a learner's linguistic competence, existing knowledge of a subject, buoyancy, ease of an environment and visual acuteness. The collaboration of the above resources is a driving force in teaching and learning. As observed by Akalin, Sazak-Pinar and Sucuoglu (2010), learners should be comfortable in class in terms of having a good relationship with the teacher, sitting arrangement, and also having enough lighting and aeration to achieve active participation; thus, enhancing learning. Furthermore, Gargiulo and Metcalf (2017) concur with the above authors in that they observe that the provision of work tables, furniture and lighting, and other learning resources is essential to make learners comfortable and as such effective learning is achieved. More significantly, Orodho, Waweru, Ndichu and Nthinguri (2013) explain that a fully functioning school, with better quality structures and learning resources for instance textbooks, workbooks and also the provision of electricity to help the learners see the chalkboard well and fans to aerate the classroom, is conducive to learner learning.

Learners should be given opportunities to participate in their own learning by contributing to ideas that influence learning, like the self-assessment of learners and the sharing of knowledge, especially in discussion groups (McMillen & Hearn, 2008). This is affirmed by Karten (2010) who writes that a learner may also be seen as a learning resource, when he/she accomplishes tasks independently, where the teacher will check if the learner's prior knowledge is correct and periodically monitors it. By so doing, learners exploit their academic capabilities among themselves leading to better knowledge retention. Besides, a learner can influence learning through his/her learning preference, learning motivation and the class learning activities such as class participation, asking and answering questions (Lim & Morris, 2009).

Robinson and Lai (2006) posit that the teachers' need of professional knowledge should be well equipped to teach. Additionally, Karten (2010) posits that teachers may use technology to motivate and instruct learners as this will increase their own classroom productivity and serve

as an effective instructional gain. In addition, Powell and Powell (2010) say that effective teachers should use various teaching and learning resources to engage learners in learning. The greater the number of resources available to the teacher for teaching the learners, the greater the ability to attend to the learners' needs.

There has been a concern over the role of emotions in relation to academic setting, particularly in how emotions shape a learner's engagement in learning (Linnenbrink-Garcia & Perkun, 2011; Wright *et al.* 2006). Take for example, a learner who is new in a learning environment will tend to feel emotionally insecure and vulnerable and this will affect his/her learning negatively. De Witt (2009) supports this argument by stating that some learners do not have the emotional and material support to develop within the family, therefore, their learning is affected negatively. Also, a learner's emotions may affect how he or she chooses to interpret a teacher's concept. Powell and Powell (2010) put forward that those learners who are bright but are affected by emotions tend to score poorly in learning. Also of importance, Coetzee, Van Niekerk and Wydeman (2008) observe that when a teacher loses control and displays anger, it tampers with the good teacher-learner relationship. This will affect the learner emotionally and will in turn affect learning in class.

### **2.7.3 Effective Teaching and Learning of Sexuality, HIV and AIDS Education in Kenya**

Teachers are knowledge transmitters and for them to engage effectively with the learners, especially in the 21<sup>st</sup> century, they should be familiar with education for sustainable development. This becomes successful if they are equipped with the knowledge and skills to implement innovations effectively, therefore, tackling the challenges and concerns of the society (Mukwa, 2014). Learners are expected to exhibit a positive behaviour change when they are taught on sexuality, HIV and AIDS education. In that way, the high HIV prevalence rates are lowered (Kafwa, 2014). The author further accentuates that, through interaction in learning, individuals are able to realise that it is possible to teach a concept in a variety of methods.

Education is vital in supporting the social, political and economic growth of any country. It is, therefore, expected to grant an all-round progress of its recipients to facilitate triumph over widespread challenges; thus, enabling them take part in effective roles in their society. The Kenyan country has been determined to centralise its educational endeavours in the direction

of its national goals. However, there is a need for more effort, especially in inventing methods to teach the youth ways of curbing the further spread of HIV and AIDS. Teachers at various instructional levels are liable for transforming the educational objectives of their specific teaching levels into instructional objectives. This should be done by employing pedagogical strategies while bearing in mind the necessities of the aims of the national goals of education (Opata, 2011).

In order to achieve effectiveness in the teaching and learning of sexuality, HIV and AIDS education, the teachers should adhere to the outlined National Goals of Education in the Kenyan educational system. These National Goals, according to the Kenya Institute of Education (KIE, 2002, p. 2–5), are:

1. **To foster nationalism, patriotism and promote national unity:** Kenyans belong to different ethnicities, religions and races, but these alterations need not cause rifts among them. It is a principal obligation of education to help the youth obtain a sense of nationhood by having the same stand on the need to curb HIV and AIDS that may cause division among Kenyans. This is achievable by promoting a positive attitude towards those infected and having a desire to avoid spreading HIV to those not infected. As a result, Kenyans will live in harmony.
2. **To promote the social, economic, technological and industrial needs for national development:** Education ought to train the young people for effective and productive roles in developing the nation. These needs are:
  - a. Social needs: The Kenyan education must train children to change their attitudes and relationships, which are required for developing a modern economy. The education should enable the young people to adapt to a change in behaviour, especially in their attitudes, skills and beliefs that promote the reduction of the spread of HIV.
  - b. Economic needs: The Kenyan education system should produce citizens with knowledge, skills, expertise and personal virtues mandatory to maintain a growing economy. With a high HIV prevalence rate among the adolescents of 15-24 years, it has risked the economically productive people of generations to come.
  - c. Technological and industrial needs: Kenyan education ought to offer the learners basic expertise and attitudes for industrial development. This is made possible if

the youth adapt self-discipline, enabling them to relate well with people within and outside the country in an effort to reduce the further spread of HIV.

3. **To promote individual development and self-fulfilment:** The education should provide chances for the fullest advancement of individual abilities and personality by enabling the youth to advance their potential interests and abilities. The HIV and AIDS education should help the youth realise their potential of self-preservation in the face of HIV and AIDS.
4. **To promote sound moral and religious values:** This is made possible when the education provides for the improvement of knowledge that enhances the attainment of moral values and support children to nurture self-discipline, and to become self-reliant and integrated citizens in the fight against HIV.
5. **To promote social equality and responsibility:** Education aims to uphold social equality and cultivate a sense of social responsibility under an education system that provides the equality of education opportunities. It should give all the learners diverse and challenging opportunities for collective activities in order to share knowledge on how to reduce the spread of HIV.
6. **To promote respect for and development of Kenya's rich and varied cultures:** Education is vital in training the Kenyan youth to appreciate the past and present cultures and their actual place in the contemporary society. The learners should be able to uphold acceptable behaviour in the community that guide them to curb the spread of HIV.
7. **To promote positive attitudes towards good health and environmental protection:** The Kenyan education should enable the youth to realise the value of good health to avoid an engagement in activities that lead to physical or mental ill health. For instance, indulging in risky sexual behaviour that will lead to STIs and HIV infections.

Oyata (2011) posits that the level of achievement of the national goals of education is not currently reflected in the Kenyan society. She observes that in an effort to teach in accordance with the national goals of education, the teachers must be able to comprehend diversity in learning styles. This is achievable when teachers persistently use all the recommended teaching strategies. Twoli (2007) defines teaching strategies as the entire process of organising and implementing instruction. In relation to this, the two strategies mainly used in teaching are: heuristic and expository (Kafwa, 2014). The expository strategy requires learners to be passive recipients of knowledge, while the teachers transfer knowledge by declaring information. The

learners are expected to memorise and imitate what they are told. Examples of teaching methods that are expository in nature are teacher demonstrations, lectures, text reading, narration and audio-visual presentations. On the other hand, a heuristic strategy does not involve direct inquiry, but rather involves teachers posing questions, guiding learners, sharing problems and ideas between them and learners, as well as giving solutions (Kafwa, 2014). In this case, learners are knowledge producers while the teacher is a facilitator (Nasibi, 2003). Teaching methods that fall under this category are learner demonstrations, plays, questions and answers, discussions, simulation and programmed instruction (Kafwa, 2014).

Although different studies in Kenya suggest an awareness of HIV and AIDS among learners (Onyando & Otieno, 2003; Tavoosi, Zaferani, Enzevaei, Tajik & Ahmadinezhad, 2004), there is still a lack of recognisable behaviour change among them (Ochieng, 2005; Nyinya, 2007). NACC (2014) reveals that risky sexual behaviour among the Kenyan youth has not improved considerably since the introduction of HIV and AIDS education in secondary schools. This equates the ineffective delivery of HIV and AIDS education in Kenyan schools. According to Ruto, Chege and Wawire (2009), many Kenyan teachers shun the teaching of HIV and AIDS education, mostly because they perceive themselves as incompetent in the delivery. Moreover, Nyaroncha *et al.*, (2014) and Majanga, Nasongo and Sylvia (2011) affirm this as they posit that the level at which HIV and AIDS education is taught in Kenyan schools is low and that most teachers who attempt to teach it engage in the lecture method of teaching, meaning that the teachers transmit knowledge to the learners as they listen. The authors further observe that teachers should devise new methods and implement a blended variation of teaching styles in their classrooms. Furthermore, Muraya and Kimano (2011) observe that the effects of the cooperative learning (learner-centred) approach, compared to the regular teaching (teacher-centred) method, results in more positive learner achievements.

As observed by Muraya and Kimano (2011) and Kang'ahi (2012), the teacher training institutions are partly to be blamed for the teachers' alignment with teacher-centred approaches to learning. Teacher training within the structure of the 8-4-4 educational system in Kenya (that comprises of 8 years in the primary school level, 4 years in the high school level and 4 years at the university) is predominantly teacher-centred. Subsequently, it is expected that graduates of the 8-4-4 system will be more predisposed towards the teacher-centred methodology of delivery.

A number of empirical studies have looked into the relation concerning instructional methods in subjects such as Biology, Kiswahili, English, Chemistry and Mathematics (Kang'ahi, 2012; Muraya & Kimano, 2011; Wachanga & Mwangi, 2004). They observe that poor instructional methods have been connected to poor performance in arts-based and science subjects in the national examination (Muraya & Kimano, 2011; Kang'ahi, 2012). For instance, Kang'ahi (2012) investigated "the influence of teaching styles on learners' achievement in Kiswahili language in secondary schools". The study established a positive relation between teaching styles and learner achievement.

Even with the high HIV prevalence rates among the Kenyan youth, there are little to none studies done on the influence of participatory visual methods of teaching in relation to a positive behaviour change as a way to curb the spread of HIV. Kafwa (2014) stresses the teachers' need to be acquainted with the subject matter for the effective delivery of sexuality, HIV and AIDS education. At the same time teachers are expected to involve learners actively in the learning process in order to enhance learning. It is, therefore, of importance for teachers to adopt teaching methods involving the learners. For that reason, participatory visual methods are deemed suitable in class in aiding an interaction between the teachers and learners in class activities.

## **2.8 THEORETICAL FRAMEWORK**

Theoretical frameworks supply the philosophical guidelines and connections to research. Henning, Van Rensburg and Smit (2004) observe that the theoretical framework places the research within the researcher's discipline. Lev Vygotsky's sociocultural theory was deemed suitable for this study. This is because Vygotsky (1978) believes that thinking is influenced by a cultural and social force. This is affirmed by Moreno (2010, p. 89) who posits that "social interactions do not just influence cognitive development but rather create individual schemas and thinking processes". Vygotsky (in Moreno, 2010) furthermore emphasises "social interactions to be the key mechanism for acquiring the language and culture of the community". This implies that people make meaning of their world by being involved in activities within their social environment.

Vygotsky's sociocultural theory is woven around three aspects, namely: language, social aspect and mediation. Based on these aspects, this study looked at the learners' needs in the context

of an era of HIV and AIDS: how they learn and what they are taught, as well as what they should learn with guidance. These aspects are further explained below.

**Language:** This is an inclusion of both the written and spoken language than is tailored around social constructions. As observed by Donald, Lazarus and Lolwana (2006), language is used in the transmission of information, values and world views as it is a form of communication. People use language to interact in their societies. The relevance of this aspect in this study is that learners learnt through interaction with their peers and other social patterns around them.

**Social context:** The mind first relates to social interactions that subsequently shape one's development. It, therefore, means that thoughts are inseparable from the social context as thoughts are socially constructed (Donald, Lazarus & Lolwana, 2006). Thus, whatever happens in a community has an influence on an individual's behaviour. This is in terms of the culture, traditions, religion and values that affect an individual's sexuality (Hardman, 2012). Attitudes and beliefs are internalised and passed on when young people relate with peers, teachers and parents (Donald, Lazarus & Lolwana, 2006, p. 58). These meanings change and advance over time, meaning that the young people gain new knowledge and meaning when societal values modify.

**Mediation:** Hardman (2012) defines mediation as the active direction that a learner receives from a teacher or peers meant to guide an individual to know; thus, shifting from a state of not knowing. This definition is similar to Donald, Lazarus and Lolwana's (2006, p. 59) who posit that mediation is "helping a person to form connecting links in the process of understanding". As such, mediation aids in assisting those who are not able to be able. Based on Vygotsky's theory, mediation takes place within the Zones of Proximal Development (ZPD). The ZPD is defined as the gap between what a learner can accomplish individually and what they can accomplish with the guidance of a knowledgeable individual, like their teachers and peers. This is otherwise referred to as scaffolding (Scott, 2013; Gray & MacBlain, 2012; Hardman, 2012; Woolfolk, 2010).

By using and comprehending this theory, the teachers are able to better their teaching and challenge the learners to maximise their potentials in learning. This theory suits this study because the teachers were expected to guide the learners within their Zones of Proximal Development to encourage their understanding and their ability to work independently, therefore, equipping them with the knowledge to face their current and future challenges

(Killen, 2007). Donald, Lazarus and Lolwana (2010) further explain that a child needs a scientific concept learnt through clear instructions and everyday concepts for them to understand their world.

Vygotsky's theory (in Dafermos, 2014) emphasises the influence of social interaction on the human consciousness because human beings learn through interaction with their social environment or society and also through an experienced individual. This is relevant in this study because on the day of the workshop, which was organised to train teachers on the use of participatory visual methods in the effective teaching of sexuality, HIV and AIDS education, teachers from different schools interacted among themselves in discussion groups, with the guidance of the trainer, in accomplishing the given tasks. The teachers then implemented the methods in their classrooms. During the implementation, the teachers guided the learners on how to use the participatory methods in discussing matters related to sexuality, HIV and AIDS. This interaction intended to deliver sexuality, HIV and AIDS education effectively by the use of participatory teaching methods.

As written by Newman and Holzman (1993), Vygotsky is referred to as a person who was an organiser, as he created many Zones of Proximal Development that fitted people with different capabilities and development to work interactively, creating new things and taking from what already existed. Vygotsky's idea is useful in this study because a workshop was held for teachers of English, Biology and Guidance and Counselling. In the workshop, the teachers were trained on participatory visual methods, after which they rearranged in groups to compose their own poems, music and drama. They also made their own drawings and collages through the guidance of the facilitator. Later the teachers tested the new knowledge with their own knowledge and shared it with their learners in their various classrooms. The learners on the other hand became the owners of their own learning, as they shared useful tips about their sexuality in groups.

Vygotsky's theory stresses the vital role of social interaction (which occurs at levels like families, peer grouping, schools and community) in the development of cognition. He further argues that social interaction varies in the way people understand meaning, as meaning is inseparable from social contexts (Vygotsky, 1978). As Vygotsky believes that culture affects and shapes cognitive development, he also assumes that cognitive development varies across cultures. As such, new meaning and knowledge is gained when people from different social contexts and varying views interact. For instance, in this study, Vygotsky's idea is relevant in



that the workshop, which was organised to train the teachers on participatory visual methods, accommodated teachers from various backgrounds and different schools. These teachers, with the guidance of the trainer, produced poems, drawings, collages, music and role plays collectively. These methods gained new meaning because of the interaction among the teachers. They shared knowledge on sexuality based on their different backgrounds. On the other hand, the class interaction involving the learners' participation in class activities with the guidance of the teacher led to an interaction, whereby varying views on how to address sexuality arose. This interaction was useful in finding ways to curb the further spread of HIV and AIDS.

Vygotsky (1978) also emphasises that social factors contribute to cognitive development as cognitive development has roots in social interactions, from directed learning within the ZPD, when children and their teachers co-construct knowledge. Furthermore, children are influenced by the environment in which they grow up in terms of how they think and what they think about. Moreover, there is a construction of knowledge through language use over time. It is observed that multiple thinkers use language to create common understandings. Therefore, a teacher needs to use language to encourage interaction in class (Newman & Holzman, 1993). In this study, the teachers asked the learners to write lyrics or poems about sexuality, HIV and AIDS in groups or individually. They also used the poems to compose songs or to dramatize them. Teachers were also expected to prioritise delivering the required knowledge to the learners in a language that would make meaning to them, rather than assuming that they were not supposed to be taught exhaustibly on sexuality matters.

Vygotsky also emphasises the role of language in cognitive development in that cognitive development is a result of the internalisation of language. In relation to this study, the language that the learners used in communicating with their peers helped them to compose poems, write items of drama, choose appropriate pictures and employ the right diction in pasting explanations in collage pieces. This; thus, guided the learners to produce knowledge about their sexuality, thus enabling them to make informed choices.

Vygotsky (1978) ascertains that effective learning involves an insight into the process of mediation and the concept of ZPD has a direct implication on teaching and learning in that teachers should connect with the learners' potential and guide them to new levels of understanding (Newman & Holzman, 1993). As such, Vygotsky sees adults as an imperative source of cognitive development for children. The relevance of Vygotsky's aspect in this study

is that the teachers were expected to scaffold the learners to a deeper understanding about themselves and their sexuality. They interacted with the learners closely in order to discover their weaknesses, therefore, helping them to deal with their weaknesses.

Vygotsky also emphasises the need for potential mediators in the learning process (Newman & Holzman, 1993). For this study these mediators involve the facilitator of the workshop that the teachers attended, who educated the teachers on the various participatory visual methods used in teaching sexuality education. Thereafter, the teachers eventually taught the learners using the participatory visual methods. Vygotsky further argues that a teacher should stimulate and guide a learner actively to use what is familiar to them in trying to understand what is unfamiliar in their particular Zones of Proximal Development. For this study, during the implementation of the participatory methods, the teachers worked towards teaching the learners from the simplest to the most complex aspects, therefore, stimulating them to enjoy the methodologies to attain knowledge.

Moreover, the ZPD is important in relation to what a child can attain individually and what they can with the guidance and reinforcement of an expert (Vygotsky, 1978). Evans and Youmans (2000) suggest that it is through the interaction with peers and experts that students, who are working within their Zone of Proximal Development (Vygotsky, 1978), can construct more complex understandings. In this study, the learners having interacted with the teacher and other learners, were able to use their own knowledge to develop more knowledge about sexuality, HIV and AIDS, hence, making informed choices on the matters.

For Vygotsky the development of particularly human forms of thinking (Wertsch, 1991, 1995) arise out of a child's interaction with the world and the people, and the material and symbolic objects that surround it. Vygotsky further states in Newman and Holzman (1993) that learning and development are social concepts and there is a need to create a tool that is specifically modelled to develop what we want. Thus, in this study, the teachers used the participatory visual methods as a tool in teaching sexuality, HIV and AIDS education to engage learners more in class activities. Vygotsky says that cooperative learning should be encouraged as the group members will have a similar level of development and individual differences that stimulate each other's potential. This is relevant in this study in that the learners produced differing knowledge ideas that stimulated them to exploit their thinking capabilities as a group to produce more knowledge.

Vygotsky says that one of the outcomes of the Zone of Proximal Development is that learners have the ability to become able. In this study, the learners gained access to knowledge about sexuality, HIV and AIDS through group interaction, but under the supervision of a teacher. Furthermore, Newman and Holzman (1993), using Vygotsky's theory, argue that the creation of new instructional practices outweighs the dominant instructional practices and as such allows the social nature of learning to be expressed; thus, leading to increased learning. This aspect of the theory is relevant to this study as the participatory visual methods that were employed by the teachers in their classrooms, outweigh the dominant instructional practices that are teacher-centred because they allow for socialisation in learning.

Vygotsky believes that "psychologists must search for a method appropriate to the specific nature of his object; to address methodological issues is at the same time to inquire into the nature of the object itself" (Vygotsky, 1988, p.82). This is appropriate in this study, as the workshop that the teachers attended on the use of participatory visual methods in teaching equipped the teachers with a variety of participatory visual methodologies, such as the use of collages, role play, music, poetry and drawings. These methods are useful in answering questions during the teaching of sexuality, HIV and AIDS education in schools to curb the further spread of HIV and AIDS.

There is an emphasis on the power of imitation as expressed by Vygotsky (1987) in his writing. He postulates that a child or an adult imitates what is given within the Zone of Proximal Development. It is considered that something new is created through imitation. The teachers in this study, imitated the knowledge of the facilitator, whereby they were trained on using five participatory methods (collages, music, poetry, role play and drawings) in teaching sexuality, HIV and AIDS education. The teachers then implement these methods in their classrooms. The aim was to determine if the methods were effective in the acquisition of informed knowledge of sexuality, HIV and AIDS education as compared to other methods of teaching.

The theory was useful in understanding the data produced in that it explained the dimensions of teaching and learning using participatory visual methods in teaching sexuality, HIV and AIDS education, which must be considered in teaching. Furthermore, this study showed that there is room for changing perceptions in teaching and learning in accordance with Vygotsky's aspect of mediation (Darfemos, 2014; Woolfolk, 2010). This is possible when teachers assist the learners within their ZPD on matters related to their sexuality, with regard to risky sexual behaviour that eventually lead to infections such as HIV and STIs. Vygotsky's theory is

important in the classroom and it is necessary for teachers to comprehend it. By comprehending and using the theory, it improves the education of the learners on sexuality, HIV and AIDS. When understood, the teachers plan on how to engage the learners to maximise their potentials. This view suits the context of this study because this study has the assumption that if the teachers scaffold the learners within their Zones of Proximal Development, the learners are able to understand and manage to work independently; thus, managing to solve current and future challenges affecting them (Killen, 2007).

## **2.9 CONCLUSION**

This chapter has introduced the key components of the study, the teaching and learning of HIV and AIDS education. HIV and AIDS prevalence was discussed by looking at the global, sub-Saharan Africa and Kenyan contexts. HIV and AIDS education was described globally but specifically in Kenya. As the study focuses on exploring the use of participatory visual methods, the challenges faced by teachers in their effort to deliver sexuality, HIV and AIDS education effectively, and the effectiveness of participatory visual methods were explained. Last, an overview of the theoretical framework that underpins this study was presented, namely Vygotsky's Sociocultural Theory. In the subsequent chapter, the research design and the methodology used to generate the data with the participants are presented.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

The previous chapter investigates the prevalence of HIV and AIDS in the world, in sub-Saharan Africa and also in Kenya. In addition, HIV and AIDS education and effective teaching and learning in schools, as well as the challenges in teaching sexuality, HIV and AIDS education, and the effectiveness of participatory visual methods are discussed. Chapter 2 also discusses Vygotsky's theory, which guided the study, and its applicability in the study.

This chapter is divided into two parts. The first part of the chapter provides an overview of the chosen research design and the methodological processes that are implemented in this study. There is a discussion of the choices made in relation to the research design, the methodology and the methods used in data production and analysis.

The first part of this chapter starts by discussing the methodology and, thereafter, describes the data generation procedures. Following this discussion, is an explanation of the ways that were explored to engage in the data analysis and the methods used to ensure the trustworthiness of the data. Last, the ethical considerations, which were put in place before the data generation activity, are also discussed. The second part of this chapter discusses what happened in the field, in relation to how the data generation tools were used, and the researcher's position in the study. Lastly, a conclusion is drawn.

#### **PART 1**

#### **3.2 RESEARCH APPROACH**

Based on the research questions that aimed to highlight the teachers' experiences in using participatory visual methods, this study took a qualitative research approach, as it elicited information-rich data from teacher participants regarding the teaching of sexuality education in Kenyan secondary schools. Such information assisted me to gain a better understanding of how the subject is taught, and the possible methods explored to better deliver it. A qualitative approach, as explained by Denzin and Lincoln (2005, p.10), implies "an emphasis on the qualities of a learner and on their behaviour that are not experimentally examined". Qualitative

research highlights the socially constructed nature of the reality of sexuality education within the HIV and AIDS programme in Kenyan schools. As Leedy and Ormod (2005) describe, qualitative research answers questions that involve the complex nature of a phenomenon by investigating and understanding a central phenomenon. The researcher asks the participants broader and more general questions; thus, generating the participants' detailed views (generated in the form of words and pictures), whereby the data generated is analysed for description and themes. Qualitative researchers use inductive reasoning as they move from particular to general ideas of their observations.

Kumar (2012) observes that a qualitative approach is unstructured because of its flexibility in all the areas of the research process. Creswell (2007) also observes that researchers in a qualitative study gather data in the area of study, where the participants experience the problem. While gathering the data in multiple forms, the researchers aim to learn the meaning of the participants' opinions of the problem. Creswell further observes that a qualitative research inquires the researchers' interpretation of what they hear, see or understand. Domegan and Fleming (2007, p.24) argue that "qualitative research aims to explore and discover issues about the problem at hand, because very little is known about the problem. There is usually uncertainty about dimensions and characteristics of problem. Qualitative research uses 'soft' data and gets 'rich' data". Additionally, Myers (2009) observes that qualitative research is designed to aid researchers to learn more about people and their social and cultural setup. This is supported by Denzin and Lincoln (2008, p.4) who posit that "qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them."

### **3.3 RESEARCH PARADIGM**

A paradigm, as defined by Babbie (2007, p.31), is "a fundamental model or frame of reference we use to organise our observations and reasoning", whereas Willis (2007, p.8) posits that a paradigm "is a comprehensive belief system, world view, or framework that guides research and practice in a field of study". The paradigms used in research are the Positivist paradigm, Post-positivist paradigm, Interpretive or constructivism paradigm and the Critical paradigm. Babbie (2007, p.33) states that "each of the paradigms offers a different way of looking at human social life, makes its own assumptions about the nature of social reality, and can open up new understandings".

1. **Positivist paradigm** centres on the impartiality of the entire process of research (Creswell, 2008) and is commonly used in the quantitative methodology of research, where the researcher's main task is to control the research process from an external site.
2. **Post-positivist paradigm**, according to Willis (2007), has a similarity with the Positivist paradigm save for the fact that the participants and the researcher interrelate more. This paradigm uses other methods than surveys, for instance observations and interviews.
3. **Critical paradigm** enables a researcher to be democratic by pointing out and transforming socially unfair policies, practices and beliefs (Kincheloe & McLaren, 2011).

This research is positioned in the **interpretivist paradigm**, as “it aims at giving depth to the data that will be collected by providing detailed descriptions and explanations of the analysis of the data” (Basit, 2010, p.16). Willis (2007) argues that the interpretivist paradigm provides a researcher with a framework that paves the way to analyse their participants' experiences to understand the participants' experiences about a phenomenon. Willis (2007, p.194) further states that “different people and different groups have different perceptions of the world”. Matthews and Ross (2010) describe it as focusing on people's interpretation of the social world and on social phenomena; thus, exploring different perspectives, where a researcher studies social phenomena through the eyes of the people who are researched. Therefore, as this paradigm places the participants in the centre of the study, it was deemed suitable for this study.

### 3.4 RESEARCH DESIGN

The research design refers to “the choice of particular research methods used during a study and their justification in relation to the research study” (King & Horrocks, 2010, p.6). This study takes the phenomenological design, as it studied the emerging patterns of meaning making which people develop as they experience a phenomenon over time (De Vos, Strydom, Fouche & Delpont, 2014; Schreiber & Asner-self, 2010). Creswell (2007, p.57) observes a phenomenological study as “a study that describes the meaning of the lived experiences of a phenomenon or concept for several individuals”. Finlay (2009) supports this by stating it refers to the study of phenomena with reference to their nature and also their meaning. Teachers should explore ways of teaching sexuality education in schools as a way of sensitising the learners on the need to adhere to preventive measures in controlling the further spread of HIV

and AIDS. The learners, on the other hand, should use their knowledge of sexuality, HIV and AIDS to relate their subjective experiences, therefore, making informed choices about their sexuality. As Langdrige (2007) states, phenomenology is concerned with meaning and how that meaning arises through experience. As such, the learners should innovate ways to sensitise each other on ways to curb HIV and AIDS. The phenomenological design aimed at giving a comprehensive description of the teachers' experiences of teaching sexuality, what meaning they constructed from their interaction in class and the world relating to sexuality, and HIV and AIDS education (Springer, 2010). Thus, using the phenomenological research design provided in-depth understanding of sexuality, HIV and AIDS education, while offering rich data from the experiences of teachers by exploring what is perceived to be the reality about teaching sexuality education (Burns, 2013).

### **3.5 SAMPLING DESIGN**

The participants of this study were selected purposively. Purposive sampling involves deciding who to include in the sample (Simiyu & Opiyo, 2011) with the aim to collect focused information. Purposive sampling selects typical and useful cases only (Simiyu & Opiyo, 2011). Creswell (2007, p.125) concurs by stating that purposive sampling "is used in qualitative research and that participants and sites are selected that can purposefully inform an understanding of the research problem of the study". Based on these definitions, this study drew participant teachers from county and sub-county school levels, in which the HIV and AIDS Education Programme is integrated in their subjects. The study involved three schools and three participant teachers per school. The reason is because the number of participants used in purposive sampling is small, as the data gathered is usually rich and detailed. Furthermore, the research questions in a study determine the criteria for selecting a sample (Matthews & Ross, 2010). Babbie (2007) expresses that participants are chosen based on their relevance to the topic being studied. In this research, the teachers participating were teaching Biology, English/Literature and Guidance and Counselling. The reason for choosing these teachers was that the HIV and AIDS programme is more integrated in their subjects as compared to other career subjects in the secondary schools. Thus, a researcher in a purposive sampling should in the first place engage in critically thinking how to choose the participants from a population (De Vos *et al.*, 2014). As the schools chosen are urban and semi-urban schools, the data gathered gave a description of the schools situated in those areas.



The schools selected include a co-education school and single-sex schools of girls and boys in each. Some of the schools are in lower suburb areas where learners are exposed to several challenges, for instance, some of the learners are living on their own as they commute to school; they do not have guardians and parents to watch and guide them. Some of the schools have learners who are married but who are school going and as such experience challenges to fulfil roles as learners and family people at the same time. Some learners have been through rehabilitation and have just been fixed in the neighbourhood schools, while some are living with their guardians. The learners in these schools have different behaviours depending on where they come from and who they have interacted with. They also learn from each other and that is why the selected schools were appropriate for the study in order to obtain varied data of the different characteristics of the learners.

### **3.6 DATA GENERATION**

Data generation refers to the procedures used in this qualitative inquiry which sought to explore the use of participatory visual methods in the teaching and learning of sexuality, HIV and AIDS education in selected Kenyan secondary schools. The techniques chosen for data generation are memory work, reflective journals and focus group discussions.

#### **3.6.1 Memory Work**

Lapadat (2010, p.82) observes that “memory work is a flexible methodological approach that can be adapted to a variety of purposes, settings and groups”. Ovens and Tinning (2009) argue that memory work is used to understand the participants’ experiences in a descriptive way. This is because a participant’s detailed expression will give in-depth knowledge to the researcher with regard to the phenomena. Holland (2007) further notes that memory work can strike emotive responses. Lapadat (2010) adds that by using memory the participants can give specified events about the phenomena. The participants recorded their experiences of teaching sexuality education in schools, especially the approaches they had been using in teaching the subject. Their experiences were later shared with fellow participants in a focus group discussion after exploring participatory visual methods in teaching. The teachers were expected to write their memory accounts in English and these accounts were shared during focus group discussions. The focus group recordings were audio-recorded for analysis.

Thereafter, the teachers from the participating schools were trained on the various participatory visual methods, which can be used in teaching sexuality education and which are teacher-friendly and usable to learners. The participatory visual methods in which the teachers were trained include drawings, collages, poetry, music and drama (role play).

After the training, the participating teachers were asked to use three of the participatory visual methods in teaching sexuality education in their classes. The participant teachers were expected to keep reflective journals during the period of implementation to record their progress. The memory work and reflective journals were later discussed in focus group discussions, then transcribed for analysis.

### **3.6.2 Reflective Journals**

Reflective journals refer to the art of writing or rather expressing thoughts onto paper (Cui, 2012). Moon (2006, p.2) agrees by stating, it is:

an accumulation of material that is based on the writer's process of reflection. The accumulation is made over a period of time, not 'in one go'. The notion of 'learning' infers that there is a general intention by the writer (or those who have set the responsibility) that learning should be enhanced.

Alaszewski (2006) argues that reflection aids in gaining insight in relation to the existing experiences of the individual involved in the research which helps facilitating a deeper level of questioning. In the same line, Wertenbronche and Nabeth (2000) accentuate that "reflection is largely a cognitive activity that involves high level of thinking". Ortlipp (2008, p.698) adds that reflection brings the unconscious into consciousness, while Jasper (2005) argues that reflective journals aid in different sets of information.

In this study, teachers were expected to keep reflective journals after the workshop. The teachers kept the reflective journals during the implementation of the use of the participatory visual methods in class to record everything that happened in their classrooms to note whether the participatory visual methods brought any change in their classrooms and on their learners. This is in line with Moon's (2006) statement that the main purpose of journals is to pass information. Reflective journals are important in the study as they were used in the focus group discussions to compare with what the teachers had earlier written in their memory accounts.

### 3.6.3 Focus Group Discussions

In focus group discussions, a researcher leads a small group of individuals (Johnson & Christensen, 2008), in this case, the participant teachers. The participants were chosen with regard to their common characteristics in relation to the topic under discussion (De Vos *et al.*, 2014). A focus group interview is “facilitated by the researcher” (Dahlberg & McCraig 2010, p.120) who asks the group to discuss experiences and attitudes of a particular issue and to respond to specific questions. Liamputtong (2011) believes that focus groups are suitable for examining the experiences, points of view, needs, beliefs and concerns of individuals. Moreover, they are ways of listening to and learning from other people; thus, aiding in the creation of communication lines, for there is communication between the participants and the facilitator throughout the discussion (De Vos *et al.*, 2014).

For this study I used a focus group discussion to get the views of the teachers on how they have been teaching sexuality education, as well as their experiences after using participatory visual methods in teaching the same. The discussion was useful in understanding the diversity, as teachers are engaged with different characters of learners in different schools. In addition, through the discussions the teachers were able to understand the variety of experiences each teacher encountered in their classrooms with regard to the topic; hence, feeling supported and empowered (De Vos *et al.*, 2014). However, the researcher should not in any way influence the responses given by the participants (Dahlberg & McCraig, 2010; Denzin & Lincoln, 2005). Influencing responses could bring to the fore predetermined concepts of the researcher which would skew the findings. The data generation focus group discussion, involved three participants from each of the three schools, who all converged at a central place. The participants aimed at focussing on the problem and endeavoured to gain quality solutions (De Vos *et al.*, 2014). Bloor and Wood (2006) argue for the value of using smaller groups to conduct focus group interviews, as it gives in-depth and rich information. The focus group discussion takes around two hours of an organised discussion and much of the outcome lies in the hands of the participants (Matthews & Ross, 2010). In this study, the discussion ran from 15:00 to 18:00, an equivalent of three hours, although the teachers had a thirty-minute health break in between the sessions.

### 3.7 DATA ANALYSIS

Data analysis refers to how the data generated from the participants is given new meaning. Thematic analysis was deemed suitable for this study. Gibson and Brown (2009, p. 4) describe thematic analysis as the “compilation of gathered data into common themes which will be analysed and compared in terms of their correlations”. Carol (2007, p.16) observes that “it is a process of segmentation, categorization and re-linking of aspects of the data prior to final interpretation”. It is suitable because it enables a researcher to categorise the bulk data into subgroups, therefore, putting related data in the same category to assist in the analysis of the gathered data. Creswell (2009, p.183) defines data analysis as “the logical examination and understanding of text and other relevant data”, whereas Schwandt (2007, p.6) defines it as “the activity of making sense of, interpreting and theorizing data”. The voluminous data gathered is analysed in a clearer, understandable and a trustworthy analysis (Gibbs, 2007). Coding is “the interpretive practice in which gathered data is interpreted by the researcher and then coded into themes or sub-themes” (Silverman, 2010, p.52).

For this study, the data generated through memory work and reflective journals were discussed in a focus group interview. All engagements were done in English and were audio-recorded. All data were later transcribed for analysis. King and Horrocks (2010, p. 142-143) describe transcription as “the process of converting recorded material into text”. Through transcription of the recorded discussion, a researcher is in a position to familiarise oneself with the data gathered from the field. Transcription should be taken as the main phase in the analysis process (Bird, 2005), as transcription allows for the perfect position to start familiarising oneself with the data (Riessman, 2008). The data transcription, typing of the memory accounts and reflective journals allowed for a careful scrutiny of the data repetitively, therefore, I become accustomed to it.

After typing the different sets of data, it was back to the participants to do member checking just in case whatever I had typed made them feel uncomfortable. All the participants were comfortable with the data.

I took the next step which is data coding. I began with open coding which involves identifying “first – order concepts and substantive codes” (Sarantakos, 2005, p. 349). In this case, I categorised the data to determine the themes and patterns that emerged. I typed and went through the written data. All this time, using different highlighters, notes at the edges of the

papers were highlighted and written to identify dominant ideas. As I did this, I read and re-read through the data to make sure that every important detail about the teachers' experiences of teaching sexuality, HIV and AIDS education in their schools was coded. Coding is of importance because it substantially leads the development of themes (Braun & Clarke, 2006).

Coded data when put together generates themes, which was the next step. I identified the relationships in the codes to distinguish the themes of the topic under study. The themes I generated depended on the codes that I had identified. There are ways of identifying themes but one has to keep in mind the main research question in the study, which in this case is: What are the teachers' experiences of using participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan Secondary Schools?

After I was done with coding, I reviewed the themes. When themes are reviewed, some themes have to depend on other themes which will create the main themes and subthemes which cohere.

I read the data again and again, paying attention to the themes that were coherent to match them together. Finally, I compiled a list of the themes and analysed data under those themes.

### **3.8 TRUSTWORTHINESS**

In research, trustworthiness is very important as any research needs to trust a researcher's findings (Koonin, 2014). Lincoln and Guba (1985, p.290) assert that to ensure trustworthiness in a study, credibility, conformability, transferability and dependability criteria should be used. Credibility is taken as a path to the internal validity of data (Patton 2002). Guba (1981, p.79) argues that credibility (truth value) is considered to be "how one can establish confidence in the truth of the findings of a particular inquiry for the subjects with and in which the inquiry was carried out". Credibility can be established in a number of ways in research (Creswell, 2009; Guba, 1981; Shenton, 2004). In this study, credibility was established by the triangulation of data to justify and provide collaborative evidence between methods and participants.

Confirmability relates to freedom from bias in research procedures and findings (Creswell, 2009; Shenton, 2004; Guba, 1981). Lincoln and Guba (1985) state that confirmability includes

audit trails that give another person a chance to cross-check the data and confirm the findings. This study ensures confirmability through triangulation. The participants' utterances were used to confirm the findings, which were also discussed with the participants, to reduce researcher's bias.

Transferability and dependability are also other criteria used for trustworthiness. Transferability refers to the degree to which the findings of a specific inquiry may be applicable to other contexts or with other people, while dependability is necessary to "determine whether the findings of an inquiry would be consistently repeated if the inquiry were replicated with the same subjects in the same context" (Guba, 1981, p. 70). Transferability was ensured in this study by providing a detailed context description of the study, the research design, the correlation between the investigated matters and the existing literature, the geographical location and sites, sample and sampling methods, and the duration of data collection.

### **3.9 ETHICAL CONSIDERATION**

Ethics is viewed by Thomas (2009), and Jwan and Ong'ondo (2011) as a researcher's conduct and his/her respect for others. They posit that ethical considerations must be emphasised in any research that involves human participants. They are important because there should be respect for the truth and a person's human dignity. Prior to going to the field for data collection, I applied for and received approval from the Ethics Committee of the university. I received permission for conducting the research from the Education Department in Kenya and the principals at the respective participating schools. Teachers signed the consent forms prior to participation. Participation in the study was voluntary which I explained to the participants that they were not under any obligation to participate in the study and could withdraw at any stage of the study. Participants were treated with the utmost respect and dignity throughout the study. I also explained to the participants that the study was conducted under strict confidentiality and their identity would remain anonymous throughout the study. Pseudonyms were used to represent the names of the participants. I informed the participants that the data generated was only used for the purpose of this study. Confidentiality in the focus group discussion was ensured by asking the participants to sign a confidentiality clause, which is a commitment by the participants not to divulge any information discussed in the focus group.

## **PART 2**

### **3.10 IN THE FIELD**

My research topic is a sensitive one and I had to be extra careful on how I carried out my data generation. It was of utmost importance that I gained trust from my participants and that they were willing to be part of my research journey. I had an information session with the participants before the actual data generation. The session was important, so that the participants would be aware of what the actual data generation process was all about, and their position in the data generation exercise. Interacting with the participant teachers on issues of sexuality, was not a tedious process as I earlier thought. Initially, I had a preconceived mind that they would shy off from participating in the study. Contrary to my expectations, when I introduced the topic to the participants, all of them were excited and eager to know, how else they would teach the topic in their classrooms. It was easy for them to talk about sexuality with me because all of us were in the teaching profession; at one point, we had encountered this topic in the classroom and therefore, we developed a free interaction amongst ourselves. Most of the teachers however, admitted that it was challenging addressing sexuality as a topic in class and would appreciate it if they were given a chance to learn on other alternative ways to address it.

A month before the workshop, I visited the schools that were involved in my data production exercise. I had to brief the principals on what the study was all about; after which they introduced me to the subject teachers that taught Biology, English / Literature and Guidance and counselling. The reason I choose to work with teachers within these subject areas is that, sexuality education, which is within the HIV and AIDS education program in Kenyan schools, is more integrated in these subjects. I then gave them a week to decide if they were willing to take part in the study. I went back after one week and was pleased to get willing participants and they signed the consent forms.

#### **3.10.1 Memory Writing**

I gave participants the memory prompts and explained to them how they were going to write the memory accounts of how they have been teaching sexuality education and asked them to be detailed as much as possible. I asked them to write the memory accounts during their free time and I would pick them during the workshop. The memory accounts gave the teachers a

chance to think deeper of how they had been teaching sexuality education, and gauge themselves in terms of how best they thought they had been teaching the subject. The guide that was used by the teachers to write their accounts is listed:

**Memory work prompt**

1. Please recall and write down any memories you have had in relation to your experiences in teaching about sexuality education within the HIV and AIDS Education programme, so far.
2. Please bear in mind that there are no right or wrong entries.
3. Write in as much detail as possible.

**Figure 3.1: Memory prompt**

### **3.10.2 The Workshop**

The workshop was attended by eighteen teachers, nine of who were the participants in the study. On the day of the workshop, the teachers were taken through the use of participatory methods in teaching sexuality education. The methods included the use of drawings, collages, role play, songs and poetry. First, the teachers were trained on the use of drawings in teaching sexuality education. The trainer said that drawings were very important in teaching and that one's background determined how one interpreted a drawing. The teachers were taught that a drawing could be interpreted in different ways. The teachers were asked to produce a drawing each showing how they viewed themselves as teachers teaching sexuality. The teachers were given ten minutes to draw and write an explanation of what they had drawn. The teachers had to explain what they had drawn, why they had chosen to draw what they drew and what their drawings meant.

The teachers were later grouped in fours and were asked to make a group drawing of how they viewed themselves as sexuality education teachers. The teachers' drawings included a drawing of a book whereby the participants in that group saw themselves as eye-openers in that they have the ability to dispense sexuality knowledge to the learners. Another picture showed a river with a rock which means that water flows down the stream passing through a rock as do learners who gain informed knowledge through the teachers. There was a drawing of a pineapple which the participants interpreted as smooth and rough at the same time; you may not admire eating it. The meaning to the group members is that learners assume that teachers do not know anything about sexuality until when they have encounters with teachers, is when they realize



that teachers are knowledgeable. Another group had a drawing of a laptop interpreting that it is used for many purposes. It contains information that learners need to change their behaviours. They also said that a laptop is flexible just like a teacher in the teaching profession. Last, a group drew candy. They explained that candies are wrapped beautifully and decorated with writings. Similarly, a sexuality education teacher has very useful knowledge (sweet) that needs to be unwrapped to benefit the learners. The teachers were taught that, what one drew was a reflection of how they saw themselves, and they were advised to always teach the learners to draw how they felt about their sexuality.

The second participatory method that the participants were taken through was poetry. The trainer projected a picture and asked the participants to write freely about the picture. They were asked not to overthink but just write. The teachers wrote freely. The teachers were later asked to go into groups where they compared what they had written individually. The teachers selected words and phrases that were similar in relation to the picture. The teachers seemed busy discussing the picture. It was noted that the female teachers were more active than the male teachers. From the content words, the teachers composed poems and gave them titles. They later performed the poems they had composed. The teachers were taught that it is easy to teach using pictures, as they can easily facilitate learning by asking learners to interpret pictures. Pictures also make learning fun, therefore, making learners interested to learn and, hence, to participate more actively.

Third, the teachers were taken through the use of songs in teaching. Songs are very interesting in teaching in that the learners would memorise better when they sang. The facilitator told the participating teachers that learners were exposed to and were conversant with various songs. The teachers were asked to replace words in known songs with their own words to form songs or rather compose their own tunes. The teachers were then given twenty minutes to compose songs, still based on the picture they had been shown earlier. They were allowed to use a language of their choice, as long as they translated it afterwards. The exercise was vigorous to such an extent that other groups moved to compose the songs outside the hall. The first group sang a Kiswahili song, *Usawa na Haki*, which means 'Equality and Justice'. The second group performed a song about 'Unity and Justice'. The third group's performance was based on 'Equality is not justice' and last, the fourth group presented a song based on 'Justice'. Teachers were advised to let the learners create the beats of the songs by themselves, and in a language comfortable to them and by doing so, they would understand the content better.

Fourth, the teachers were taken through the use of creating collages as a teaching method. The teachers were provided with newspapers. They were asked to select pictures and words which were related to sexuality, cut them out and put them together. The teachers participated actively by cutting pictures and patching them together on manila papers working along in groups. After they had been done, they were asked to stick them on the wall in the hall. Each member in the room was asked to go around to see what each group had come up with. A member from each group was asked to explain their collage. The first group presented 'Era of sponsors' which means that in the current generation, most of the people have resorted to many sexual partners otherwise referred to as "fisi" and "fisilet" (hyena). A hyena is a greedy animal and people nowadays act like a hyena in that they are never satisfied with a single sexual partner. The second group created a collage on 'Gender Identity' by explaining that a person should feel good about one's identity whether male or female. In the third group, they pasted a collage on 'Faces tell a story'. This group said that people are judged by how they present themselves and they need to identify themselves. The last group presented a collage titled 'Life is a Centre' which means that life is precious and people need to take precautions by protecting those they love. They said they could achieve that through safe sexual practices and also by telling others to do the same.

Last, the teachers were taken through role play as a teaching method. The teachers were taught that learners would easily express themselves in taking up roles and acting as a way of learning. The teachers were asked to compose short plays which they would later enact. The teachers were co-operative. Unfortunately, because of limited time the groups managed to enact two out of the four plays. The two plays that were performed were based on how parents need to be responsible for their children's actions and also teach them in the right ways.

At the beginning of the session the teachers were a bit uncooperative. However, they cheered up after the break session. This implied that the teachers were not free enough to discuss issues of sexuality publicly. They were surprised that someone would talk openly about sexual matters. It is possible that they were unsure about teaching such sensitive matters in a class without feeling guilty to teach the learners inappropriate stuff for their age.

As the day progressed the teachers' participation was a great contribution to the data generation process. The samples from the five participatory methods they had done individually and in groups, would guide them to teach the learners to learn through participation. In the process of teaching, the teachers would gather data useful for the study by keeping journals of how they

taught and how the learners learnt. The teachers had breaks with snacks at 10:00 and 16:00. Lunch was provided at 13:00.

### **3.10.3 Reflective journals**

After the workshop, the teachers were expected to keep reflective journals. Journals, as observed by Ortlipp (2008), help in communicating observable feelings and opinions. Furthermore, journals help in reflecting on experiences in a simple and effective way. In this study, reflective journals were used to assist teachers in keeping record of occurrences in their classroom during the implementation of the participatory visual methods. During the implementation, the teachers used the participatory visual methods in teaching. The trainer asked them to try using two or three methods in their lessons. After the lesson, the teachers wrote all the events that took place in their classroom in provided exercise books while teaching and how the learners participated. The teachers introduced a participatory visual method to the learners, then asked the learners to try out the method on their own or in groups. During this time, as the learners participated, the teacher observed the activities of the learners keenly to capture the right information. This exercise was carried out every time the teachers taught using the participatory visual methods for a period of one week. The prompt that guided the teachers in writing the journals is as follows:

#### **Reflective Journals prompt**

1. You will keep a journal in which you will write your reflections after each lesson of sexuality education within the HIV and AIDS Education programme using participatory visual methods.
2. Please ensure that you write your reflections in as much detail as possible.

**Figure 3.2: Reflective journal prompt**

### **3.10.4 Focus Group Discussions**

I organised a two-hour discussion with teachers from the three schools and held it in a rented hotel hall called the Wagon Hotel. The discussion was expected to start at 14:00, but it was delayed more than an hour because the participants did not manage to arrive in time. After the participants had finally managed to arrive, the session began. The teachers were in a jovial mood unlike the previous session of the workshop, in which they were uncooperative at the

beginning. The facilitator welcomed the participants to the discussion. Thereafter, each participant introduced themselves. After the introduction, each participant narrated about the methods they implemented during the week, how they had approached the topic in their classrooms and the reception from the learners. As the discussion progressed, the participants became interactive in the session as they contributed to what a speaker had said at the time, or even ask questions related to the discussion.

After the discussion on reflective journals, the participants were given a chance each, to talk about what they had written in their memory accounts. The memory accounts provided information on how the teachers were teaching sexuality education before the implementation of the participatory visual methods. The teachers' accounts identified a gap in the way they have been handling sexuality in their classrooms as compared to what they should be teaching. One teacher was constantly referring to knowledge on sexuality education as “those things” because she felt embarrassed mentioning the real names, for instance, the vagina, having sex, sperm and the penis. In the discussion, the teachers discussed the way they would improve their knowledge of teaching sexuality education, not only through the use of participatory methods, but also sharing the knowledge among their colleagues and emerge as responsible teachers to enlighten their learners.

From the discussion it was interesting to note that the teachers' backgrounds contradicted with their positions as teachers. The teachers confessed that learners viewed them as teachers but not as sexual beings and, therefore, the learners did not expect their teachers to discuss sex. For instance, a teacher said that in one of her lessons, some of the learners looked at her with a look of “You mean the teacher can utter that word?” One of the teachers said some of the learners even felt embarrassed to such an extent that they were hiding under their study desks when the teacher taught them on sexuality. However, some teachers expressed that their learners enjoyed the discussions very much; that they used the discussions as an opportunity to ask several questions about their sexuality. For instance, a teacher said that a girl in her class asked about the negative effects of eating cabbage in relation to sexuality. Answering such a question, a teacher needs to be well equipped with appropriate knowledge to respond to the learner rather than working on the general beliefs that exist among people in different societies. The belief states that when a girl eats cabbage, she would not be ‘sweet in bed’ as compared to girls who have not eaten cabbage. Although this is a misconception, most people are perceived to believe it. More surprisingly, even teachers believe it, as it was confessed by a teacher in the discussion.

After the focus group discussion, the teachers who had not implemented the participatory visual methods in teaching something related to sexuality were asked to do it. They did, and later handed in their journals. The teachers handed me the memory accounts and reflective journals they had kept during the data generation process. The discussions were all recorded on an audio recorder and teachers were provided with a snack at 16:30. The prompt that was used in the discussion is as follows:

**Discussion prompt**

Please tell us about your teaching on sexuality education before and after the implementation of participatory visual methods.

- What teaching method did you use in teaching sexuality education before the implementation of participatory teaching methods?
- Which participatory teaching methods did you use in teaching sexuality education?
- What difference did it make using participatory teaching methods in teaching sexuality education?
- If there are challenges experienced, what are the possible solutions?

The facilitator should allow the teachers to ask questions in relation to Memory work and Reflective journals that is being discussed so that they can give their own views about them.

**Figure 3.3: Focus group discussion prompt**

### **3.10.5 Positioning myself as a researcher**

I am a Bachelor of Education (Arts) holder. I have taught English and Literature in three schools: a co-education school, and two single sex schools. I am married with a child and a Christian by religion. As a researcher, my research topic is very relevant because, I have been in the teaching profession and therefore saw the need to research on ways of making better the teaching of sexuality in our schools.

My motivation to research on sexuality education was informed by a number of factors, all of which I have faced in the teaching career. I have had challenges in teaching sexuality education in the classroom. I remember it was more challenging teaching co-education classes. Every time I got to class and introduced a topic with bits of sexuality, some of the learners would sit

attentively optimistic to hear what I would say. Other learners secretly passed secret notes amongst each other, while others giggled during the lesson. This made me very uncomfortable delivering the topic. I always wished there were better ways of delivering sexuality topics, unlike the lecture method that I was used to.

While teaching in the two single sex girl schools, the situation was different from my previous experience with learners in the co-education school. The girls always concentrated but I was tasked with many questions to answer, some of which challenged me since I was not equipped with enough knowledge to respond to their questions. Some learners would follow me after the lesson to ask me some questions about their sexuality. I was ready to help them, I would try; but, I had to have relevant knowledge that would be more beneficial to them. For this to happen, it was necessary to go through a training, to gather appropriate knowledge useful to the learners.

I am from the Kalenjin community which is one of the Kenyan sub tribes. According to my cultural background, sex is something that is not brought into the public domain. Moreover, other cultural practices; for instance, the community's rite of passage, is considered secret and only known to those who partake in it. In addition, the church has not fully accepted the infusion of a comprehensive sexuality education in the schools in our communities; thus, teachers are at crossroads of teaching according to the syllabus or culture and religion. Having been raised in a Christian setup, similarly to the cultural practices, it has always been a challenge teaching about sexuality matters; culture and religion have hindered effective delivery of sexuality, HIV and AIDS education. I have always felt that people; especially the young generation, should be taught in the simplest and most interesting way on how to protect themselves from the HIV and AIDS scourge.

Being a teacher I can attest to the fact that, minimal knowledge transmission on HIV and AIDS, is taking place in Kenyan classrooms because teachers have varied reasons for not doing so. For those who do, they prefer to offer it via the lecture method of teaching or rather giving students notes to read. Therefore, most of the learners end up getting the wrong or minimal information or no information at all on HIV and AIDS education. I therefore sought to research, on how participatory visual methods can be explored in schools, to aid in effective teaching of sexuality education.

There were some challenges that came up during the data generation exercise. I remember during my visit to the schools, a deputy principal in one of the schools that I visited, bluntly

told me there was no where I could get with the type of research that I was yet to conduct; she thought that even the teachers in their school could not accept to be involved with such a process of generating data. If a teacher with a senior position would not promote knowledge on sexuality education, how then did she expect her junior teachers to do it? Another challenge that came up was the issue of time, in that the participant teachers came late for the workshop and focus discussion and we ran short of time. The facilitator had minimal time to take the teachers through the participatory visual methods; therefore, did not manage to fully exhaust each method as was earlier planned. Lastly, some teachers were reluctant to be part of the study; in that they felt I was supposed to pay them some money, based on the fact that I was doing my Masters' degree in a foreign country. Many people have a notion that for you to study outside your country; you must be very rich and so some teachers felt I had a lot of money at my disposal. I would always remind them that their participation was voluntary. I remember one teacher did not turn up for the workshop because I did not give her money as was her wish.

### **3.10.6 Conclusion**

In this chapter, I have presented the methodology and the methods used in this study. I have highlighted the challenges encountered in researching sexuality education in schools. I have discussed my position as a researcher; I also discussed and justified reasons for using the research design, the methodology and the methods of data generation and data analysis. In the next chapter, I present the findings and analysis from the study.

## **CHAPTER 4**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.1 INTRODUCTION**

The previous chapter discusses the methods and the methodology I used in the study, with the theoretical framework that guided this study. In this chapter the data that was generated in the field is presented first. Second, I discuss the analysis process of the data generated and the meanings drawn from the data.

According to Babbie (2007, p.378), qualitative data analysis is defined as “non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”. In this study, the examination and interpretation are of the teachers’ accounts and reflections of their teaching of sexuality education in selected Kenyan secondary schools. Thematic analysis was used with the aim of illustrating the participants’ views categorised into themes emerging from the data.

There are three data sets for this study. These include data from memory accounts, reflective journals and transcripts of the focus group discussions that were audio recorded. I also kept a journal of field notes which helped in the analysis.

#### **4.2 PRESENTATION OF MEMORY ACCOUNTS**

The memory accounts present data in response to the first research question. The accounts were further discussed in focus group discussions. The memory accounts present the experiences of the teachers on their teaching of sexuality education in schools. They wrote their accounts in the first person. The accounts illustrate the difficulty the teachers have had in relation to teaching sexuality education. The memory accounts also present the similarities in their experiences.

##### **4.2.1 Tuti**

Tuti is a graduate teacher in Education Arts - English and Literature. He is a married 38-year-old man with three children. This is his experience in teaching sexuality education integrated in his subject:



*Being a teacher of English and Literature, I have always encountered sexuality topics in the teaching career. One recent one was when I had to teach my learners on a short story entitled “When the sun goes down”. The main character- Veronica, was HIV positive and after her husband’s death she opted to re-marry. The entire village was so mad at her for having ‘spoilt’ life for a young man by the name Makanga. Friends deserted the couple simply because they were HIV positive. I remember there was an incident where Makanga’s best friend refused to take juice served by Veronica for fear of being infected. Life went on as usual for the couple and years later Veronica succumbed. I had a challenge explaining to my learners on how a couple could live together when one of them was infected and the other one is not for fear of not teaching the learners on human sexuality in detail as I believed I was always to tell them what they needed to know and that was the basics only- abstinence not protection. I only explained to them on the dangers of sleeping around and not on how to protect a partner from being infected in an event that you were infected because I felt I was protecting them by telling them not to engage in sex. I was always guilty for not teaching the learners on sexuality but only engaged on how they would answer the literature questions.*

Emar has a similar experience to Tuti in their teaching, as both encouraged learners to maintain abstinence before marriage. This means they did not exhaust everything that the learners needed to know.

#### **4.2.2 Emar**

Emar is a graduate teacher in Bachelor of Education Arts degree - English and Literature and also has a certificate in Guidance and Counselling. He is a married man with three children and is in his late 30s. He shared his experience of teaching sexuality education in the Guidance and Counselling department:

*I have been the Guidance and counselling teacher in my school and we do hold our society meetings every Wednesday for hour in the evenings. I always believed as a teacher you are meant to teach the students the basics that they need to know about themselves. I have always encouraged my learners to tame themselves from sexual behaviours of any kind and to keep their bodies till they get married. Some of the topics I have been teaching them on sexuality involve; neatness, healthy relationships amongst themselves in which I highlight the need of having responsible friends who would not lead them into doing bad things, I have always promoted abstinence from sex before they get married and I always find myself counselling those who are in relationships with peers of the opposite sex to stop.*

*I remember in one of my sessions a student asked me why I always said the same things yet the world was changing and things needed to change and that they were actually getting the opposite of what I said in the social media. I was tongue tied because I knew that my students were getting wrong information out there and I did not have enough knowledge to equip them on how to go about their lives. From that time, I started feeling like they were challenging me and I now avoid teaching*

*anything about their sexuality and engage on guiding them on other matters to do with life.*

Krea has been teaching sexuality education, but has been using a different approach from Tuti and Emar.

#### **4.2.3 Krea**

Krea is a graduate teacher in Education Science degree - Biology. She was married at 22 and has four children. Her age and marriage life affected her way of delivering sexuality education:

*I got married at a tender age and I was faced with the fact of having carried a pregnancy once every two years as I wanted my kids to grow up together. My marriage life was a hindrance to my profession and it has always been. Every time that I had to go to class to teach the learners on sexuality was always a big challenge to me since I assumed my learners would not listen to me but imagine how I got to get myself pregnant! It was not easy explaining to the learners on the safe and unsafe days yet I always carried a pregnancy; how would I explain to them the process of fertilization and the formation of a foetus, I was always stressed.*

*At first I would ask my colleagues to help me tackle the subject but it made my Head of Department view me as a lazy being and I was reported and summoned by the principal. I told myself that would not ruin my reputation with the principal. So I have been going to class, ask the learners to get their note books and I simply dictate them the notes as they write and later ask them to read further. At the back of my mind I'm always left guilty as I know that's not the best I can offer my students.*

Krea's story indicates that she has always felt embarrassed teaching learners on sexuality because she was always pregnant as she wanted to have all her children within a short space of time. Seng's experience explains how a demoralised teacher can avoid teaching sexuality for fear of being attacked by learners.

#### **4.2.4 Seng**

Seng is a Bachelor of Education Science degree graduate - Biology. She is 24 years old and is married with two children. She was comfortable teaching sexuality education until when she experienced a confrontation by one of her learners:

*During my first year of teaching, there was an incident that made me to change my way of tackling a topic in Biology of growth and development which is in Form Three. Due to the presence of a subtopic that talks more on human sexuality.*

*One day I was teaching on the characteristics of males and females during their development. I mentioned of presence of hips and breast enlargement for female at adolescent age. After the mention of all these I heard students murmuring and giggling. I did not understand why but I thought they were only discussing what I was teaching. What I did not know was that some students in that class had relationships among themselves so some of the boyfriends were questioning why their girlfriends did not have such features as I had mentioned.*

*Later in the evening when I was departing from school, being a day school, I was attacked by one of the girls in that class and she accused me of breaking her relationship with the most handsome boy in school. The girl told me that the boy had broken up with her because she did not have hips and enlarged breasts. I could not imagine what was happening to me. I was saved by some students who were following us and that made me to feel so embarrassed because I did not know what I needed at that particular point. I thought of fighting her back but I did control all this despite her accusing me of wanting her boyfriend.*

*From that day I decided that I would always assign the students to read that subtopic on their own so that I can avoid such an incident from happening because I feared so much.*

Raed had a similar experience as Seng in that her learners felt betrayed by her teaching and went ahead to report her to the principal thus making her feel her hands were tied and she also felt demoralised.

#### **4.2.5 Raed**

Raed is a Bachelor of Education Arts degree holder in English and Literature and has also undergone training in Guidance and Counselling. She is a married woman of 41 years with two children. She has been handling the Guidance and Counselling matters in her school and runs her sessions as per class, once a month and has a session with all the forms. This is her experience:

*I am the Guidance and counselling teacher our school. I do discuss life challenges amongst teenagers in our weekly sessions. On this particular day, I had a session with the Form Two class and we were discussing the consequences of premarital sex. One of the consequences that strongly came up was abortion.*

*One girl asked a question “Madam how can you tell a girl who has had an abortion?” I thought and quickly answered, ‘Yea by simply looking at her breasts, if sagged then automatically you can know someone has had an abortion.’ The class burst into laughter, some girls who sat at the back pointed fingers at Alice who sat in front of them. I jokingly asked them if they knew anyone who had had an abortion since their laughter was not normal. Before they could answer, Alice screamed and hurriedly walked out of the room. She went straight to the principal’s*

*office sobbing uncontrollably. She accused me of openly discussing her private issue with other students. Before the lesson ended, the principal called for me and without listening to me ordered me to apologise to the student even if what she said wasn't true.*

*I felt embarrassed and frustrated. The principal had reduced me in front of the student. I did it and vowed never to guide the students in such a topic in any school I would go.*

Raed's experience best explains that teachers are not knowledgeable enough on sexuality education in that they have their own misconceptions on the subject and can end up harming the learners. Tessy was also not equipped enough to teach sexuality and the students always found her lessons boring.

#### **4.2.6 Tessy**

Tessy is a graduate teacher with a Bachelor of Education Arts degree - Kiswahili and Christian Religious Education. Tessy is 28 years old and is married with two children. She was appointed as the Guidance and Counselling teacher in her school. She wrote her experience as:

*Teaching about sexuality and HIV and AIDS is always a challenging experience. I once taught in a manner that I was actually warning learners about behaviours that encourage the spread of the disease. I realized later that some of the learners were infected with HIV and AIDS and I felt so bad about it. I actually mishandled them in the way I ran the talk.*

*Sometimes you talk about it and learners seem so much disinterested about it. They pass some signs of "We have heard about it" It's a boring topic to some of them.*

Tessy has always been uncomfortable about teaching on the sensitive issue of sexuality, thus she presented the same lesson over and over, making it boring for students. As a result of this, she decided simply to warn the students of the dangers of irresponsible behaviour ignoring other important issues on sexuality. Her lecture method of teaching the learners made them disinterested in the subject.

Tessy's experience is similar to Sue's as she was shallow in her way of teaching since she did not have enough confidence to face learners on the subject.

#### 4.2.7 Sue

Sue is a 42-year-old Diploma holder in Hospitality, married with four children and has been the Guidance and Counselling teacher in her school. She shared her way of teaching sexuality:

*I usually have one lesson per week on guidance and counselling and decided to teach on healthy relationships. In the course of our discussion, one girl asked me whether her father can be her best friend. "Yes" I quickly responded. The girl seemed not to be satisfied with my answer and so she posed another question! "Can your father become your boyfriend?" I was tongue tied because I was not so sure about the answer. So I told her I would respond later. Then she followed me to the staffroom and told me that I had refused to answer her question and she was really desperate for an answer. I had to explain the meaning of a boyfriend and a lover. At this point she confessed that her father had abused her sexually on several occasions. I felt sorry for her and also guilty for failing to explain what sexuality really meant. This was because I did not have enough confidence in teaching sexuality.*

Sue's experience indicates that teachers do not take up their roles fully in guiding their learners and out of naivety the learners end up exploring sexuality wrongly.

#### 4.2.8 Ribuya

Ribuya is a Bachelor of Education Arts degree graduate - English and Literature. He is 47 years old, married with three children. He has been in the teaching profession for more than 15 years:

*I am an English and Literature teacher in my school. I encounter topics of sexuality education in my teaching. In most cases it is integrated in the comprehension texts in all forms. The syllabus requires that students read and answer the questions with the help of the teacher. The teacher is always expected to guide the students on the emerging themes and other issues arising from the passages. I have always ignored most of the comprehension texts in that they are repetitive from form one to form four. They have been using their free time reading and discussing on their own.*

*There are usually items of drama in the English texts that address sexuality. I have been asking learners to act roles after which I guide them but I have not had enough knowledge to address sexuality issues and I always find it difficult addressing it with the learners and end up hiding some of the information that they need to know.*

Ribuya, Raed, Krea and Tuti share similar approaches in the way they have been tackling sexuality. They have been exposing the learners to very limited information about their sexuality. Their teachings express bits of discomfort, embarrassment and lack of knowledge. Alike the teachers above, Enai was reluctant to teach her learners about sexuality. She ignored teaching the learners comprehensively and left them to explore the subject on their own.

#### **4.2.9 Enai**

Enai holds a Bachelor of Education Science Degree - Biology. She is 29 years old and is married with a child. She is from a remote place and was deployed to teach in a town school and below is her experience:

*I was a young naïve girl brought up in the village and secured a chance to pursue a course in education at the university. I was later deployed to teach Biology in a town school. My life was not easy as I had to teach a topic on sexuality under growth and development, yet the students I taught were my age mates and mark you this was a town school and I had been raised in the village meaning they were more exposed than I was. There are various methods of learning; I opted to let the learners acquire the knowledge on their own as I felt embarrassed teaching them on that sensitive topic. I felt the syllabus was going far overboard because in the first place I believed the learners were not supposed to know anything related to sex! I would teach shallowly by ignoring some content and ask them to write notes and revise. I would then go to class with enough revision questions based on that topic and let them do the revision in groups. I later transferred to a neighbouring school and I continued with the same trend as I assumed they would read text and revise it on their own.*

Enai's method of teaching sexuality education indicates that it was affected by her own sexuality. Having been born and brought up in the village, she assumed that the learners were more knowledgeable than she was. Moreover, she believed that the learners were not supposed to be taught about sex. This is a misconception in many societies that sex is only for grown-ups. Therefore, she did not have much to deliver to the learners. The next memory account is the story of Oke who expressed how he has been teaching Christian Religious Education.

#### **4.2.10 Oke**

Oke is a graduate in Education Arts - Christian Religious Education. He is 39 years old, married with two children and has taught in different schools. Below, is his experience of how he has been teaching sexuality education:

*While teaching religious education (Christian Religious Education), there are several topics that touch on sexuality and there is a whole topic in form four on Human sexuality and it digs in all aspects of sexuality starting with its definitions to responsible and irresponsible sexual behaviours and their repercussions.*

*One of the repercussions of irresponsible sexual behaviour being, contracting sexually transmitted infections; one of them being contracting HIV and AIDS. One of the challenges in teaching this topic is the fact that I've had it a bit difficult to expound on it as unfortunately I've encountered a situation in which some of the*

*students in my class are infected with the condition thus it requires use of a lot of wisdom in exploring this topic while teaching.*

Sexuality education is also reflected in other teaching subjects and the teachers share similar ways of teaching the subject as expressed in Oke's account.

### **4.3 WHAT DO THE MEMORY ACCOUNTS MEAN?**

The memory accounts respond to the first research question in the study: *How are secondary school teachers teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary school?* They highlight the challenges teachers encountered in teaching sexuality education. The teachers admitted that they faced challenges in teaching sexuality education. As observed by Baxen (2010), teachers feel uncomfortable teaching sexuality, HIV and AIDS, therefore, they distance themselves from close interaction with the learners. The storied experiences written by teachers indicate that they are faced with differing challenges while teaching sexuality, HIV and AIDS. The teachers' accounts are discussed under two major themes that are subdivided into categories. The emergent themes are: Feelings of fear and Guilt. The theme: Feelings of fear was categorised into fear of leading learners astray, fear of misleading and hurting learners because of a lack of knowledge and fear of sexualisation and victimisation.

#### **4.3.1 Feelings of fear**

Teachers are also sexual beings and, therefore, that aspect may have an influence in relation to how they carry out sexuality lessons in their classes. The teachers' personal and community beliefs are influential in the effective delivery of sexuality, HIV and AIDS education (Hakaala, 2015; Helleve *et al.*, 2009). In line with these scholars, there was an emphasis by the teachers on how uncomfortable they were in teaching sexuality. The discomfort was as a result of factors such as lacking the knowledge on teaching concepts of sexuality, misconceptions about teaching sexuality education, sexualisation of the teachers and also victimisation by the learners. From the memory accounts it was evident that most teachers feared teaching sexuality, HIV and AIDS. The teachers' challenges of their fear to teach are evidenced in different ways:

#### 4.3.1.1 *Fear of leading learners astray*

Teachers fear going against the society's beliefs with regard to children's innocence of sexuality. This has posed as a challenge in the effective delivery of sexuality education. Most of the societies around the world still function within the belief of childhood sexual innocence (Epstein & Johnson, 1998). The teachers find it perilous and frightening being tagged as the ones corrupting the minds of innocent learners with sexuality knowledge, in spite of the need to do so. Sex in a social context is construed as an adult matter and for this reason children are sheltered from sexuality knowledge before they become adults (Bhana, 2009; van der Riet, 2009).

The preconceived norms in the society led Tuti to avoid teaching comprehensive sexuality education in his classroom but rather emphasised on abstinence-only education. This type of education teaches the youth to attain self-sufficiency before engaging in sexual activities (Boonstra, 2011). This practice is seen as harmful because the learners will gain the knowledge from other sources such as their peers, social media, books and journals (Macleod & Graham, 2015; Beyers, 2013; Haihambo-Van Dyk, 2007; Altma, 2004). Most of the knowledge that the young people obtain on social media and their peers is conflicting and inappropriate as to how they are expected to behave sexually. It is often said that they are more sexually knowledgeable than their elders (Talavera, 2007). As much as the adults think they are protecting them, they eventually become the victims of circumstance as the teachers negotiate the thin lines between the syllabus and the societal expectations. This contradicts with Vygotsky's theory of the Zone of Proximal Development in that learners need teachers to scaffold them in order to guide them to a new level of understanding (Newman & Holzman, 1993). Tuti wrote that he always felt guilty for not effectively delivering sexuality, HIV and AIDS:

*I had a challenge explaining to my learners on how a couple could live together when one of them was infected and the other is not for fear of not teaching the learners on human sexuality in detail as I believed I was always to tell them what they needed to know and that was the basics only- abstinence not protection ...Because I felt I was protecting them by telling them not to engage in sex.*

In the same way as Tuti, Emar has always taught the learners to abstain from sexual activities. This contradicts with what some scholars have written on the importance of teaching the learners comprehensively about sex to allow them to make informed decisions. For instance, Bankole and Mabekoje (2008) posit that the delivery of comprehensive information about HIV and AIDS is a major prevention tool appropriate to curb the spread of HIV. Emar's delivery of



sexuality, HIV and AIDS education relates to Mufune's (2008) study that brought forth the challenges faced by teachers in the provision of the subject matter, such as the fear of promoting sexual activities and the teachers' lack of confidence. Emar believes that it is only within marriage that people are expected to enjoy sexual pleasures. This then raises the concern as to what happens to those who never marries. Emar wrote:

*I have always encouraged my learners to tame themselves from sexual behaviours of any kind and to keep their bodies till they get married. I always find myself counselling those who are in relationships with peers of the opposite sex to stop.*

Teachers fear teaching the learners some content on sexuality because they feel the learners should not know. They feel they are protecting the learners from harmful sexual knowledge. The teachers assume that exposing the young people to sexuality knowledge is harmful because cultures believe sex should not be discussed publicly or with the young people. There is an assumption that the youth do not engage in premarital sex, therefore, revolving sexuality discourse around abstinence (Lukolo & Van Dyk, 2015). Scholars debate that teaching the learners on sexuality education awakens their sexuality, therefore, teachers prefer not to teach it (Bilinga & Mabula, 2014; Iyer & Aggleton, 2012). Krea's fear of leading the learners astray is reflected differently. Faced with parental obligations and family life, Krea was obliged to carry a pregnancy every two years. As such it was uncomfortable for her to teach learners on reproduction, specifically the menstrual cycle, with a feeling that the learners would imagine how she fell pregnant so often, yet, she was informed on the safe and unsafe days of engaging in sex to avoid pregnancy. She also found it difficult exposing learners to knowledge about their sexuality, believing that they would engage in sexual activities. This contradicts the findings of a study by Chinsebu, Kasanda and Shimwooshili-Shaimanya (2011) that learners still engage in sexual practices even with the provision of abstinence education. Therefore, it is important that they are guided based on their Zones of Proximal Development to make informed choices. At the same time Krea avoided being questioned by learners with regard to being pregnant every two years. Krea's fear of exposing the learners has disadvantaged the learners who end up obtaining limited knowledge about their sexuality, which leads to experimenting with sex without the appropriate knowledge. Such practices expose them to risks of early pregnancies and sexually transmitted infections. She stated:

*It was not easy explaining to the learners on the safe and unsafe days yet I always carried a pregnancy; at first I would ask my colleagues to help me tackle the subject. So I have been going to class, ask the learners to get their note books and*

*I simply dictate them the notes as they write and later ask them to read further place.*

Enai also believes the young people should not know about sex. She was raised in the village and she still has a perception about sex which is culturally bounded by the societies. The society believes that talking about sex is a sensitive matter and is, therefore, considered a sin or taboo (Lukolo & Van Dyk, 2015). This endangers the young people when faced with challenges because they cannot make informed choices with limited knowledge. Often the older men will demand sex, especially with young girls, in exchange for valuables. Madlala (2008) posits that relationships among young women and older men are commonly linked to unsafe sexual practices and low condom use, which intensifies their risk of HIV infection. Therefore, it is only when they are informed that they will make the right decisions. Enai accounted:

*I was a young naïve girl, brought up in the village... the students I taught were my age mates and mark you, this was a town school. I had been raised in the village meaning they were more exposed than I was... I believed the learners were not supposed to know anything related to sex! I would teach shallowly by ignoring some content and ask them to write notes and revise.*

Many adults regard sexual activities as ‘bad things’. This simply means that the learners should not be exposed to bad things. This belief affects sexuality discourses in school and at home (Eisenberg *et al.*, 2013). It is only believed that the learners should know about their sexuality when they are ready for marriage and procreation (Mufune, 2008). This is contrary to Khau’s (2012, p. 420) believe that “sexuality is a key component of our being” and should not be seen as bad. It is difficult for teachers to pass the right information to the learners because of the belief as Emar put:

*I highlighted the need of having responsible friends who would not lead them into doing bad things; I have always promoted abstinence from sex before they get married.*

The risk of sieving what information needs to be passed to the learners, some teachers are left with the option of warning the learners not to do the bad things. Vygotsky (1978) sees adults as an important source of cognitive development for children. As such the teachers need to teach them comprehensively about sexuality, leaving them to make the right decisions. Tessy’s pedagogical strategy did not meet Vygotsky’s aspects, as she expressed in her account that “I once taught in a manner that I was actually warning learners about behaviours that encourage the spread of the disease”.

This category discusses that teachers have a fear of exposing learners to sexuality education, which they believe might awaken their sexuality. The category that follows, discusses fear associated with misleading and hurting learners because of a lack of knowledge.

#### **4.3.1.2 *Fear of misleading and hurting learners because of a lack of knowledge***

It is important that teachers are properly trained and well equipped to address the subject (Toor, 2016). The teachers in this study were mostly concerned with how to tackle some of the sensitive topics within the subject. These teachers, however, did their best to teach the topic as they believed it was important to the learners. The accounts are reflections of the teachers' concerns in relation to their efficacy to teach sexuality education. The teachers generally felt that the education system did not prepare them enough for the effective delivery of sexuality education within their classrooms. This mirrors arguments put forward by other scholars about the same (Oshi & Nakalema, 2005; Westwood & Mullan, 2007). Thus, most of what the teachers taught was not meticulously what they needed to teach. Coombe (2003) argues that there is inadequate teacher preparedness to tackle sexuality, HIV and AIDS. This raises concerns for the education policies to be revised to achieve this. This argument is reflected in Emar's writing, who admits not having adequate knowledge on the subject. Emar in his account stated "*I did not have enough knowledge to equip them on how to go about their lives*".

Access to necessary training on sexuality, HIV and AIDS does not essentially equate to having better teachers for the subject. Buthelezi (2004) posits that teachers need motivation to avoid fear and personal discomfort. The teachers in this study argue that sometimes they find themselves unwilling to teach because of a lack of confidence on the subject matter. This would otherwise have been easier if they had the appropriate knowledge on the subject. The effect of a lack of training is attested in Sue's account. Sue did not know how to respond to a learner's question, when she was asked if a father could be a boyfriend at the same time:

*Can your father become your boyfriend?" I was tongue tied because I was not so sure about the answer. So I told her I would respond later. Then she followed me to the staffroom and told me that I had refused to answer her question and she was really desperate for an answer. This was because I did not have enough confidence in teaching sexuality.*

Limited teacher knowledge of sexuality, HIV and AIDS education puts learners at a disadvantage because teachers find themselves hiding important issues from them. Teachers have assumed that they can easily teach about sex and sexuality without considering their

personalities in relation to sexuality (Khau, 2009). For that reason, they end up hiding some of the content from the learners and teach what they are comfortable with (Njue *et al.*, 2005). Based on Vygotsky's ZPD, children can achieve better on their own with the guidance and inspiration of an expert (Vygotsky, 1978). In this study, a competent teacher would have been in a position to know the importance of openness in the delivery of the content, thus guiding the learners appropriately. This challenge is noted in Ribuya's account:

*I have been asking learners to act roles after which I guide them but I have not had enough knowledge to address sexuality issues and I always find it difficult addressing it with the learners and end up hiding some of the information that they need to know.*

It becomes difficult for a teacher without the proper training to handle a class with learners affected and infected by HIV and AIDS. Kirby (2008) posits that the teachers and the curriculum developers are supposed to provide comprehensive education to remove and reduce the stigma attached to those infected and affected by HIV. In relation to this, a teacher has to be competent in their delivery to avoid hurting such learners. When teachers lack knowledge on sexuality, HIV and AIDS, it becomes hard for them to expound on the subject for fear of hurting them. Campbell and Lubben (2003) observe that stereotyping HIV as bad leads to discrimination and stigmatisation of those infected. The inadequacy of knowledge is exemplified in Oke's account below:

*One of the challenges in teaching this topic is the fact that I've had it a bit difficult to expound on. Unfortunately, I've encountered a situation in which some of the students in my class are infected with the condition thus it requires use of a lot of wisdom in exploring this topic while teaching.*

Like Oke's case, Tessy also admits in her writing that it is a challenge teaching sexuality, and HIV and AIDS education because she lacks the knowledge to expound on the concept. Below is her written expression:

*Teaching about sexuality and HIV and AIDS is always a challenging experience. I once taught in a manner that I was warning learners about behaviours that encourage the spread of the disease*

Tessy's experience above relates to studies by Beyers (2012), Boonstra (2011) and Dailard (2001) who noted that what the young people are taught by adults is not always what they desire. They indicate the need to engage learners in identifying matters such as these. This is only achievable with the provision of instructions within the ZPD as emphasised by Vygotsky (1978).

Tuti was tasked with the challenge of explaining to the learners how safe it was for a couple to live together when one was infected. This is in line with what studies reveal that teachers fear teaching about sex and HIV (Eisenberg *et al.*, 2013; Mufune, 2008; Ndjoze-Ojo & Murangi, 2002). Tuti's experience poses the challenge teachers face in an effort to teach the learners while at the same time they are faced with the difficulty of having limited training to go about in teaching. He wrote:

*I had a challenge explaining to my learners on how a couple could live together when one of them was infected and the other one is not for fear of not teaching the learners on human sexuality in detail. As I believed, I was always to tell them what they needed to know and that was the basics only- abstinence not protection.*

Tuti's memory writing above affirms that the education learners are provided with centralise around abstinence. This contradicts Dailard's (2001) study which observed that abstinence-only education is not appropriate, therefore, teachers need to teach learners detailed controversial topics such as abortion, birth control mechanisms and sexual orientation.

#### **4.3.1.3 *Fear of sexualisation and victimisation***

The teachers' accounts posit instances of teachers' victimisation. The teachers need motivation from all the education stakeholders to feel free to carry on the delivery of effective sexuality, HIV and AIDS education. Without that they will always teach fearing victimisation (Buthelezi, 2004). Njue *et al.*, (2011) recommend that teachers and other education stakeholders should be trained rigorously which makes them aware of how to deal with possible barriers to the effective delivery of sexuality, HIV and AIDS education. In this study, there is an outcry by the teachers that school administrators should also familiarise themselves with the appropriate syllabus guide in order to protect their teachers from victimisation. This is because teachers fear being labelled for advocating a supposedly immoral lifestyle to the learners (Eisenberg *et al.*, 2013; Boonstra, 2011; Stanger- Hall & Hall, 2011) when they teach beyond abstinence-only education. Hence, they avoid teaching on the subject matter. One of the teachers wrote how demoralised she was to teach the subject matter after she had been accused by a learner of exposing her before the rest of the class. Surprisingly, the school principal made the teacher apologise to the learner; thus, making the teacher demoralised to teach the subject. This is evidenced in Raed's account below:

*I jokingly asked them if they knew anyone who had had an abortion since their laughter was not normal. Before they could answer, Alice screamed and hurriedly*

*walked out of the room. She went straight to the principal's office sobbing uncontrollably. She accused me of openly discussing her private issue with other students.*

The teachers' comfort levels to address sexuality education have been influenced by their own experiences about the subject. This has affected their delivery of the subject (Motalingoane-Khau, 2010). The teachers' accounts brought instances to light where they were sexualised by the learners. Such behaviour challenges the teacher-learner relationship in the classroom setup, therefore, influencing the delivery of the subject.

Seng's experience made her realise that learners are sexual beings and would project their emotions onto the teachers. As a young teacher the learners viewed her not only as a teacher, but also their age-mate and; thus, sexualized her. Therefore, some learners were insecure that their boyfriends would leave them for her as seen in the girl's reaction below:

*I was attacked by one of the girls in that class and she accused me of breaking her relationship. I thought of fighting her back but I did control all this despite her accusing me of wanting her boyfriend.*

Instances of teachers being sexualised by learners have created rifts in the effective delivery of sexuality, HIV and AIDS (Aapola & Kangas, 1996; Cunnison, 1989; Lahelma, Palmu & Gordon, 2000). Moreover, the teachers' experiences that relate to their social lives impact on their delivery as well. This finding contradicts what Evans and Youmans (2000) suggest that it is through interaction with peers and experts that students work within their Zones of Proximal Development which can construct more complex understandings. The teachers in this study, did not have a close interaction with the learners about their sexuality. Teachers end up policing themselves on what to teach depending on how they were brought up as they teach within their comfort zones (Motalingoane-Khau, 2007). McNamara, Geary and Jourdan (2010) support this argument in that they say that the way one is raised and also one's personal beliefs affect the teaching of sexuality education. This is exemplified in Enai's account, who found it hard to teach learners in town schools, as she had been socialised in the villages. She felt intimidated, especially teaching learners of her age group, whom she believed were more exposed than she was. She felt the learners would sexualise her. She wrote:

*My life was not easy as I had to teach a topic on sexuality under growth and development, yet the students I taught were my age mates and mark you this was a town school and I had been raised in the village; meaning they were more exposed than I was. I would teach shallowly by ignoring some content and ask them to write*

*notes and revise. I would then go to class with enough revision questions based on that topic and let them do the revision in groups.*

The theme of feelings of fear was categorised into fear of leading learners astray, fear of misleading and hurting learners, and fear of sexualisation and victimisation. An analysis of the various challenges that teachers face in delivering sexuality, HIV and AIDS education has been discussed. The following theme relays the effects of the teachers' failure to deliver sexuality, HIV and AIDS education.

#### **4.3.2 Guilt**

The teachers' failure to deliver sexuality, HIV and AIDS education appropriately results in guilt. The teachers know that it is their duty to teach the learners effectively on the subject matter to make informed choices about their sexuality. However, because of varied reasons, they fail to administer their duties. A major setback in the effective delivery of the subject is the fact that sexuality, HIV and AIDS education is not taught independently but rather integrated in other subjects. In most countries, sexuality, HIV and AIDS education is still infused in other subjects and is also not examinable as other subjects (UNICEF, 2008). Therefore, teachers do not emphasise sexuality teaching as they emphasise examinable subjects. Tuti explained how guilty he felt for not teaching his learners about sexuality but rather engaged in discussing literature, as he stated, "*I was always guilty for not teaching the learners on sexuality but only engaged on how they would answer the literature questions*".

Teachers are guilty of not offering the best to their learners. The teachers' negligence of responsibility left the learners to explore sexuality on their own. It contradicts with the report of UNAIDS (2016b), as well as Njue *et al.*, (2011) who observe that learners need support to find the appropriate direction on how to deal with their sexuality. This then results into an exploration of risky sexual behaviour by the learners that endanger their lives. Helleve *et al.*, (2009) argue the need for teachers to offer care and support to those learners who are infected and affected by HIV. Sometimes the teachers have regret much later after the damage has already been done, especially when learners are already infected with HIV. In such situations, the teachers have to be knowledgeable enough to know how to handle sexuality lessons in their classrooms to avoid hurting the infected and affected learners. Tessy is guilty of the way she handled learners in her classroom, as she wrote "*I realised later that some of the learners were*

*infected with HIV and AIDS and I felt so bad about it. I actually mishandled them in the way I ran the talk”.*

Some teachers find themselves carrying the guilt of not rescuing their learners who are victims of sexual violence. Knowledge on sexuality will help the learners in realising when someone is about to abuse them or is abusing them. Researchers note that most sexual abuse is done by those close to the victims (Yamawaki & Tschanz, 2005; Shapiro, 1997; Ullman, 1996). They are forced into having sex and are left with no option, especially if they do not know how to report such cases (Njue *et al.*, 2009). This sets a challenge because at the same time these are the people whom the learners are supposed to trust. In line with Vygotsky’s (1978) theory, teachers as mediators need to guide the learners to make new meaning and also to develop individually. The teachers in this study, need to guide such learners appropriately. They should report issues of child abuse to the relevant authorities in time. Sue narrates that because of her failure to guide her learners, one of the girls in her class fell victim to sexual violence by her father. The girl did not have anyone in whom to confide. Consequently, this experience left Sue feeling very guilty as she accounted that *“I felt sorry for her and also guilty for failing to explain what sexuality really meant”*. Krea’s guilt of learner negligence is similar to Sue’s as she knows clearly that she did not offer her learners the best knowledge. She wrote *“At the back of my mind I’m always left guilty as I know that’s not the best I can offer my students”*.

Helleve *et al.*, (2009) feel that teachers should portray traits of self-confidence, self-respect and respect for others. Evidenced in the study, the teachers’ levels of confidence to face the challenges of teaching sexuality, HIV and AIDS have had a negative impact on their delivery. Some teachers easily give up teaching the subject. This is illustrated in Ema, Seng and Raed’s accounts below:

Ema: *From that time, I started feeling like they were challenging me, and I now avoid teaching anything about their sexuality and engage on guiding them on other matters to do with life.*

Seng: *From that day I decided that I would always assign the students to read that subtopic on their own so that I can avoid such an incident from happening because I feared so much.*

Raed: *I did it and vowed never to guide the students in such a topic in any school I would go.*



Silence is not a solution to the effective delivery of sexuality education. It is equated to gambling with the learners' lives as they may engage in risky sexual behaviour (Motalingoane-Khau, 2010). Thus, teachers in such incidences should change their attitudes towards the delivery of the subject, as a prevention of further incidences happening.

#### **4.4 PRESENTATION OF REFLECTIVE JOURNALS**

The reflective journals present data in response to the second research question. The journals were further discussed in focus group discussions. The teachers kept reflective journals during their implementation of the participatory visual methods. The journals were important as the teachers were in a position to remember what they had taught the learners, and they compared their previous teaching methods to the methods after they had implemented the participatory visual methods. Below, I present the teachers' reflective journals.

##### **4.4.1 Tuti**

Tuti used poetry in his class. He asked the learners how HIV and AIDS spread and also the ways of curbing it. The learners engaged in group activities under the guidance of the teacher. The learners shared knowledge among themselves in the groups. They picked content words in a passage and composed poems. Their poems were about engaging in safe sexual practices and ways of protecting others from HIV infection in the event that one is infected and the partner is not. He also went ahead to guide the learners on the use of protection. Tuti noted that the discussion was impressive in that it encouraged hope, especially to those infected and affected by HIV. He wrote:

*After attending a training on the use of participatory methods in teaching sexuality education, I decided to implement it in my teaching as it was more of learner based and the students would come up with ideas as I was not the main source of the knowledge. I tried poetry. I went back to the same story in Literature on "When the sun goes down." I decided to use it for revision with the Form Four students who were about to sit for the national examination before they were free to face the world. I felt this came in time so that my students would brace themselves enough to face the world. I got to class so enthusiastic and asked the students if we could revise the story once more as I predicted would be the compulsory story in the national examination. After reading the story as a class, I asked the students to mention how HIV and AIDS are spread, and ways to curb the spread of HIV and AIDS. The students did that in groups and as I went round checking on what they had written in their groups; I was so impressed: the discussion was fruitful! Those who knew on the preventive measures discussed that with those who did not know*

*about it. I asked them to further pick the content words and compose a poem using the words. They did. Being a young school, I had divided the class to two groups only. The first group in their poem recited how AIDS was a killer disease and it was affecting the young generation a lot in that they engaged in unsafe sexual practices and how hard it was for them to resist sexual pleasures. The second group recited on the fact that Veronica and Makanga lived together for so long and Makanga lived even after Veronica's death simply because they were using protection and therefore Makanga was not infected with AIDS. After the presentations I was able to guide them on the need of using protection- that's the use of Condoms any time they engaged in sex if at all they couldn't wait for the right time. The students were so co-operative, as it was even simpler asking them other questions based on the story. We concluded the lesson by saying that actually when the sun goes down, one shouldn't cry for the tears will not let them see the stars to mean that even with HIV and AIDS, one can still have a partner, practice safe sex and live happily as a family and also on the need to accept those who are HIV positive in the society.*

Tuti's experience is similar to Enai's, as both of them wrote that the methods encouraged them to teach for they were impressive and easy to use. Enai stated that the methods paved the way for comfort in teaching.

#### **4.4.2 Enai**

After being taught on the use of participatory visual methods, Enai wrote that it was inevitable to teach the learners as it was her responsibility to do so. She used role play to engage learners on how they would behave when out of school. This was in relation to socialising with peers. Some of the learners were excited that they would have enough freedom to spend time with their boyfriends. Others dramatized that it was scary for they did not want to fall pregnant, while one girl mentioned the effectiveness of contraceptives and condoms. This suggests that the learners knew a lot about sexuality. Enai then led the learners to understand that HIV is real and they ought to use protection and engage in safe sexual practices. She stated that the methodology was encouraging and engaging, as compared to the lecture method that caused discomfort.

*After going through training on using participatory methods in teaching, I decided to adopt a new way of teaching my learners. The training made me realize that I had to teach the learners as it was my responsibility and duty to do so. It was necessary for them to know about their sexuality as a guide to make informed choices. I chose to use Role play with my Form Four learners. I asked them to stage a play on how they would behave immediately they finished their forth form examination. They were so excited. Being a double lesson, I gave them the first lesson to prepare for the play. In the second lesson, some selected characters staged the play. It was so interesting to see what they came up with. They performed on how it is so had to stay single and they had boyfriend and were so excited that they*

*would be meeting with their boyfriends every day. One of the characters was worried that school was better as she escaped being impregnated by her boyfriend as they did not have enough time over the holiday and one was quick to react that she would always be safe if she used contraceptives. By now I was getting amused how the girls had so much information. One character snapped in to say that contraceptives were good but that was only meant to control pregnancy, how about deadly diseases? The main character summed it up by saying she was so excited to be free from school at last but she was always careful to choose her friends and if possible she would stay a virgin till she got married. After the play, I took them through a discussion on the need to have healthy relationships and that it was important to choose friends wisely. I also led them to understand that HIV and AIDS are real and they should take care of themselves, I also encouraged them to share that with their friends. I asked them of how they would go about it to protect them and their partners in case they were sexually active. The contributed in the discussion by saying that it was good to use condoms as it was known to be a barrier or stay cool till the ripe time. I was quick to tell them that even in marriage condoms can still work in case you feel you have a straying partner and of course you need to take care of the children. At the end of the lesson I felt I had been wasting my learners' time a lot for not teaching them on what they needed to know about their sexuality. Using these participatory methods was so encouraging in that it was more of a discussion with the learners that the usual lecture method which to me I felt I owned the lesson and brought about some discomfort.*

In the same way Enai wrote of the interactive nature of participatory visual methods, Krea admitted that she was more encouraged and equipped to teach than before when she used the lecture method of teaching. Furthermore, she wrote that her learners actively participated unlike before.

#### **4.4.3 Krea**

Krea admitted to be more equipped than before in delivering sexuality education in her class. She used collages. The learners were grouped in three groups for the activities. In the collages, they expressed their awareness of the societal expectations of a family. Afterwards, Krea led them in a discussion on the biological functions of the body and also in ways to avoid irresponsible sexual behaviour. Krea wrote that the method was very encouraging and helpful because it was learner-based. She wrote:

*The training on participatory teaching methods was God sent to me because I now have better skills on how to cope with teaching topics related to sexuality. I employed the use of collage by asking the students to paste pictures that represent a family unit. After they did that I asked them to explain their pictures. I had three groups: the first group had pictures of a father, a mother and three children together with their grandparents, the second group pasted pictures of a single*

*mother with several children and lastly the last group had pictures of parents without children but had the extended family.*

*In their explanation, the first group said that people get married and the society expects them to get children so as to continue the family lineage, so many cheeky girls came from this class and they even used my example that maybe the reason as to why I get children rapidly is because of the family expectation, especially my mother in law. Deep inside my heart, I was surprised that these learners were conversant with the customary expectations and somehow understood my situation. The second group explained that so many of them came from homes of single parents and their parents couldn't explain to them why they were so and the third said because of some biological reasons some parents were not blessed with children. I took their explanations to my advantage and explained to them the biological functions of our bodies and in depth of the hormones responsible for child bearing, and their rightful age to get children and be responsible parents. All along, I engaged them in my discussion and I took advantage of the lesson to teach them of the irresponsible sexual behaviours. Using participatory methods are very helpful as you discuss with the learners rather than lecturing to them so they grasp it better.*

Raed shared a similar experience with Krea. Just like in Krea's classroom, the learners in Raed's classroom actively participated for they owned the lesson; the method boosted their esteem in learning. Since the method was learner-based, Raed was encouraged to teach and she admitted that the learners were cooperative.

#### **4.4.4 Raed**

Raed used poetry in her class to explore the students' understanding of human sexuality. She wrote that the learners exploited their talents in developing poems. They described what they saw in the picture presented to them. She noted that even the shy learners in her class participated actively. It was a fast way to learn as the learners owned the lesson:

*I used poetry as a learning method to interpret one's understanding of what human sexuality is. A group of form 3 students were able to exploit their talent in development of poems. Having seen a photo of a couple spending time together, they could not hide their excitement. They moved closer to the photo with lots of description of what they saw. Even the known shy students were in the front line.*

*Writing of poetry was a fast way to learn or rather share an idea about human sexuality. They only see the positive side of life even when the negative is obvious. This means their understanding is that as sexual beings, love never ends. It was less involving for the teacher and the students took the methods and owned them.*

Raed and Seng had similar experiences in their classrooms. Both admitted that the method was easy to use and as such, was a fast way to learn. The method also boosted their learners' self-esteem as it encouraged them to look at issues affecting them positively.

#### **4.4.5 Seng**

Seng was attacked previously by a learner who had felt the teacher caused her to break up with her boyfriend. Seng wrote that because of this experience, she implemented the use of collage in teaching. This learner-centred approach avoided a similar experience as before. She wrote that the method was easy to use and interesting to the learners. Seng also used role play. As she watched the great performances, she realised that the learners had developed a positive attitude towards their body structures; thus, appreciating themselves and engaging in activities that enhanced their esteem:

*After being guided on participatory and visual ways of teaching sexuality, I decided to use collage so that I can see to what extent the students would think about themselves and the stages of development in both types of sexes. I tried this method because of my previous experience of being attacked by a student after handling this topic and giving them the details. I was very impressed when I used this method because this changed their perception and mine too. This was due to the fact that every detail came from them and not me hence this made my work easier and it was also very interesting to the students. I also used them to do role play whereby I watched great performances from them which made the lesson very enjoyable and students could now understand some details that are more real than the written documents in the textbooks. In this session, they turned the lack of hips and enlarged breasts to be an advantage like being an athlete.*

In Seng and Tessy's classrooms, the learners easily expressed themselves by using the participatory methods. They were excited and positive about their sexuality. The two teachers' journal entries reflect that the method encouraged hope in teaching because of the cooperation of the learners.

#### **4.4.6 Tessy**

Tessy used drawings in her classroom. She stated that the learners were still unaware of themselves as sexual beings. She further stated that this method was different from the lecture method that she had always used. The learners were excited and cooperative during the lesson.

*It was a cool afternoon having assembled my students, anxious as they were I asked them how they can express their sexual personality by use of a drawing (diagram).*

*We had just completed a topic in Christian Religious Education called human sexuality. This was an awesome summary of the topic.*

*According to what they are told by friends. They are still unaware of whom they are as sexual beings. However, having taught them about human sexuality in class mostly using lecture method, this other approach was totally different. They were excited more co-operative, quick to respond and easy to express themselves.*

There was a similarity in Tessy and Sue's experiences in using participatory methods. Their learners enjoyed working with the methodology. They wrote that the learners responded and expressed themselves easily; thus, the method was effective for use.

#### **4.4.7 Sue**

Sue used songs in her teaching. She asked the learners to compose songs and noted that they came up with lovely melodies and lyrics of how they saw themselves as sexual beings. They praised their sexuality. She also used drawings. The learners drew themselves in appreciation of themselves and how valuable they were. Sue wrote that the method was effective:

*In my previous experience, I did not know how to approach and teach issues to do with sexuality. After the participatory methods were introduced, I engaged my students on the use of song; they were able to construct songs on sexuality and came up with very good melodies on how they saw themselves as sexual beings. The girls could praise themselves in a song referring to themselves as flowers. After the participatory methods were introduced, I went back to the same class and introduced the use of drawings and interestingly, the students were able to draw various pictures describing themselves as sexual beings some girls drew themselves as a pineapple illustrating that they are juicy but you cannot get them easily unless you ready to be pierced. Others drew themselves as sugarcane, coconut and many more. So the participatory methods of teaching sexuality are effective because students participate freely without fear of victimization.*

Emar's learners were excited to use the method, just as Raed, Tessy, Seng, Sue and Tuti's learners. Emar noted that his learners enjoyed using the participatory methods and, therefore, it was easy for him to guide them because of the comfortable nature of the methods that allowed for an interactive session in the classroom.

#### **4.4.8 Emar**

Emar wrote that based on the Kenyan culture, some parents would not like their children to be exposed to sexual knowledge. Initially, he assumed that the learners were naïve, yet in reality, they are aware of sex and sexuality. He wrote that the young people learnt a lot from their peers

and the social media. In implementing the methods, he explored the use of songs. The songs composed by the learners depicted their freedom at home because they were not closely monitored by their parents and guardians. The songs also suggested that the learners were sexually active; they were also aware of contraceptives and condoms. Emar then guided the learners in making informed decisions. He also wrote that the method was exciting and enjoyable:

*During the training on the use of participatory methods in teaching, we were informed that it was necessary to guide our students on the need of healthy sexual practices. Based on the Kenyan culture, most parents would be mad to hear that their children are being taught about sex! Many at times we assume our children are naïve but they seem to know more than we would ever imagine. The training was a wakeup call to me as I realized I have not been guiding my learners in the right way. That question that I was once asked during one of the sessions made me realize that we as teachers and parents have been lying to ourselves that our children do not know anything about sex yet they learnt it from the peers or the social media.*

*I decided to implement the participatory methods and change my way I delivered my guiding sessions. During this particular session, I asked the learners to compose songs of how they felt as young people, how useful the social media was to them and their relationships with their parents. As I listened to their presentations, I realised that the students were so enslaved to social media and were learning a lot. Another thing I learnt is that most of the students were given so much freedom at home and there was so much negligence from the parent's side as they highlighted of how they would always meet their friends in town or the house and how they always longed for holiday to catch-up with friends.*

*I asked them if they were aware that HIV and AIDS was on the rise and that it was also affecting the youth and there was silence in the hall. I made them understand that it was good to spend time with their peers but they also had to take care of themselves. Using the knowledge, I acquired in the training, I told the students that their songs suggested that some of them were sexually active, for once I told them that was not wrong but they needed to use protection. I asked them of the appropriate way to do so. I got responses like; using contraceptives and condoms. I then told them that condoms were the most appropriate as with those they would control pregnancy and HIV and AIDS. After our discussions, the learners commented that we should be having more of such sessions unlike the previous ones which I was always domineering.*

#### **4.5 WHAT DO THE REFLECTIVE JOURNALS MEAN?**

The reflective journals respond the second research question: *How do secondary school teachers experience the use participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?* The

reflective journals revealed how the Kenyan secondary school teachers experienced using participatory visual methods in teaching sexuality, HIV and AIDS. The journal entries are categorised into two themes: The usefulness of participatory visual methods in teaching sexuality, HIV and AIDS education and optimism.

#### **4.5.1 Usefulness of participatory visual methods in teaching sexuality, HIV and AIDS education**

Teachers admitted that using participatory visual methods was useful to them. These methods made it easy for them to navigate the delivery of this sensitive subject in their classrooms. Unlike previously, when teachers had to engage mostly in the lecture method of teaching, the participatory methods aided them to engage the whole class in the lesson. The teachers and the learners engaged actively using collages, role plays, music, poetry and drawings. Tuti stated, *“I decided to implement it in my teaching”*. This means that he found them useful and decided to implement them. Krea appreciated the effectiveness of the methods as she wrote, *“Using participatory methods are very helpful as you discuss with the learners rather than lecturing to them so they grasp it better”*. Similarly, Emar decided to use these methods as a change from the way he had been guiding the learners. He wrote:

*I decided to implement the participatory methods and change the way I delivered my guiding sessions...their songs suggested that some of them were sexually active, for once I told them that was not wrong but they needed to use protection.*

In agreement with the other teachers, Seng stated how impressed she was trying out the methods, *“I was very impressed when I used this method because this changed their perception and mine too”*. The methods put both teachers and learners at ease in discussing sex and sexuality as Sue stated, *“... the participatory methods of teaching sexuality are effective because students participate freely without fear of victimization”*.

The usefulness of participatory methods is discussed under two categories namely: Learner-centred/based and learners as knowledge producers/knowers. This is discussed as follows:

##### **4.5.1.1 Learner-centred/based**

Using didactic, teacher-centred teaching methods can discourage the learner-centred approaches advocated in sexuality education (Gibbs *et al.*, 2015). The more the teaching takes



a teacher-centred approach, the lower the level of learner activation. Thus, learner-centred teaching methods increase the learners' level of activation. In the learner-centred approach, teachers facilitate learning as they are expected to scaffold learners to construct new knowledge. They should provide the learners with just enough help needed in a new context and then steadily remove the support as the learners advance (Vygotsky, 1978). It is in this essence that employing participatory and visual methods are deemed suitable in sexuality, and HIV and AIDS education for this method engages the learners actively in learning activities (Holderness, 2012; Wilmot & Wood, 2012).

Baxen, Wood and Austin (2011) argue that when sexuality, HIV and AIDS education is employed in a manner that presents teachers as knowledge experts, it does little in enabling learners to think critically about their approaches to the HIV and AIDS scourge. In most cases, it can result in teachers being more apprehensive about their identity, rather than the process and the result of the pedagogy.

Learners should be given opportunities to participate in their own learning by contributing to ideas that influence learning like self-assessment of learners and sharing of knowledge, especially in discussion groups (McMillen & Hearn, 2008). This is made possible when teachers use participatory visual methods in their classrooms, which are combinations of a variety of learner-based teaching approaches. Tuti attested to having used these approaches in his teaching. He wrote that the learners came up with ideas as they were the main sources of knowledge. He was impressed that the discussion with the learners was fruitful because of their motivation to participate. This argument was also observed by Lim and Morris (2009) as they believe that motivated learners contribute more to their own learning by participating with others. These approaches also simplified Tuti's approach to teaching the learners on sexuality, HIV and AIDS. He continued to write that the approach enabled him to ask the learners other questions which, according to him, were not easy with the teacher-centred approach. This explains the interactive nature of participatory approaches in that it is a move away from didactic, passive instructional approaches (Martin, Nelson & Lynch, 2013; Pegg *et al.*, 2012). Tuti illustrated:

*I decided to implement it in my teaching as it was more of learner based and the students would come up with ideas as I was not the main source of the knowledge... I was impressed: the discussion was fruitful! ... The students were co-operative, as it was even simpler asking them other questions based on the story.*

Interaction between teachers and learners is important in teaching and learning. Ntshangase, Mdikana and Cronk (2008) observe the importance of social interaction in relation to academic achievements. Teachers are encouraged to have free interaction by a variation of teaching methods. They should guide the learners within their Zones of Proximal Development that they understand and work independently, therefore, equipping them with knowledge to face their current and future challenges (Killen, 2007). For instance, in Seng's class, she decided to engage the learners in role play. She noted that the social interaction enabled her learners to engage in great performances. Since the participatory methods are learner-based, the learners were motivated, hence, improving their understanding and knowledge retention. This is in line with Karten's (2010) observation that when learners accomplish tasks independently with the guidance of the teacher, they exploit their academic capabilities among themselves; thus, leading to knowledge retention. Seng wrote:

*I also used them to do role play whereby I watched great performances from them which made the lesson very enjoyable and students could now understand some details that are more real than the written documents in the textbooks.*

Similarly, in the focus group discussion, Seng said she was impressed with how creative her learners were as the methods worked out for them. She said, *"they really impressed me with how creative they are... the role play worked... I enjoyed teaching and they enjoyed the learning process"*.

Luckin (2010) posits that efficiency in learning is achieved when learning resources are availed. These include digital resources like mobile phones, video recordings, and DVDs, human resources like parents, siblings, peers and teachers, and physical resources like paper, pen, literary books, informational texts, magazines and journals. Raed used a picture as a learning resource in her class. As stated by Rana *et al.*, (2008), motivation is a factor that aids participation in class. This is evident in Raed's class as she noted that the picture she used excited her learners to talk about their sexuality. She wrote *"Having seen a photo of a couple spending time together, they could not hide their excitement"*. By involving her learners in the learning activities, she believed that they would achieve good academic outcomes (Rana *et al.*, 2008). The learners' ability to interpret the picture affirmed an observation by Karten (2010) that a learner may accomplish tasks independently while the teacher confirms that the learner's prior knowledge is correct by monitoring it periodically. This aspect is also evidenced by Vygotsky (1978) who emphasises that social factors contribute to cognitive development, as cognitive development has encouraged social interactions from directed learning within the

ZPD, when children and their teachers co-construct knowledge. By so doing, learners exploit their academic capabilities among themselves leading to better knowledge retention.

Tessy had a similar experience as Raed in that the learners in her class enjoyed the learner-centred participatory approaches. She stated, *“They were excited, more co-operative...”* Tessy discussed that she asked the learners to draw themselves and what they knew about human sexuality. She confirmed that the methods are learner-based in that they accomplished the tasks given on their own, while she supervised them. She further raised a similar opinion in the focus group discussion as she said, *“I asked them to draw themselves... The boys were really excited... they really wanted to express themselves, what they think about themselves. I just told them to express themselves, their sexual beings”*.

Effective teaching and learning should be learner oriented, whereby the learning includes the involvement of learners in class activities. For instance, through asking and answering questions, discussions and doing class-given assignments (Rana, Malik & Naeem, 2008). Enai asked her learners to stage a play based on the learners’ sexual identities. The lesson was effective, as the learners discussed how they would spend their time immediately when they left school. Enai admitted that the learners’ participation put her at ease alleviating the discomfort she felt in effecting the delivery of sexuality, HIV and AIDS education. She wrote that the lecture method she used before did not give the learners a chance to express themselves. She stated that she owned the lesson and felt that she did not deliver the subject effectively because of the discomfort she attached to it. She wrote:

*I asked them to stage a play on how they would behave immediately they finished their forth form examination. They were excited...it was more of a discussion with the learners than the usual lecture method which to me I felt I owned the lesson and brought about some discomfort.*

In the focus group discussion, Enai also indicated that the participatory methods are learner-centred as she stated, *“I engaged them in the role play...and they were able to make a play... it was fun and they really wanted to play again and again”*.

Emar also implemented the participatory visual methods. As noted by Francis (2011), teaching about sexuality enables learners not only to avoid negative consequences, but also to institute healthy attitudes towards sexuality and as such, the methods were well received by Emar’s learners. They requested him to be using these learner-centred approaches more often because in the previous lessons, the teacher domineered the lessons. This implies that the learners are

willing to participate in their learning, but the approaches teachers use in the classrooms often dictate the content to be delivered. This aligns with Boonstra's (2007, p. 8) assertion that "only by listening to adolescents and understanding the specific barriers they face will we be able to give them guidance and support they need so they can be responsible in their own lives, contributors to society and sources of strength as the next generation". Emar stated that "*After our discussions, the learners commented that we should be having more of such sessions unlike the previous ones which I was always domineering*". Emar emphasised the learners' role in their learning, as he said "*I assigned them characters... many were able to come out. The students were able to play roles and in the process learnt various ideas on their sexuality*".

Olender, Elias and Mastroleo (2010) observe that the learners whose parents are involved in their learning activities by providing emotional and material support show improvement in learning. De Witt (2009) supports this argument by stating that some learners do not have emotional and material support to develop within the family. By using the learner-based approaches with the learners, Krea learnt that some parents and guardians neglected their responsibilities. The learners admitted that they were given much freedom to hang out with their peers at home. The teacher should then guide such learners to avoid negative peer influence that leads them to making wrong choices. She wrote:

*Another thing I learnt is that most of the students were given so much freedom at home and there was so much negligence from the parent's side as they highlighted of how they would always meet their friends in town.*

#### **4.5.1.2 Learners as knowers/knowledge producers**

Teacher monologue methods, especially the lecture method of teaching fails the learners' development of autonomy in learning. It also fails to engage the learners in critical thinking that enables them to learn and experience skills necessary in addressing the challenges they face.

Participatory approaches are beneficial in raising the voices of the learners in relation to HIV and AIDS, sexuality (Peterson *et al.*, 2009; Walsh, Mitchell & Smith, 2002; Welbourne, 2002). Mitchel, Moletsane, Smith and Chisholm (2008) posit that many people view people living in the rural areas as weak and need to be pitied and helped. These authors observe that the perception is, however, that rurality cannot transform in terms of behaviour change and motivating those living there. Similarly, the participatory methods motivate the learners to

awaken their perceived rurality and eventually to exploit their potential in the production of knowledge. As stated by Vygotsky (1978), when learners are engaged comprehensively within the ZPD, they are able to motivate each other and; thus, their level of intellectual development is enhanced and maximised.

As observed by Mitchell *et al.*, (2008) above, learners can transform and change their behaviour through their own learning. Tuti's experience in his class makes one appreciate the fact that learners are the producers of their own knowledge, although teachers and parents have ignored the learners' role in influencing content. There is a need to include the learners' knowledge for effective curriculum outcomes (Beyers, 2013; Mkumbo, 2010; Buthelezi *et al.*, 2007). In as much as teachers ignore and assume that their learners' knowledge is weak, the learners in Tuti's class challenge this in that they shared knowledge about the preventive measures of HIV and AIDS. He wrote "*Those who knew on the preventive measures discussed that with those who did not know about it*". Tuti's learners attested to the effectiveness of scaffolding that leads to meaning making in Vygotsky's (1978) ZPD by co-constructing knowledge under the teacher's instructions. The learners who were aware of the preventive measures of HIV and AIDS shared the information with their peers; thus, making them knowledgeable. Similarly, in the discussion that was provoked by Oke in support of Tuti's remark on learners as knowledge producers, he said, "*The students; they have this knowledge... they have the information. Remember this, when you mention it, they are aware...*" which means that learners were aware of themselves and others and were able to produce knowledge about their sexuality based on what they knew.

From the observation above the learners' participation in shared knowledge could prepare them to realise their strengths, therefore, to deal with challenges. However, even the learners' knowledge of the preventive measures to HIV and AIDS does not equate to their behaviour. As observed by Beyers (2012), the young people's behaviour does not reflect that they can apply this knowledge to a level that they can avoid infection, which means that the teachers still need to guide the learners to make informed choices.

Scholars have praised the usefulness of participatory methods in that they give an insight into the acquisition of new knowledge. It is further acknowledged that these methods enable them to learn things they would not have thought of asking about (Eisner, 2008; Bagnoli, 2009). In line with the arguments placed by these scholars, the methods employed by the teachers in their classrooms made them realise how enriched their learners were with knowledge. Enai was

amused at what the learners came up with. She always thought that the learners were naïve of their sexuality. This came as a surprise to her as she wrote:

*It was interesting to see what they came up with. By now I was getting amused how the girls had so much information. I asked them of how they would go about it to protect them and their partners in case they were sexually active. They contributed in the discussion by saying that it was good to use condoms as it was known to be a barrier or stay cool till the ripe time.*

From Enai's journal above it is clear that learners can produce and share knowledge among each other and, therefore, be sensitised to the preventive measures of HIV. These findings indicate that there has been an improved knowledge acquisition regarding the modes of transmission. This makes a teacher less burdened with the discomfort of pioneering the discussion. This knowledge emanating from the learners necessitates the teachers to teach the learners on sexuality, HIV and AIDS in time before they become sexually active (Beyers, 2013). In support of Enai's findings, Tessy wrote how impressed she was with her learners. She noted that the learners needed time by themselves in order to provide knowledge. Her discussion in the focus group is a reflection of the usefulness of participatory learning to the learners. Tessy argued that learners had the knowledge and were able to give ideas about themselves. She said, *"I asked them to draw themselves. What they understand... on human sexuality... they were really excited. For them they wanted to express themselves. I realised that when given opportunity, they give you ideas about themselves"*.

Richards (2011) argues that participatory visual methods give the participants ownership of the research process, hence, motivating them to participate for success. When motivated, there is a possibility that learners produce useful information that ultimately benefits them, as there is an increase in the knowledge gain. In this study, the participatory methods aroused the learners' interest in participation. Raed's experience in her classroom explained how the learners came closer to the displayed picture in an effort to generate ideas of what the picture meant to them. She wrote that *"They moved closer to the photo with lots of description of what they saw... shy students were in the front line... It was less involving for the teacher and the students took the methods and owned them"*. The picture gave the learners an opportunity to explore ideas and create their own meaning from it, therefore, producing knowledge. This is affirmed by Moreno (2010, p. 89) who posits that "social interactions do not just influence cognitive development but rather create individual schemas and thinking processes". Therefore, the method was well

received by the learners as it is fun, flexible, and creative. Moreover, it gave them opportunities to talk, listen and be heard.

Participatory visual methods give the participants a long-term sustainability of the knowledge, as it is beneficial to all the learners engaged in it (Richards, 2011). This is because the use of learner-centred approaches guides the learners in acquiring new knowledge. In line with an observation by Beyers (2013) that the participatory methods make it easier to create conversations and discuss meanings, the methods prompted learners in Tessy's class to discover new ideas as they easily expressed themselves. Tessy acknowledged that the methods are easy to use as the learners were quick to respond. She wrote "*They were quick to respond and easy to express*". This meant that it was easy for them to interact and create new meaning. More importantly, they allow the teacher, as the mediator, to express sexuality, HIV and AIDS in an easy way, hence, meeting the objectives of the syllabus.

Participatory visual methods uniquely unearth knowledge, experiences and other related factors that lead to greater understanding of a topic (Baker & Wang, 2006). These methods also build the learners' confidence and as a result they ask each other useful questions, consequently realising they can cope with real life's problems. Lukolo and Van Dyk (2015) argue that with the young people's increased exposure to several sources of information, the learners may be influenced by both their peers and the environment in which they live. Vygotsky (in Moreno, 2010) also emphasises "social interactions to be the key mechanism for acquiring the language and culture of the community". This implies that people make meaning of their world by being involved in activities that are within their social environment. The youth are exposed to sexual pictures everywhere, in the media, the cyber and in books. This has detrimental effects as it increases their chances of engaging in risky sexual behaviour which consequentially put them at risk of infection of STIs, HIV and pregnancies (Francis, 2010). This is evidenced in Emar's journal below. Initially, before he implemented the participatory visual methods, the learners once asked him why he was always telling the same old stories about sexuality. They claimed that what the teacher taught them was contrary to what they were getting from the social media:

*What I was once asked during one of the sessions made me realize that we as teachers and parents have been lying to ourselves that our children do not know anything about sex yet they learnt it from the peers or the social media.*

This suggested that the learners were aware of their sexuality and sexual matters. It was upon Emar to help these learners develop the knowledge that they had. This aligns with Vygotsky's

theory (in Dafermos, 2014) which emphasises that social interaction is influential in human consciousness in that human beings learn through interaction with their social environment or society and also through an experienced individual. Emar used songs in his class. The learners were asked to compose songs of how they felt as young people. Some composed and sang of the usefulness of social media, while others sang of their relationships with their parents. After their presentations, Emar guided them on the importance of healthy relationships. Thus, the teachers should then support the learners in the appropriate way by guiding them as per Vygotsky's Zone of Proximal Development. Below is what Emar wrote on the learners' contribution to learning:

*As I listened to their presentations, I realised that the students were so enslaved to social media and were learning a lot... I asked them of the appropriate way to do so. I got responses like; using contraceptives and condoms.*

In the focus group discussion, it was also indicated that the learners had prior knowledge about sexuality. The teachers stated that learners were capable of producing knowledge. Often the knowledge that these learners had might have been influenced. The teachers argued that not all the information these learners had was right. It is the duty of these teachers to redirect the learners to gain the right knowledge. Vygotsky's (1978) theory argues that the teachers as mediators should scaffold learners to accomplish a task individually, therefore, equipping them to face challenges now and in the future. They discussed that:

*Tuti: Apart from having the knowledge from media, again they see them. You know in town, people don't hide, you see people holding hands and walking. So we have children who look at how people hold hands in town as opposed to those in rural. If you are seen with a lady holding hands in the rural, you can easily be flogged, but in town, you are free (laughs). Outside there, you can kiss yourselves...children look at such habits and they grow with them, they see that these things happen.*

*Sue: The whole fact is that (pause). You see, the children can be able to interact especially after you introduce sexuality education, they interact amongst themselves. But now the question is? When a teacher is not able to teach the children, what information do they get? They end up getting the wrong information.*

*Ema: Ok, I think this is where now we come in. And that what they know, not everything is right. How they express themselves, they don't express themselves with the right information. Yeah, most of them fantasize. It is not about what they did, so that is actually what they do*



Coldiron *et al.* (2008) posit that the liberalisation towards sex in the current world has proved a leeway for the young people to engage in sex anyhow. In the past, people were punished for any sexual acts unlike now. Some of the subjective norms that control their actions have influenced them into engaging in sexual behaviours that are unable to correlate to sexual consequences. This is because often the young people are not provided with the proper guidance. The social media and the environment in which the young people live have had an influence in the youth's subjectivity of behaviour. The eventuality is that the young people are exposed to things as birth control pills that lessen their fears of falling pregnant, while heightening their actions of unprotected sex. These actions are linked to HIV infections (Coldiron, *et al.*, 2008; Aggleton & Campbell, 2000). Raed's narration in the focus group discussion is in support of Emar's statement on the influence of media and the environment on the learners as she said, "*... they see a lot of things... in the media, they also see it maybe where they live... one lives with a married sister, maybe in a one bed- roomed house... everything happens where she is. Eventually practices the same*". Raed's narration is in line with Vygotsky's theoretical aspect of the social context which states that social interaction varies in the way we understand meaning, as meaning is inseparable from social contexts (Vygotsky, 1978). Correspondingly, learners gain knowledge about sexuality in the social contexts with which they relate. When these learners come together, they exchange ideas that need the teacher's intervention so that they may not end up making the wrong decisions. The participatory methods; thus, engage the learners in knowledge creation (Chambers, 2006), while at the same time bring to fore the knowledge that would have otherwise been harmful to the learners.

The participatory methods enable learners to have a voice in knowledge production (Coad, 2007). Therefore, the learners should be regarded as active participants in the discussions of the matters that affect their lives (Clacherty & Donald, 2007; Einarsdottir, Dockett, & Perry, 2009). In Seng's class, the participatory methods made learning authentic, as the learners used their own language and structures in their descriptions. Seng's findings relate with Vygotsky's theory that knowledge is created through language use over time. Therefore, a teacher needs to use language to encourage interaction in class (Newman & Holzman, 1993). As such the learners created new knowledge (Pink, 2006), as the lesson ran entirely based on what they shared. Seng felt at ease for this method made her work easier in navigating sexuality, HIV and AIDS with her learners, as illustrated. She stated, "*... every detail came from them and not me hence this made my work easier and it was also very interesting to the students*". Similarly, in

the discussion below, Emar praised the usefulness of the methods as he stated that learners were motivated in learning. They were excited, they asked questions and learnt a lot about their sexuality. On the other hand, Sue acknowledged the methods for capturing the attention of the learners and involving them throughout the lesson. She continued to say that the learners' responses indicated their enthusiasm and heightened creativity in the learning. It relates to Vygotsky's (1978) theory that states a teacher should actively stimulate and guide a learner to use what is familiar to them in trying to understand what is unfamiliar in their particular Zone of Proximal Development. They said:

Ema: *The learners were able to have fun. At the end of the lesson, they were asking questions as compared to those other times. The students were able to recall because of using that, the use of song. And also on the role play, especially the performance plays, you know most of the time, they have been incorporated to drama. I took care of one class, and because of time, the teachers will be able to pick from there. The students were able to actually, in their role plays, they were able to bring out and remember most that they had staged in the role play...the students learnt various ideas on their sexuality.*

Sue: *You capture their attention because everyone is involved. You see, you tell them to draw, everyone is actually involved and the responses were (pause). I was happy. Then now the music, you see our students are creative.*

These participatory methods enable the voiceless to tell their stories and in the process, they produce knowledge for themselves and others (Finley, 2008), while giving them ample space and opportunity to co-construct knowledge (McTavish, Streelasky, & Coles, 2012). Sue guided her learners to use songs in describing their sexuality. She commented that even the shy girls in her classroom came out and spoke about themselves. The participatory methods helped them to voice their opinions, hence, producing knowledge that they shared in the classroom. She wrote that *"They were able to construct songs on sexuality and came up with very good melodies on how they saw themselves as sexual beings. The girls could praise themselves in a song referring to themselves as flowers"*. Moreover, Sue's lesson on the use of drawings relates to Khau's (2012, p. 412) study that *"a good sexuality education ensures that learners are given information that allows them to develop their values, attitudes and beliefs towards sexuality while also shaping their sexual identities and informing their relationship with others"*. The girls were enthusiastic and praised their sexuality in the songs they composed. The drawings depicted that, the learners had knowledge about their sexuality and needed guidance from the teachers in order to shape their sexual identities and relate well with others. Sue continued to write:

*The students were able to draw various pictures describing themselves as sexual beings some girls drew themselves as a pineapple illustrating that they are juicy but you cannot get them easily unless you ready to be pierced. Others drew themselves as sugarcane, coconut and many more.*

Kirby (2001) argues that comprehensive sexuality has its advantages in that the learners develop positive attitudes. They then engage in open discussions with others on issues of sexuality. This helps them bring to fore their doubts and misconceptions. Such discussions help the young people make informed decisions. This was evidenced in Sue's and Raed's classrooms in that the focus group discussion, reinforced what they wrote in the journal entries. They commented on how impressed they were with their learners. The learners expressed themselves freely, unlike in the past. They said:

Sue: *Now, when I introduced this one method, on drawing, I was impressed by one girl, very conservative type. You see, she is very reserved, she does not really talk too much, she is polite, and she came out. I was just impressed with her drawing. I was really impressed, that was so good as compared to that time when you would ask a question and the class is quiet.*

Raed: *I told the learners to write some of the words or phrases they think have got some content concerning some behaviour. Later own, they came up with a poem which enabled us to answer questions easily.*

Sue: *I told them to draw how they picture themselves as sexual beings. I was amazed. You know. This is what I came up with (pointing). One said I can be a glass, if handled carelessly, I break. I could not believe it. It was amazing. What came out of the students, they were better than us.*

The cultural and religious norms in our societies affect the effective delivery of comprehensive sexuality in schools and at home (Eisenberg *et al.*, 2013). The thought of teaching sexuality education creates a feeling of anxiety to the teachers, therefore, leading to difficulties in delivering it (Eisenberg *et al.*, 2013; Mufune, 2008; Ndjoze-Ojo & Murangi, 2002). Teachers also form part of a society. However, as Masinga (2009) posits, teachers must be aware of themselves and admit their own prejudices and beliefs in order to become better teachers. As Krea notes in her journal, she conformed to her society's roots and it became difficult expressing herself in class as she was bound by cultural practices. It is only when she engaged her learners in using participatory methods that she realised the learners were knowledgeable of her cultural expectations. As mentioned earlier, she had always felt embarrassed teaching about sexuality education. Beyers (2011, p. 194) posit that "adults must realise that what they view as culture may not be what the modern youth experience as culture". In agreement with this scholar, the participatory methods were helpful to her as she realised that what she thought

to be a hindrance in the effective delivery of sexuality education, was not actually an issue to the learners. It was clear that the learners were aware of some of the customs and traditions that govern the societies. She wrote that “*Deep inside my heart, I was surprised that these learners were conversant with the customary expectations and somehow understood my situations*”.

In essence, classroom engagement and participation in the co-creation of knowledge can lead to an improved sense of collective autonomy and dependability among learners. The participatory strategies in group work, influenced by a social constructivist understanding, can encourage reflection and dialogue (Leshem, Zion, & Friedman, 2015).

The following is a presentation of another theme that made meaning of the findings of the data.

#### **4.5.2 Optimism**

There is a need to instil relational hope in teacher practices by promoting collaborative, participatory learning engagements that build secure and creative spaces for critical discussion, allowing multiple voices and experiences to be heard. Such practices could, in turn, promote a sense of hope for the teachers and the learners (Cherrington, 2017). After implementing the participatory visual methods, the teachers were hopeful that the methods would enable them to make better teachers in their classrooms.

Karten (2010) posits that teachers may use technology to motivate and instruct learners as this will increase their own classroom productivity and serve as an effective instructional gain. In this perspective, the teachers use participatory visual methods in order to motivate teaching and learning in their classrooms. Learning resources should be available in class, which according to Luckin (2010), include digital resources like mobile phones and video recordings, human resources like peers and teachers, and also physical resources like paper, pens, literary books, informational texts, magazines and journals. When these material supports are available in class, both teachers and learners are optimistic to learn.

Scioli and Biller (2010) argue that optimism is enabled when one experiences empowerment and a feeling of liberation or release from oppression. The teachers in the study felt liberated from the oppressive teacher-centred methods they had been using in their classrooms. They felt empowered by the participatory methods as the methods encouraged them to deliver sexuality, and HIV and AIDS education in their classrooms. Enai wrote that after using play in her class,

she had the courage to discuss the importance of healthy relationships with her learners: “*After the play, I took them through a discussion on the need to have healthy relationships and that it was important to choose friends wisely*”. She encouraged her learners on the importance of healthy relationships. As noted by Jacobs (2005, p. 794), “hope is a necessary condition” for an education aimed at bringing about social change. It is, therefore, necessary for the learners to choose their friends wisely, consequently developing healthy relationships. In the focus group discussion, Sue also stated that she felt empowered by the participatory methods. She commented that the methods enabled her to guide the learners to have a stand in making informed choices in their relationships.

Sue: *I realised that when you are teaching such topics as sexuality, there is something that comes out, as compared to when we were teaching before...I told them, you are not talking about you but about the drawing. You could see that openness. They were really open... Now students can stand and say that ‘oh, I have to protect my virginity until when I am married.*

It is important that teachers root their practices in optimism (Nolan & Stitzlein, 2011). As illustrated in Enai’s journal, she advised her learners that it was very possible to take preventive measures in risky sexual relationships and behaviour. She continued to write:

*I was quick to tell them that even in marriage condoms can still work in case you feel you have a straying partner and of course you need to take care of the children. At the end of the lesson I felt I had been wasting my learners’ time a lot for not teaching them on what they needed to know about their sexuality. Using these participatory methods was encouraging.*

As written by Enai in her journal above, teachers should experience themselves, the world and the future with optimism (Scioli & Biller, 2009). It can be explained as a participation of interpersonal engagements that are aimed at pursuing purpose and wellbeing. In the classroom context, teachers’ optimism relay hope for themselves and the learners to face challenges at the present time and in the future. Through Vygotsky’s (1978) scaffolding concept, Enai made learners aware and understand the aspects associated with their sexuality which could result in a change of perspective towards HIV and AIDS.

Lopez (2010, p. 42) posits that optimistic teachers generate an energy that create ripples of hope for others: “Those hopeful principals and teachers spread hope by encouraging autonomy, modelling a hopeful lifestyle, promoting strengths-based development, and telling stories about how students and educators overcome big obstacles to realize important goals”. Similarly, Raed wrote that the poetry writings used by the learners in her class encouraged optimism. Raed was

encouraged to use the methods in teaching because she stated the methods were fast. This means that the methods ease the discomfort associated with teaching sexuality, as was admitted in their memory accounts.

On the other hand, the learners shared ideas on human sexuality modelling hope through the positivity they depicted in their poems even though they admitted to have had negative issues in their lives. Raed wrote that “*Writing of poetry was a fast way to learn or rather share an idea about human sexuality. They only see the positive side of life even when the negative is obvious*”.

As modelled in Raed’s journal, optimism in school has far-reaching benefits for the learner, teacher and the school community. This is because it is associated with perceived self-esteem and competence of the teacher (Lopez, 2010; Marques *et al.*, 2011). Optimistic teachers and learners tend to be more motivated to pursue teaching and learning, therefore, experiencing more positive emotions. These strengths translate to better abilities to cope with present and future challenges. Raed’s optimism to try out the new methods is evident in her discussion in the focus group meeting. She mentioned that she was courageous enough to mention sexual terms after a poetry discussion with the learners. Her learners were surprised that she could mention those words. She also encouraged them to utter the sexual terminologies in class so that they get used to them. This positivity, as expressed by Raed, enables teachers to deliver comprehensive sexuality education effectively rather than engaging in abstinence-only content. She said:

Raed: *They recited the poem. There are some poems which have some words which when pronounced, when said in class, you see the students saying ‘You mean the teacher can say that? So I made them say that. So that they could know it is something normal and we are in class teaching...*

Teachers should be optimistic in a sense that they should look beyond themselves, but at the larger context of their learners to deal with issues at an advanced level (Nolan & Stitzlein, 2011). As written by Seng in her memory account previously, she was accused by her learner for teaching the characteristics of growth and development. The girl felt the teacher’s intention was to cause a break-up with her boyfriend who shared a class with her. However, Seng looked at the larger context of the situation by going ahead to implement the participatory methods. After implementing the participatory methods, Seng admitted that the learners appreciated their bodies and took it to their advantage in engaging in activities of their interest like sports. Seng

stated, *“In this session, they turned the lack of hips and enlarged breasts to be an advantage like being an athlete”*. Seng’s confidence, as explained above, aligns with Higgs’ (2016) view that the curriculum’s main concern should be with empowering teachers and learners to gain confidence in their own potentialities and to obtain a sense of pride in their own ways. She elaborated in the focus discussion that the participatory methods were easy to use for it made it easy to explain sexuality, HIV and AIDS to the learners. She said that *“They really enjoyed it so much and in fact it made it easy when explaining to them... I enjoyed the teaching and they enjoyed the learning process”*.

Seng additionally noted that she enjoyed teaching because of the methods. This implies that she was optimistic to teach because of trying out the participatory methods. On the other hand, she noted that the learners were receptive to the new methods because of the difference it brought to the classroom compared to the previous lessons before implementing the methods.

Marques *et al.*, (2011) observe that group work can encourage hopeful thinking. Similarly, in the study, using participatory visual methods encouraged collaborative and participatory knowledge construction; thus, enhancing optimism in teaching and learning. The optimism to learning is in line with Vygotsky’s Zone of Proximal Development that has a direct implication on teaching and learning in that teachers should connect to the learners’ potential and guide them to a new level of understanding (Newman & Holzman, 1993). As was put by Krea, she is now better placed to teach sexuality, HIV and AIDS education after implementing the participatory visual methods. She expressed that she used the knowledge constructed by the learners to continue explaining their sexuality. She wrote:

*I now have better skills on how to cope with teaching topics related to sexuality... I took their explanations to my advantage and explained to them the biological functions of our bodies and in depth of the hormones responsible for child bearing, and their rightful age to get children and be responsible parents.*

Pullizi and Laurie (2009) point out that the participatory methods seem to enable the teachers and the learners to develop meaningful attitudes about HIV and AIDS, and to learn the necessary skills that can help them prevent infection and reduce stigma. Emar noted the usefulness of the methods which made him optimistic to lead his learners in the right way. He stated that he previously guided the learners wrongly, as he wrote, *“... I realized I have not been guiding my learners in the right way... I made them understand that it was good to spend time with their peers but they also had to take care of themselves”*. On the other hand, Ungar

(2008) observes that through optimism, the youth learn from their experiences and also failures, consequently developing self-efficacy believing they can perform a task productively. Emar engaged his learners to know that they could protect themselves and those they loved by using condoms in relationships. He encouraged his learners to be optimistic in fighting the HIV scourge and teenage pregnancies. Emar wrote, *“I then told them that condoms were the most appropriate as with those they would control pregnancy and HIV and AIDS”*.

Teachers are always trained in order to enable them to use a variety of methods in class to advance students’ knowledge of HIV prevention and transmission and also to change their attitudes towards the infected (Sarma & Oliveras, 2013). In line with these scholars, Tuti encouraged his learners to have hope in future. He brought hope to those infected with HIV and AIDS that all hope was not lost. His optimism was expressed in the phrase ‘when the sun goes down, one should not cry for the tears will not let them see the stars’. As observed by Larsen and Stege (2012), individuals become hopeful when they create the usefulness of themselves and their potential. Thus, as Tuti wrote, he encouraged the infected and the affected to be hopeful that they should make themselves useful by exploiting their potentials. He wrote:

*We concluded the lesson by saying that actually **when the sun goes down, one shouldn’t cry for the tears will not let them see the stars**, to mean that even with HIV and AIDS, one can still have a partner, practice safe sex and live happily as a family and also on the need to accept those who are HIV positive in the society.*

Tuti affirmed his sentiments on optimism in the discussion below, where he seeks for an answer on how to approach a case in which some learners are infected in class. They too need to be appreciated and loved, and in such cases guide them to protect their loved ones from being infected.

Tuti: *It is very possible that they can meet out there and share their whatever. At the end of the day, one will get infected again. So maybe we have to discuss ways in which these students must be told about these issues.*

Facilitator: *But the thing is; if a student or anyone discloses their status to you, it is not your job to tell other people. It is very unethical. If the teacher knew the status of the student and told the whole school, that teacher that is guilty and should be imprisoned, that is a criminal offense. If someone tells you their status, they trust you and not anyone else.*

Tuti: *So my question is, you know they are in one class, in one school, and they are friends, and one male student would approach her. She is also a human*



*being, and she deserves to be loved too. And the others do not know about her state.*

Just as participatory visual methods promote self-determination aimed at achieving justice and equity (Denzin, Lincoln & Smith, 2008), teachers ought to be optimistic in teaching this subject, hence, promoting justice for their learners who rightfully need sexuality, HIV and AIDS education.

#### **4.6 CONCLUSION**

This chapter has presented an analysis and discussion of the data generated with the participant teachers in this study. Themes were generated from the analyses. The themes responded to the two secondary research questions of this study. The findings gave insight into the teachers' challenges in the effective delivery of sexuality, HIV and AIDS education. The findings also revealed the effectiveness of participatory visual methods in teaching sexuality, HIV and AIDS education. In the next chapter, findings are summarised, a conclusion is drawn and recommendations are made.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

#### 5.1 INTRODUCTION

The purpose of this study is to explore the use of participatory visual methods in teaching sexuality education in selected Kenyan secondary schools to influence and enhance the teaching and learning of sexuality education. The findings are purposed towards drawing a conclusion and recommendations on how the data responds to the main research question:

*What are the teachers' experiences of using participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?*

Two secondary research questions were established while endeavouring to answer the main research question:

1. How are secondary school teachers teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?
2. How do secondary school teachers experience the use of participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?

In pursuing these research questions, a phenomenological qualitative research approach, which is within the interpretive paradigm, was used. The supported descriptive accounts of the participants, which paved the way to understand the subjective world of their existent experiences of the phenomenon, were investigated. The research applied a participatory visual methodology by using memory accounts, reflective journals (in which the teachers reflected on teaching using drawings, poetry, role play, music and collages) and a focus group discussion. This methodology was used to generate data from nine participants who were purposively selected from three Kenyan secondary schools.

As De Vos *et al.*, (2014) and Creswell (2005) state, when a description of the research findings is shared, new answers to old problems in the research field may be obtained. As such, the generated data in this study, has contributed creatively to the existing knowledge with regard

to the teaching of sexuality, HIV and AIDS education and how teachers can become effective in their classroom delivery. This study worked within Lev Vygotsky's socio-cultural theory in order to ensure that the findings made meaning in answering the research questions.

## **5.2 SUMMARY OF THE FINDINGS**

The findings are presented based on the two research sub-questions of this study.

### **5.2.1 Research sub-question one: *How are secondary school teachers teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?***

This question aimed to explore the teachers' experiences in teaching sexuality, HIV and AIDS education. It specifically focused on what they remembered about their experiences as they taught sexuality, HIV and AIDS education in their classrooms. The findings are categorised under two themes: Feelings of fear and Guilt.

#### **5.2.1.1 *Feelings of fear***

The provision of sexuality, HIV and AIDS education in Kenyan secondary schools through the HIV and AIDS programme, as well as the implementation and the integration in subjects such as Biology, English and Literature and the Guidance and Counselling sessions, has resulted in teachers facing challenges teaching the content. This section discusses the findings and an elaboration of the findings, in relation to the teachers' challenges and the repercussions brought about by the challenges. The participants demonstrated discomfort in the effective delivery of the subject, which was caused by fear attached to a variety of reasons. The following are the findings:

##### **5.2.1.1.1 *Fear of leading learners astray***

The teachers' responses indicated that they were challenged with the effective delivery of sexuality, HIV and AIDS education. This was presented through the explanations of their memory accounts.

In elaborating on their teaching of sexuality, HIV and AIDS education, some teachers admitted that they did not meet the requirements of the syllabus. Some described that it was difficult to

teach the learners for fear of leading them astray with sexual knowledge. This means that the teachers believed in childhood innocence and that teaching learners about their sexuality was a way of corrupting their minds. For that reason, most of the teachers opted to teach abstinence-only knowledge or let the learners read about sexuality on their own. Some shunned the teaching of the subject completely.

#### **5.2.1.1.2 Fear of misleading and hurting learners because of lack of knowledge**

The data generated by the participants revealed that, most of them were not equipped with the necessary knowledge to teach sexuality, HIV and AIDS education. Most of the participants noted that they feared teaching for fear of misleading the learners because they lacked appropriate knowledge on sexuality, HIV and AIDS education. They admitted that they had not undergone rigorous training on how to tackle this subject in their classrooms. It was, therefore, hard for them to navigate the issue of sexuality, HIV and AIDS as they felt that they would be misleading the learners. Some participants admitted to have been challenged by learners in class. Other participants believed that misconceptions governed sexuality. This is attributed to their lack of knowledge and, therefore, it became a challenge for them to teach effectively. For instance, some participants believed that talking about sexual pleasure with learners was bad and, therefore, did not want to transfer such knowledge to the learners. This reasoning, along with their improper training on how to teach the learners about sex were factors that influenced their teaching.

Moreover, some participants were challenged by how to address a class with affected and infected learners. They posed that they warned them about the dangers of HIV and AIDS instead of giving hope to those who were affected. Some participants were not able to expound on this subject for fear of hurting this group of learners. The participants argued that, they viewed it improper to teach learners on condom use and having relationships with peers of the opposite sex. This shows that more intervention is needed, in order to make the teachers aware that they ought to teach the learners comprehensively about their sexuality, in an effort to enable them to make informed choices.

#### **5.2.1.1.3 Fear of sexualisation and victimisation**

Some of the findings showed that the teachers had been sexualised and victimised for teaching sexuality, HIV and AIDS education. Their accounts indicated that the learners accused them

of exposing their secrets indirectly before other learners in class. Some participants mentioned attacks by vengeful learners, who felt that teachers were actually teaching about them. Some of the findings portray a lack of support for the victims by the school administrators. This resulted in teachers avoiding or sieving through content in class for fear of victimisation.

Some participants admitted being sexualised by their learners. The young teachers were viewed as age-mates by some learners. Those learners involved in sexual relationships with their classmates felt that the young teachers were a threat to them. This was found in coeducational classrooms.

Teachers involved in these incidences feared approaching the subject in their classrooms. This posed a risk to the effective delivery of the subject in the classroom and the need to better teaching to achieve the intended goals of education.

#### **5.2.1.2 Guilt**

The guilt resulting from failure to deliver sexuality, HIV and AIDS education reflected in the participants' memory accounts. The subject is not examinable in the Kenyan context, and therefore, the teachers did not emphasise it in teaching, as they did with examinable subjects. Some participants stated that they felt guilty for teaching learners to pass examinations rather than teaching them the morals that they needed to uphold.

Some participants were guilty of being insensitive in their teaching, especially dealing with learners who were infected in their classrooms. Other participants felt guilty at failing in their responsibility to teach the learners, which resulted in some of them being infected by HIV, while others were innocently molested by their relatives. The participants also felt guilty for they knew that whatever they taught about sexuality was not the best they could offer.

#### **5.2.2 Research sub-question two: *How do secondary school teachers experience the use of participatory visual methods in teaching sexuality education within the HIV and AIDS Education Programme in selected Kenyan secondary schools?***

This question aimed to explore how Kenyan secondary school teachers experienced using participatory visual methods in teaching sexuality education, specifically focusing on how they explored collages, role play, music, poetry and drawings. The findings are summarised under

two themes: Usefulness of participatory methods in teaching sexuality, HIV and AIDS education and Optimism.

### **5.2.2.1 *Usefulness of participatory visual methods in teaching sexuality, HIV and AIDS education***

The provision of sexuality, HIV and AIDS education within the HIV and AIDS curriculum in Kenya has not been implemented effectively. Teachers admitted being uncomfortable while using the teacher-centred approaches, which they often used in their classrooms. Therefore, they did not teach as required or rather hid some of the information that the learners needed to know. This section discusses the findings of the participants' exploration of the participatory visual methods, with a close look on their effectiveness.

#### **5.2.2.1.1 Learner centred/based**

From the written journals the participants perceived that the participatory methods encouraged learner interaction. This put the teachers at ease, as the methods paved the way for free interaction in class, as opposed to the teacher-centred approaches they admitted to have used before. Some participants noted that the learners came up with a lot of creativity, as they were the main sources of knowledge. The learners understood a lot about their sexuality through the interactive sessions with their peers; under the guidance of the teacher. Since the methods involved both the teachers and the learners in the classroom, the participants noted that it had an effect on the silent learners in their classrooms. They came out unlike before, which gave the teachers a chance to guide them accordingly.

By using these methods, the learners' behaviour outside their classrooms was reflected in the presentations. The learners drew, acted, sang and composed songs of how they related with others. The teachers then guided them appropriately. Some participants reflected how the methods were enjoyable, exciting and easy to use and, hence, encouraged learner interaction. Some participants reflected that learners requested a more consistent use of participatory methods in a move away from the teacher-domineering methods. Most of the participants appreciated the interactive nature of the methods. The simplicity and creativity, and also the fun they had with the learners while guiding them gain more understanding about their sexuality, was appreciated.

#### **5.2.2.1.2 Knowledge producers/knowers**

The learners' use of participatory methods in their presentations made the participants realise that the learners were more knowledgeable than they thought they were. The participants' written journals reflected that some learners were aware of the preventive measures of HIV and AIDS. They shared that knowledge with those that did not know, under the close supervision of the teacher. Some participants indicated that the learners were learning a lot about sexuality through social media and their peers. Some of the knowledge they gained was inappropriately received and used. It was, therefore, the duty of the teachers to redirect them using these methods in an effort to impart the right knowledge.

The participants noted that the learners' contribution in class presentations was enormous. The learners took the methods and owned them. They gave a variety of descriptions from the drawings they drew and also those that they saw, the different collages they created about sexuality, the songs they sang in praise of their sexuality, the poems they composed from their own pictures, and the roles they took up in acting. All these items contributed to their own learning. It was, therefore, the teachers' obligation to guide them accordingly, since the methods gave them comfort in their lesson delivery. The participants noted that the methods were easy to use and also easy to learn using them.

#### **5.2.2.2 Optimism**

After using the participatory methods in their classrooms, the participants indicated that they were encouraged to teach sexuality, HIV and AIDS education. Some of the participants wrote that the methods encouraged them to be optimistic to teach with positivity and to encourage positivity, especially to the infected and affected learners. The participants noted that all hope was not lost in teaching this subject. Teachers had to devise and implement new methods that brought optimism in learning. Some participants noted that since the methods were interactive in nature, they were easy to use; thus, making the teachers develop optimism in teaching.

The participants also showed that they were optimistic in the way they looked at issues from different angles. For instance, they realised the need to teach learners comprehensively about their sexuality to make informed choices rather than engaging in abstinence-only programmes or complete shunning. The methods encouraged the participants to open up and speak to the learners, unlike the earlier discomfort associated with teaching this subject. The participants

were better skilled to tackle sexuality issues in their classrooms and outside the classrooms. The methods also instilled hope for the infected teachers and learners. The participants courageously told the learners that people can still practise safe sexual practices even when infected, in order to curb the further spread of HIV. The teachers' expressions indicated that they were better placed in how they could carry on with sexuality, HIV and AIDS education lessons in their classrooms. They had hope in teaching for change.

### **5.3 CONCLUSION OF THE SUMMARY OF THE FINDINGS**

HIV prevalence is high among the youth in Kenya and also globally. This has been heightened by their exposure to risky sexual behaviour. Since schools have been identified as the main places to deliver knowledge, the learning institutions have intervened in HIV prevention by offering sexuality, HIV and AIDS education. Most learning institutions offer an abstinence-only programme, which does not adequately fulfil the learners' needs. This study has shown that while the teachers are expected to model the learners into having healthy and safe relationships, they are still experiencing problems relating to the effective delivery of the subject (Boonstra, 2011). Without using proper teaching methods, the teachers have minimal delivery of sexuality, HIV and AIDS education; thus, heightening the learners' vulnerability to STIs, teenage pregnancies, HIV infections, sexual abuse and harassment.

This study has highlighted the need to enlighten teachers on a variety of teaching methods that suit their comfort for the effective delivery of sexuality, HIV and AIDS programme. Engaging with the teachers revealed that they do not deliver on sexuality matters as they should. Teachers have argued that they experience discomfort associated with the effective delivery of the subject. Other teachers have highlighted that they have the confidence to deliver it but lack knowledge on how to deliver it. They have further argued that they need more knowledge on how to deliver sexuality education effectively. They need adequate training on how they can use a variety of methods to deliver sexuality, HIV and AIDS education effectively. Their perceived needs revealed that the education they passed on in their classrooms is still based on a traditional teaching method governed by cultural and religious beliefs. The curriculum needs to correct this inefficiency by means of training and encouraging teachers to teach in a more holistic approach that encourages interaction in the classroom. This was clarified by the participants' reflections of their classroom interaction in the focus group discussion.



From the findings it was evident that the learners were receiving a lot of information from their peers and social media. This information is not always reliable or correct. Thus, there is a need to prepare the teachers to use methods for the effective delivery of reliable information to the learners. Furthermore, the programme should consider teachers as sexual beings, who may also be challenged in effecting sexuality education, and therefore, train them in a variety of ways for an easy navigation of the subject.

### **5.3.1 Participatory visual methodology**

This study explored the use of participatory visual methodology in teaching issues which are considered sensitive in the schools and the society. The teachers felt that the methodology was appropriate as it desensitised their teaching. It allowed the teachers to communicate what they felt were complex issues around sexuality, HIV and AIDS with their learners. It; thus, simplified their teaching and the learners' learning on matters that had remained silent and unrevealed using other teaching methods. For instance, by using collages, drawings, music, role play and poetry, it enabled the learners to create rich knowledge about sexuality, HIV and AIDS, under the guide of the teachers which simplifies the teachers' role in the classroom and frees the learners to engage in learning. The methods paved way for conversations in the classrooms which prompted the learners to speak and ask questions relating to issues that surrounded their sexuality. These conversations created avenues for the teachers' discovery of new ideas, as well as the learners; thus, improving the knowledge acquisition of issues surrounding sexuality, HIV and AIDS. Furthermore, the teachers' use of memory accounts and reflective journals allowed them to express their thoughts freely; thus giving detailed information about their classroom experiences, unlike in verbal conversations.

Consequently, the participatory methods proved to be considerably effective classroom pedagogical tools as they provided a safe space for the teachers to deliver effectively and also a safe ground for the learners to express themselves freely. Therefore, the methodology is effective in a move towards social change as it is appropriate for use in teaching sexuality, HIV and AIDS education.

## **5.4 LIMITATIONS OF THE STUDY**

The limitations of this study are listed below:

- This is a small-scale study of selected Kenyan secondary schools which does not generalise the entire nation.
- The participants in this study are a few Biology, English/Literature and Guidance and Counselling teachers from three schools which excluded other subject teachers and schools as well.

## **5.5 RECOMMENDATIONS TO CURRICULUM DEVELOPERS AND IMPLEMENTERS**

The recommendations offered relate to sexuality, HIV and AIDS education and how the methodology in teaching this subject can be improved, as well as other general considerations to facilitate the effective delivery of sexuality, HIV and AIDS education in the classrooms:

- Attempts need to be made that teachers view all the aspects of sexuality, HIV and AIDS education as important irrespective of its sensitivity. This may be done through dissemination of circulars and posters, approved by the Ministry of Education in schools.
- The pre-service teachers should be trained in the variety of teaching methodologies that fit different subjects in schools as a preparation for effective classroom delivery.
- Youth peer education sessions need to be established, where peers can discuss matters relating to sexual behaviour. This is because they are the main sources of information relating to their sexuality. This can be done by grouping the learners, under the teachers' close monitoring.
- The in-service teachers need to be supported through training workshop programmes. Such workshops should train on varied pedagogical skills. These workshops could be used to motivate the teachers in sharing the content knowledge of sexuality, HIV and AIDS education practices in their classrooms.
- The curriculum specialists should be able to address sexuality, HIV and AIDS programmes in a sex-positive way and encourage learner-informed choices in the curriculum, as a move away from the barrier of culture and religious beliefs.
- The Ministry of Education should partner with other institutions of learning in Africa and beyond to become involved in exchange programmes aimed at broadening sexuality, HIV and AIDS education for the teachers and the learners beyond their horizons.

- Curriculum developers should timetable and make sexuality, HIV and AIDS education programmes examinable under the national examination body. This will gain the necessary attention from the school administration, teachers and the learners.
- Sexuality, HIV and AIDS content should be clearly defined to ensure that all the education stakeholders have a common understanding about its content and delivery.
- Just as teachers go through training for teaching other subjects, sexuality, HIV and AIDS education should be made a subject in its own and teachers should be trained to take this up as a subject; thus, making them entirely responsible.
- The government should see to it that sexuality, HIV and AIDS education is not limited to schools but also the society at large. This will make parents and guardians aware of their responsibility to direct the learners to the appropriate sexuality knowledge, therefore, paving the way for teachers to teach their children with ease.

## **5.6 RECOMMENDATIONS FOR FURTHER RESEARCH**

It is evident that despite the knowledge gained from this study, other ideas could be further explored to contribute to the knowledge of pedagogical skills in teaching sexuality, HIV and AIDS education. Further studies could be carried out in line with the following areas:

- This study was based on teachers in three urban and semi-urban schools in Kenya. This is a limited sample, as there are many unheard voices of other teachers and stakeholders in Kenya and other developing countries. This could be a possibility for further research.
- A study that engages learners' classroom needs in relation to sexuality, HIV and AIDS education could be carried out. Such a study could explore how the learners feel they should be involved in their own learning, as they are believed to be the knowledge owners of their sexuality.
- A study on the influence of contemporary lifestyle on the learners' sexuality, as compared to the olden days' lifestyle, in relation to sexuality, HIV and AIDS and how it affects the learners' reception of the subject, could be explored.

## 5.7 CONCLUSION

This study highlighted that the teachers still lacked the means of effectively delivering sexuality, HIV and AIDS education. However, with the implementation of the participatory methods in their classrooms, the teachers noted that the methods were effective in the delivery of the subject. Therefore, there is a need to train teachers on effective delivery of sexuality, HIV and AIDS. In an effort to meet the objective of zero AIDS-related deaths, teachers should teach while keeping in mind learners' needs and how they can assist them in making informed choices in their lives. The education system should prepare young people for the challenges that they are bound to face in and out of school. The pedagogical strategies in the education system should be revised and strict measures should be taken to adhere to them to achieve this.

*Let us speak out honestly and openly to empower the young people. Let us encourage behaviour change and improve healthcare, whereby the battle against AIDS can be won!*

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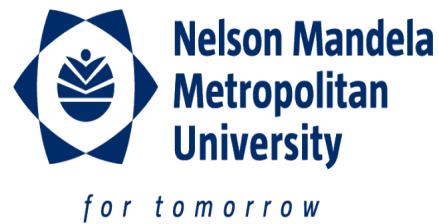
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## Appendix A: Participants' permission letter and confidential clause

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### **[Exploring the use of participatory visual methods in teaching sexuality education in selected Kenyan secondary schools]**

#### **Project Information Statement/Letter of Invitation to teachers**

My name is Lily Yego.J, and I am a Masters student at the Nelson Mandela Metropolitan University (NMMU). I am conducting research on Education Research under the supervision of Dr. Mathabo Khau-NMMU, Ms. Helloise Sathorar-NMMU and Dr. Violet Opatá-Moi University. The Uasin Gishu County Education Officer has given approval to approach schools for my research. A copy of their approval is contained with this letter. I invite you to consider taking part in this research. This study will meet the requirements of the Research Ethics Committee (Human) of the NMMU.

#### **Aims of the Research**

The research aims to:

- Explore the use of participatory visual methods in teaching sexuality education in selected Kenyan secondary schools in order to understand how such methods can affect the teaching of sexuality education.

#### **Significance of the Research Project**

The research is significant in that:

1. It will provide information useful to the secondary school teachers on how they can approach teaching of sexuality education.

#### **Research Plan and Method**

Data will be generated by use of Memory work, Reflective journals and Focus group discussions. The participants will be expected to write on how they have been teaching

sexuality education, keep reflective journals and participate in focus group interviews. Only those who consent will participate. The researcher will administer the data gathering process and the approximate time to be used will be about 30 minutes for the focus group interview, 20 minutes for memory work and three weeks for the reflective journals entries. All information collected will be treated in strictest confidence and individual teachers will not be identifiable in any reports that are written. Participants may withdraw from the study at any time without penalty. The role of the participant is voluntary and they may decide to withdraw from participation at any time without penalty. The study has no intention of causing any harm to the participants. If a teacher requires support as a result of their participation in the research, steps will be taken to accommodate this.

### **Invitation to Participate**

If you would like to participate in this research, please complete and return the attached form.

Thank you for taking the time to read this information.

---

Lily Yego J  
Researcher  
NMMU

---

Dr.M. Khau.  
Supervisor  
NMMU

## Teachers' Consent Form

I give consent to participate in the research study; Exploring the use of participatory Visual methods in teaching sexuality education in selected Kenyan secondary schools.

I have read the Project Information Statement explaining the purpose of the research project and understand that:

I have read the Project Information Statement explaining the purpose of the research project and understand that:

- The role of the teacher is voluntary
- Only teachers who consent will participate in the project
- All information obtained will be treated in strictest confidence.
- The teachers' names will not be used and individual teachers will not be identifiable in any written reports about the study.
- Participants may withdraw from the study at any time without penalty.
- A report of the findings will be made available to the school.
- I may seek further information on the project from Lily Yego J. on +254722651096.

---

Participant

---

Signature

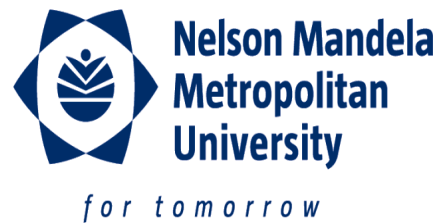
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Date

Please return to: 6012, ELDORET.30100-KENYA OR P. O BOX 77000.NELSON  
MANDELA METROPOLITAN UNIVERSITY.PORT ELIZABETH.  
6031.SOUTH AFRICA.

## Appendix B: The school principal's information statement and confidential clause

• PO Box 77000 • Nelson Mandela Metropolitan University  
• Port Elizabeth • 6031 • South Africa • [www.nmmu.ac.za](http://www.nmmu.ac.za)  
• South Africa • [www.nmmu.ac.za](http://www.nmmu.ac.za)



### [Exploring the use of participatory visual methods in teaching sexuality education in selected Kenyan secondary schools]

#### Project Information Statement/Letter of Invitation to School Principals

My name is Lily Yego.J., and I am a Masters student at the Nelson Mandela Metropolitan University (NMMU). I am conducting research on Education Research under the supervision of Dr. Mathabo Khau-NMMU, Ms. Helloise Sathorar-NMMU and Dr. Violet Opatá-Moi University. The Uasin Gishu County Education Officer has given approval to approach schools for my research. A copy of their approval is contained with this letter. I invite you to consider taking part in this research. This study will meet the requirements of the Research Ethics Committee (Human) of the NMMU.

#### **Aims of the Research**

The research aims to:

- Explore the use of participatory visual methods in teaching sexuality education in selected Kenyan secondary schools in order to understand how such methods can affect the teaching of sexuality education.

#### **Significance of the Research Project**

The research is significant in that:

2. It will provide information useful to the secondary school teachers on how they can approach teaching of sexuality education.



### **Benefits of the Research to Schools**

1. Results will be disseminated to the school.
2. The results will inform curriculum developers and the Ministry of Education on what needs to be implemented in the secondary school system curriculum so as to achieve effective teaching of sexuality education.

### **Research Plan and Method**

Data will be generated by use of Memory work, Reflective journals and Focus group discussions. The participants will be expected to write on how they have been teaching sexuality education, keep reflective journals and participate in focus group interviews. Permission will be sought from the teachers prior to their participation in the research. Only those who consent will participate. The researcher will administer the data gathering process and the approximate time to be used will be about 30 minutes for the focus group interview, 20 minutes for memory work and three weeks for the reflective journals entries. All information collected will be treated in strictest confidence and neither the school nor individual teachers will be identifiable in any reports that are written. Participants may withdraw from the study at any time without penalty. The role of the school is voluntary and the School Principal may decide to withdraw the school's participation at any time without penalty. The study has no intention of causing any harm to the participants. If a teacher requires support as a result of their participation in the research, steps will be taken to accommodate this.

### **School Involvement**

Once I have received your consent to approach teachers to participate in the study, I will

- arrange a time with your school for data generation to take place
- obtain informed consent from participants

Attached for your information are copies of the Participant Information Statement and Consent Form.

**Invitation to Participate**

If you would like your school to participate in this research, please complete and return the attached form.

Thank you for taking the time to read this information.

---

Lily Yego J  
Researcher  
NMMU

---

Dr.M. Khau.  
Supervisor  
NMMU

## School Principal Consent Form

I give consent for you to approach teachers to participate in the research study; Exploring the use of participatory Visual methods in teaching sexuality education in selected Kenyan secondary schools.

I have read the Project Information Statement explaining the purpose of the research project and understand that:

- The role of the school is voluntary
- I may decide to withdraw the school's participation at any time without penalty
- The teachers will be invited to participate and that permission will be sought from them.
- Only teachers who consent will participate in the project
- All information obtained will be treated in strictest confidence.
- The teachers' names will not be used and individual teachers will not be identifiable in any written reports about the study.
- The school will not be identifiable in any written reports about the study.
- Participants may withdraw from the study at any time without penalty.
- A report of the findings will be made available to the school.
- I may seek further information on the project from Lily Yego J. on +254722651096.

---

Principal

---

Signature

---

Date

Please return to: 6012, ELDORET.30100-KENYA OR P. O BOX 77000. NELSON  
MANDELA METROPOLITAN UNIVERSITY. PORT ELIZABETH.  
6031.SOUTH AFRICA.

## Appendix C: NMMU Ethics Clearance Letter and Permission



16 August 2016  
Dr M Khau / Ms L Yego  
Education Faculty  
NMMU

Dear Ms Yego

**Exploring the use of participatory visual methods in teaching sexuality education in selected Kenyan secondary schools.**

Your above-entitled application for ethics approval was approved by the Faculty Research, Technology and Innovation Committee of Education (ERTIC) at the meeting held on 2 August 2016.

We take pleasure in informing you that the application was approved by the Committee.

The ethics clearance reference number is H16-EDU-ERE-016.

We wish you well with the project. Please inform your co-investigators of the outcome, and convey our best wishes.

Yours sincerely

**Ms J Hay**  
Secretary: ERTIC

**Appendix D: Permission Letter from Uasin Gishu Directorate of Education**

REPUBLIC OF KENYA



**MINISTRY OF EDUCATION  
STATE DEPARTMENT OF BASIC EDUCATION**

Telegrams: "EDUCATION", Eldoret  
Telephone: 053-2063342 or 2031421/2  
Mobile : 0719 12 72 12/0732 260 280  
Email: [cdeuasingishucounty@yahoo.com](mailto:cdeuasingishucounty@yahoo.com)  
: [cdeuasingishucounty@gmail.com](mailto:cdeuasingishucounty@gmail.com)

Office of The County Director of Education,  
Uasin Gishu County,  
P.O. Box 9843-30100,  
**ELDORET.**

When replying please quote:

Ref: No. MOEST/UGC/TRN/9/Vol. II/220

31<sup>st</sup> August , 2016

Lily J.Yego  
Nelson Mandela Metropolitan University  
P.O Box 77000. Nelson Mandela Metropolitan University  
PORT ELIZABETH .6031.SOUTH AFRICA

**RE: RESEARCH AUTHORIZATION**

This office has received a letter requesting for an authority to allow you carry out research on "***Exploring the use of participatory visual method in teaching sexuality education in selected Kenyan secondary schools.***"

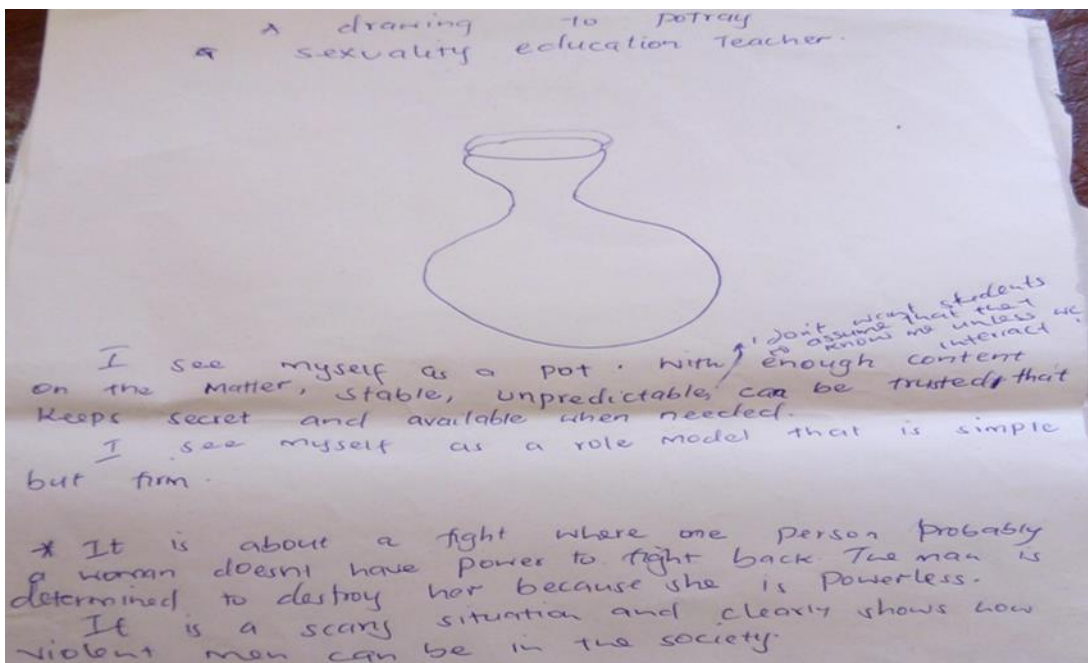
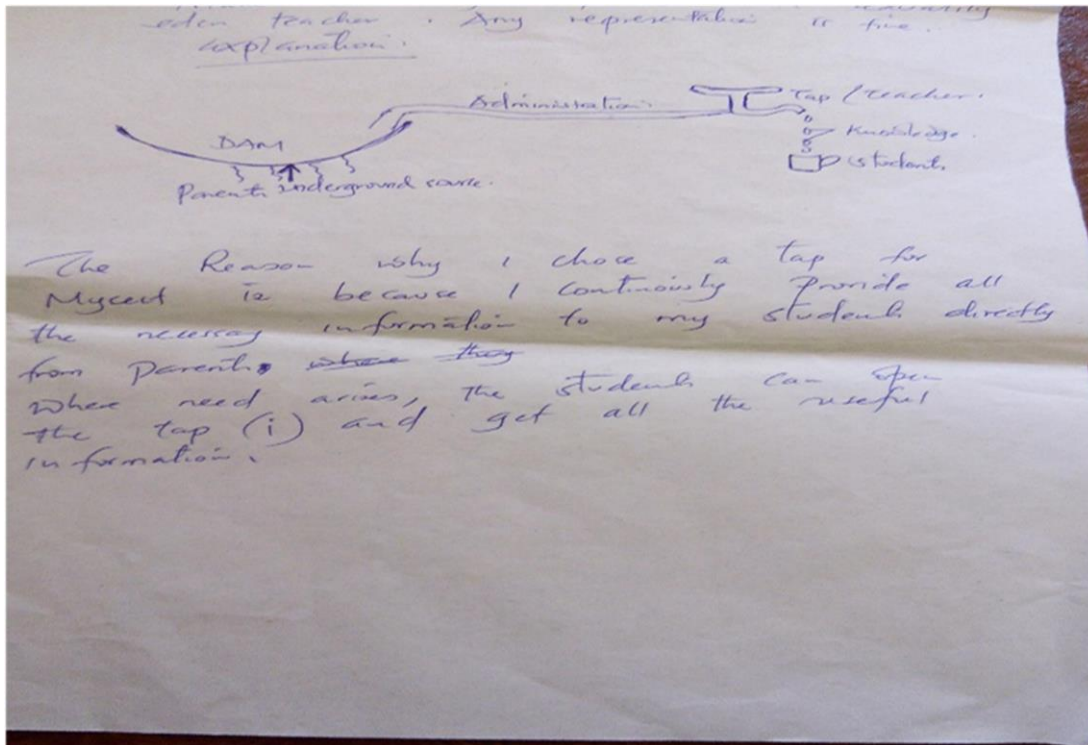
We wish to inform you that the request has been granted for a period ending **December 2017**. The authorities concerned are therefore requested to give you maximum support.

We take this opportunity to wish you well during this research.

Julius Yano  
For: County Director of Education  
**UASIN GISHU**

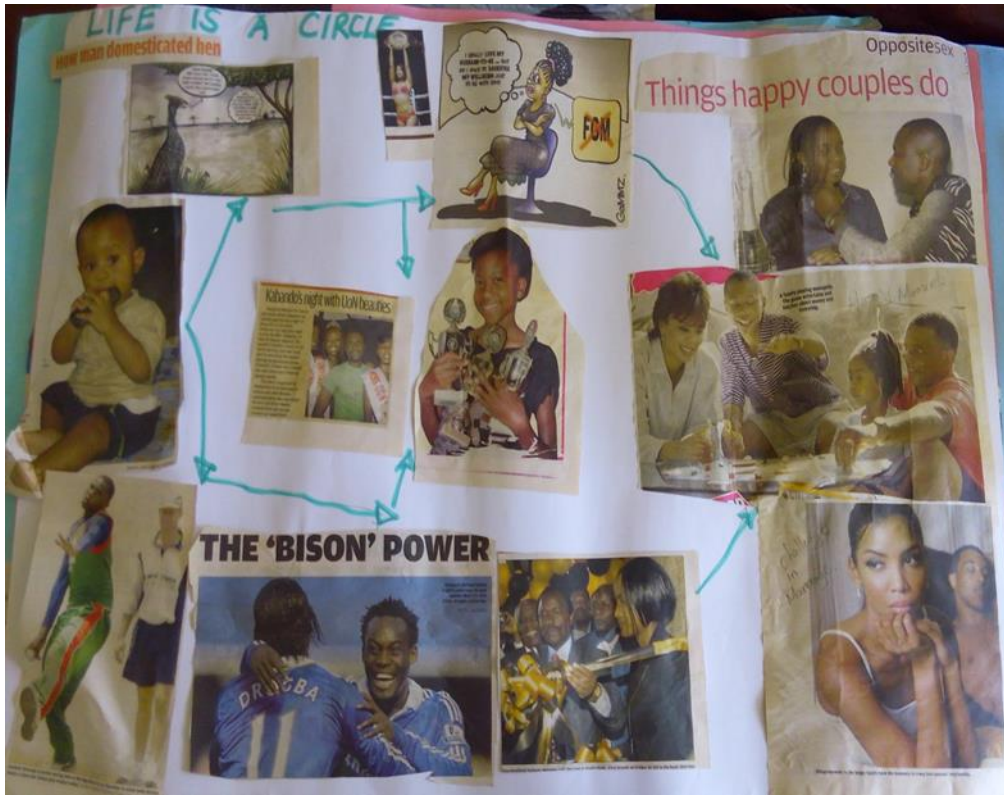
**Appendix E: Teachers' drawings, Collages, Poems and Lyrics; transcripts of focus group discussion; Learners' drawings, poems and lyrics**

**Teachers samples of drawings, collages, lyrics and poems**



# ERA OF SPONSORS







# faces tell the story

1



**Radiant**

2

Memories



3



ON THE SOURCE

4

You're good to go.



5



**OFF**

6



**DESACCORD PARFAIT**

7



**Blossoming**

Just how safe  
the multi-vitan

8



joyful and happy

1. What you were born to mean about how  
you feel about yourself due to confidence again

2. Representing at dawn

3. Feared, contented and moving forward to  
look accomplished, successful and wise.

4. She is ready to face the world around  
her feeling happy about herself

5. Feeling shy, cold and unappreciated

6. Feeling shy.

7. She is finally beautiful and lovely.

8. Free and ready for adventure.

- Violence against Women
- Unstable relationships / Marriages
- Emotional torture
- Physical abuse
- Fighting / Disagreement
- Towards Strong against the Weak
- Crying / Shouting for help

- Children,

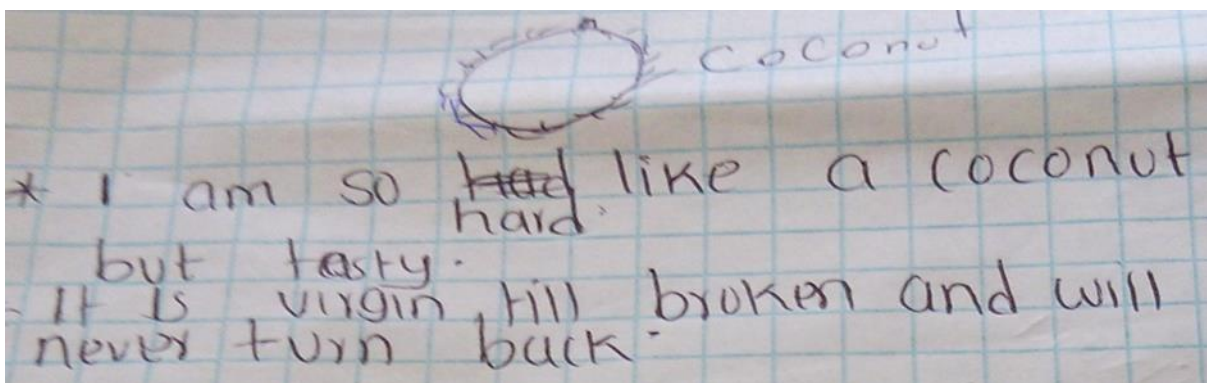
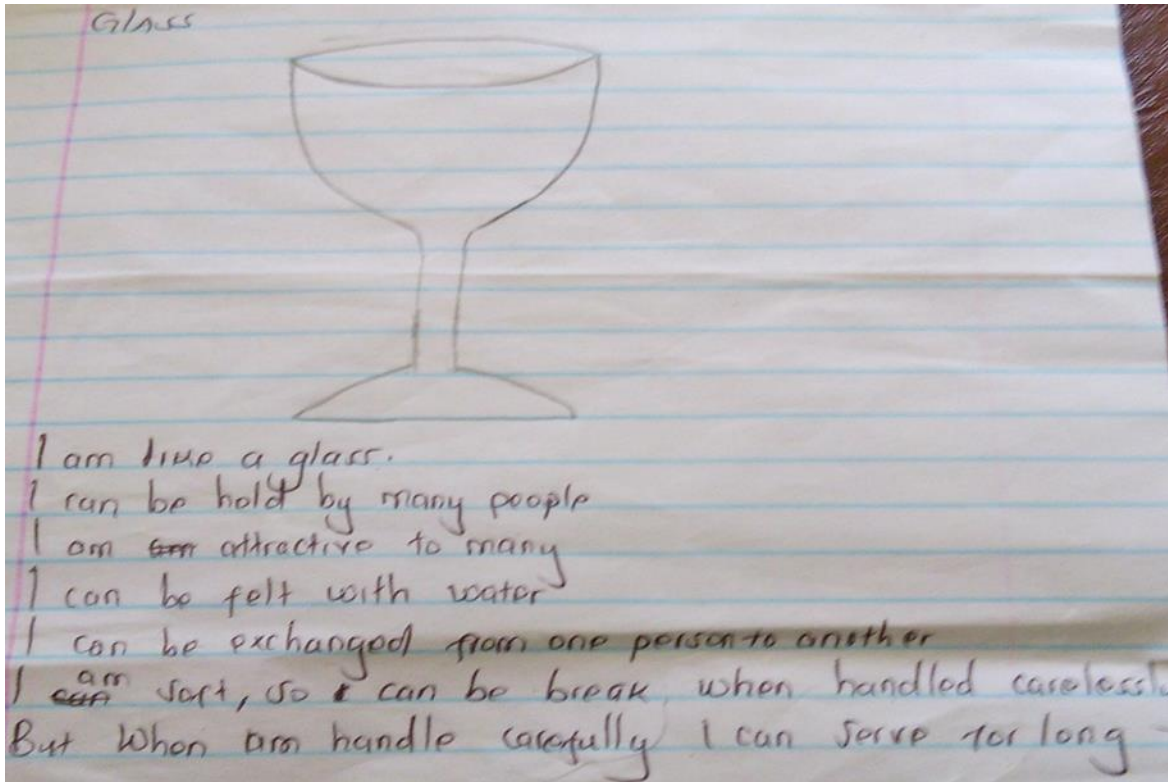
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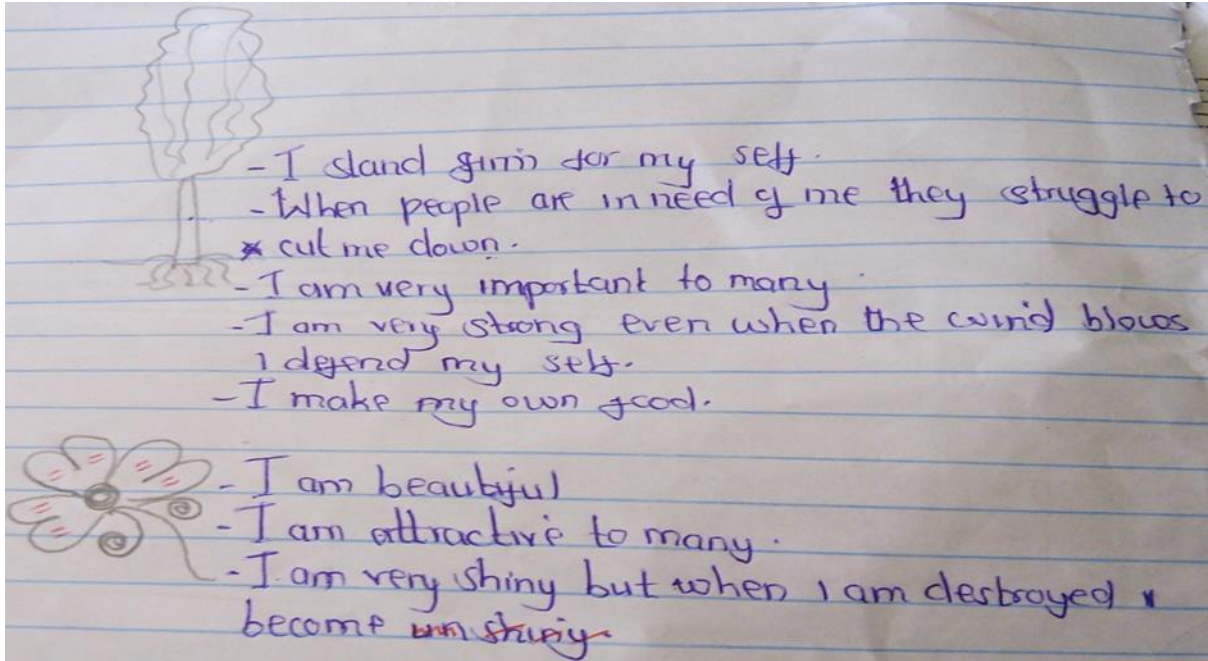
NIKO <sup>Cuckoo</sup> ~~haka~~ na ~~haka~~ <sup>Justice</sup> Siwezi <sup>Equality</sup> Jazama,  
 MBIKIMO <sup>na</sup> SIWEZI Jitetea,  
 NIKO tayari KuliPa galama,  
 SHAZULIWA Wengine Wakitazama,

HAKI WA <sup>Justice</sup> Wote Iwe ni nguzo yetu  
 Pamoja tushikane MIKONO  
 Wadogo hata WAKUBWA <sup>wote</sup> tynatashana.  
 Mbele za mungu ~~Sisi~~ ~~Katolika~~ ~~Katolika~~

Here I stand, violence I speak  
 Man and woman boyfriend & girlfriend  
 One party is expected to ~~brise~~  
 On the ground like, helpless I am  
 The struggle is real, controlling he is  
 Beyond he is, to me he is 'the' man

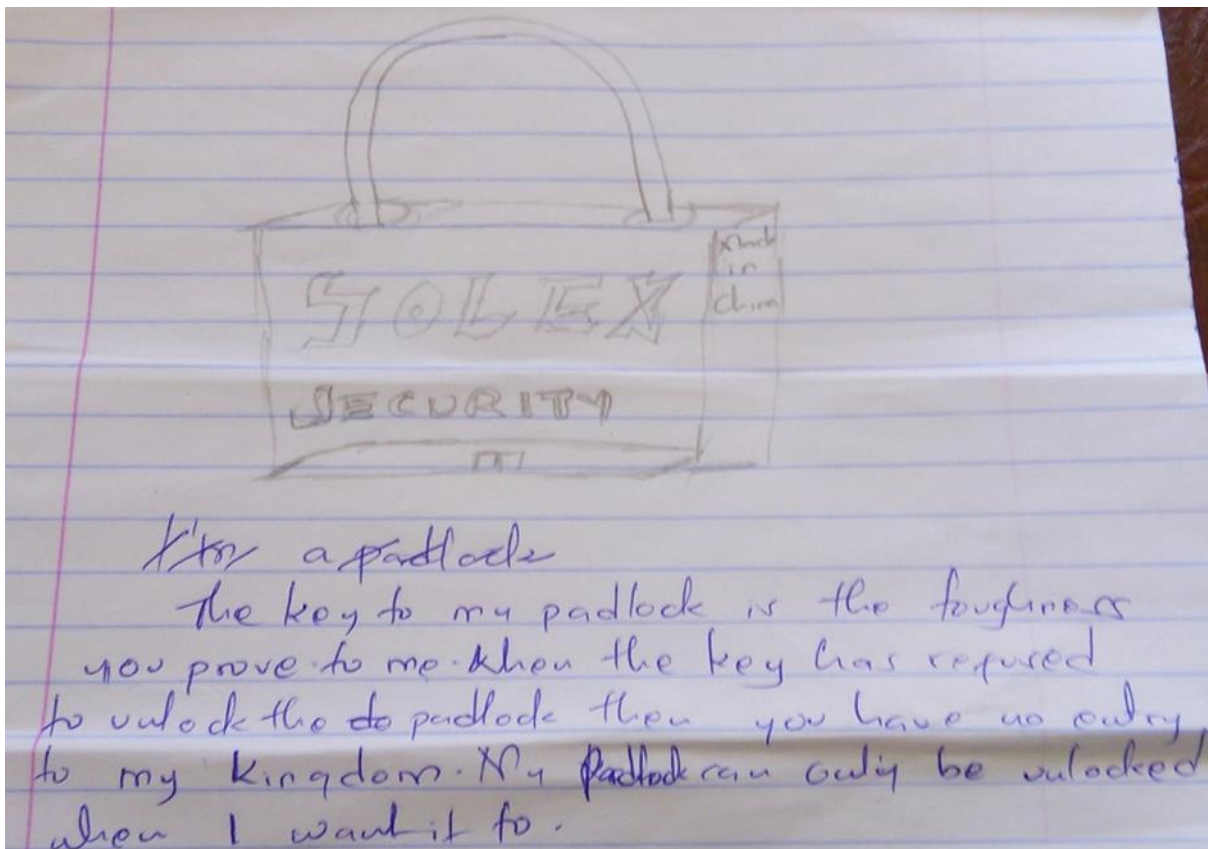
## Samples of learners' drawings and poems





- I stand firm for my self.
- When people are in need of me they struggle to ~~x~~ cut me down.
- I am very important to many.
- I am very strong even when the wind blows I defend my self.
- I make my own good.

- I am beautiful
- I am attractive to many.
- I am very shiny but when I am destroyed I become ~~unshiny~~.



### Key to a padlock

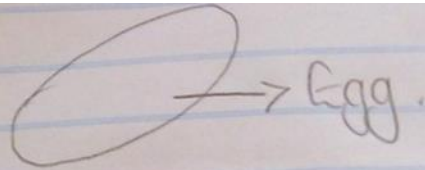
The key to my padlock is the toughness you prove to me. When the key has refused to unlock the padlock then you have no entry to my kingdom. My padlock can only be unlocked when I want it to.



I'm a flower which attracts many and leaves many thirsting for it.

But before one reaches it and unwraps it, one has to do a lot and struggle to make it stand out well.

Since it is very hard for one to get it easily but once withers it loses its attractiveness.



- ⊗ I am careful in everything.
- ⊗ If I'm carelessly handled, I completely become useless.
- ⊗ I'm very sweet.
- ⊗ I keep myself safe.

Love is blind!

Presentable

They look awesome

A girl can be loved ~~by~~ by million men but a  
man can love a girl in a million way

The two are link as if twins

They are admirable.

Their smile is gorgeous

They look lovely

They like, admire, intimate, cherish and adore each other

Love is in the air

### POEM

Love is blind

When I see you smile

Two of us are link

As if twins

Love is in the air

A big deal gair

Love is what I see

When I see your face.

## Focus group discussion transcript

Facilitator: Welcome to the discussion. Remember you were to try the methods that we took you through on the day of the workshop. Now, you tried out, what was the outcome? What did you find out? Yes, sir?

Emar: The learners were able to have fun. At the end of the lesson, they were asking questions as compared to those other times. The students were able to recall because of using songs. And also on the role play, although there wasn't enough time especially their performance plays, you know most of the time, they have not been incorporated to drama. I took care of one class and because of time, the teachers will be able to pick up from there. In the role play, the students were able to bring out and remember most customs that they staged. For example, I gave them a bit of one scene, it was a set text and then I assigned them characters. With that play, so many were able to come out. The students were able to play roles, in the process learnt various ideas on their sexuality.

Facilitator: Ok. Thank you. Yes, madam.

Raed: My name is ... I teach English and Literature. I used two methods; role play and poems. The role play; I used it when I was teaching poetry and I used some of the poems whereby I engaged the students to take up that role of being the persona and they recited the poems which have some words which when pronounced, when said in class, you see the students saying (surprise look). You mean the teacher can say that? So I made them say those words so that they could know that it is something normal and we are in class. It's not that when you utter some words then that is what you do. It was very successful when it came to answering some questions in poetry. Then I used the poems. That one I used in comprehension. We read a comprehension, then I told the students to write some of the words and phrases they think had some content concerning some behaviour and later came up with a poem which enabled us to answer questions easily. Yes.

Facilitator: Ok. Thank you. Yes.

Enai: I also did the same: role play and drawings. The students drew various things and I made them to be open. I told them they can draw anything. They did it. Some drew houses, some pencils, all sorts of drawings. They were happy, curious, and also wanted to know what the others were thinking. I also engaged in the role play and they were able to. They made a play about child abuse. I recorded and it was fun. They really wanted to play again and again, only time could not allow. They just did one.

Facilitator: Ok. Yes, ma'am.

Tessy: Ok. I am ... I teach C.R.E and Guidance and Counselling. I tried out the use of drawings and poetry. For me I think this really came out the right time. After dealing with the Form three; taking them through a topic on human sexuality. It was actually at the peak of the topic. I told them to draw themselves, what they understand, their general understanding on human sexuality, and the boys were really excited. For them, they wanted to express themselves, what they think about themselves. I just told them to express themselves, their sexual beings. None of them was negative. They were all positive. I realised that when they are given opportunities, they give you the ideas about themselves. Sometimes according to what they are told by others, what they hear, they believe that that is what they are. I did guiding after teaching them about sexuality, there were some words that were difficult to mention and explain and at some point, I would chew some information because of being embarrassed especially being boys, my state, I am expectant. So it was hard to teach them about sexuality, but when I now gave them that opportunity, I think they understood the topic better, those who were shy, I saw them really participate that was the drawing. There are a lot of drawings here. I teach the Form 3 and the Form 4 poetry. I gave them a picture, a photo and told them to make a poem of what they were seeing. They were able to come up with a poem; they could open up when I gave them a chance to.

Facilitator: Thank you. Now it is your turn.

Sue: Thank you. I teach Life skills and also in charge of Guidance and Counselling. For once, it was easier to teach sexuality lessons. There was, I can say 100% participants. The students really participated 100%. At one point one was very



interesting, the drawing, I told them to draw how they picture themselves as sexual beings. I was amazed. You know this is what they came up with (showing the samples of drawings). One said, I can be a glass, if handled carelessly, I break. I could not believe; it was amazing what came out of the students. They were better than us.

Facilitator: Really!

Sue: Yes. I realised that when you are teaching such topics as sexuality, they actually come out. There is that something that comes out as compared to when we were teaching before. There is also something they have been hiding. I told them you are not talking about you but the drawing. You could see that openness; they were really open. In fact, when the bell rung, they were like aaah. In fact, they are asking for more lessons because we did not exhaust. And also, you capture their attention because everyone is involved. The responses were, I was happy. Then now the music. You see our students are very creative. They are really creative. Although we did not do much, it is really amazing; you could see that fear gone. Ask issues so openly as compared to those other times when they were reserved. Now students can stand and say, they have to protect their virginity, until marriage.

Facilitator: Wow. Thanks. Welcome madam.

Seng: Good afternoon (response from group). My name is... I used two; the collage and role play. I used in Biology lessons. For sure there was a difference in how the students participated. In this case, I told them to use collage to explain characteristics of ladies and men. Like in class, you say there is the widening of the chest, muscles, but when they too magazines and saw pictures, cutting them, enjoying with all the fun, they really enjoyed it so much and in fact, it made it easy when explaining to them. When you talk of widening of the chest, you tell them, look at this man, then the hip. When you talk of the hips, they tell you, look at this lady the way she is and the rest. The really impressed me with how active they were. On the role play, they worked. Of course there is that distinction, how those characteristics are portrayed amongst them. In fact, I really enjoyed teaching and they enjoyed the learning process.

Facilitator: That sounds like everyone had fun trying out the different methods. Our next question is for those who did not try out the methods for teaching about sexuality, how do you think you can use these methods to teach issues of Sexuality, HIV and AIDS, because that's the most sensitive thing in the present moment and the most pressing issue in the country and in the world. So you have tried out in the different subjects, how do you think you can now use them to teach Sexuality, HIV and AIDS? Which one do you think you would try? How do you think you can do with these methods when you are teaching about the sensitive situations as well? How do you think you go on from there? Yes, sir?

Emar: I think. For example, the one method that caught my eye is the use of song. After trying these methods with the students, maybe you encourage them to come up with songs which can be able to bring out the issues of HIV and AIDS and their sexuality, that's my opinion.

Facilitator: Thank you. Any other opinion? How can we use these methods to make life easier? Yes, ma'am?

Raed: Ok. Now that we have learnt about, let's say, like all of us can extend that to our fellow teachers by sharing with them that they need to also train on these methods.

Facilitator: Ok. Yes, ma'am?

Sue: Now at times we enter our classes and the lesson is only 40 minutes. Now maybe we organize, maybe half a day, we organize a discussion with all the Forms, or a one-day seminar for students, and then invite maybe one of us, like my students are used to me. When they get from a different person, it helps.

Facilitator: Ok. Yes, sir?

Tuti: Yeah, I think the way we handle this students, for example, there are bad things we don't want them to do now. I think from what we have learnt here; it is better when we meet with teachers from other schools or even within the school. Then maybe we get time like one lesson to teach students especially on HIV and AIDS. So especially now that we teach them on the need to take care of

themselves, control themselves and so on about these issues and handle the sexuality issues well.

Facilitator: Ok, thank you. Anyone else? Yes?

Sue: You can actually get some few students and train them because, I think students will learn better from their fellow students.

Facilitator: Ok.

Sue: Yeah, so maybe we train them. I think they can interact freely with each other.

Facilitator: Ok. So you train them on the content or the method?

Sue: On the method, both.

Facilitator: Ok, that is interesting. Anything else? So aah you tried out the methods and you see opportunities for further use of this method. Remember the main purpose was for us to find out how you can use this method to teach subjects that are not easy to teach and that's why we wanted to try something that would create a safe space for you to address the issue and not the person, so that they can be free to talk and also some of the sensitive words that are either sensitive for you or for them (aah). So that you can easily talk about those. So we are hoping that you will continue trying out. For those who have not tried out with teaching something that's related to sexuality education, I'm hoping that you will find space to do that so that Lily can have the information as well as. Also in terms of how it worked when you were teaching about sexuality, HIV and AIDS because we really need to find out how they can work in your context. Yes, they have worked in the other subjects, but we are still interested to find out how they can work in terms of addressing sensitive issues of sexuality and HIV and AIDS. So (aah) let's hope you will be able to find time in the coming week to at least try out one or two methods of addressing HIV and AIDS so that she can have. OK. So now we have to go to the next part. You were given a task to write your memory accounts, which should be about your experiences of teaching sexuality education in terms of these sensitive issues, which means your past experiences. What has happened in your classrooms, what were the interesting things, what was challenging, what worked out well. So those are some of the

things that will be coming out from the memories that you have written. Now it's time for us to share our memories. I don't know if we are going to do that in a particular order or people will just share part of what they wrote so that we can listen to that and discuss it. Do we enforce some order, so that we start from one end to another or can someone volunteer and start? Memory accounts, what did you write, what are your experiences in the past when you were to teach about sensitive issues? Yes, Ma'am?

Sue: Now, I wrote my memory accounts and I can take some few experiences. When you introduce a topic like sexuality, (pause) previously there used to be a lot of fear, you could see that fear in the students, they couldn't come out actually to talk about it, they were afraid of discussing about their sexuality, even back at home. So to introduce it for the first time, it's like it is kind of so embarrassing. So there was that fear and some because of their background and cultural practices, they were reserved. It is like when you are teaching they are just like (shivering). Now, when I introduced this one method, on drawing, I was impressed by one girl, very conservative type. You see, she is very reserved, she does not really talk too much, she is polite, and she came out. I was just impressed with her drawing. I was really impressed, that was so good as compared to that time when you would ask a question and the class is quiet, and then also, I realised when I was teaching, and there is that lack of exposure, especially from students who come from the rural areas, as compared to those who come from the town. Because at times, you know, those ones who come from the rural areas, they don't have much like the social media, that one hindered them from being exposed from such topics, it's like they are not aware what it is. At times it becomes so hard (coughs) at times you explain to them and even tell them 'come and see' then you know that fear, how will madam see me, so that thing goes just like that, she won't come again. Then also, there is ignorance, there are those that are just there, they don't want to know what is happening. Parents also don't teach these topics on sexuality. But the use of the methods that we were taught, there is a great change. We even enjoyed teaching; it is fun when teaching such a topic because there is that open participation. The topic becomes interesting as compared to the other times when there used to be fear, so that is (clears throat) my experience.

Facilitator: Thank you. I have some questions based on your experience. You are saying that the students are afraid of talking of these issues. What causes that?

Sue: I think majorly because of some cultural practices, just like it is with the role play, you would know when a student wants to inquire from an adult; they don't talk about such things. So such fear.

Facilitator: Is it fear of talking about it with the adults or fear of the issues completely?

Sue: Fear of talking about the issue completely.

Facilitator: That issue of talking about the issue completely. Yes, sir?

Tuti: Where they come from, they are from the villages, some of them, where these issues are not talked about. So now if they carry these factors, even when you are talking to them, they look at you as if you are not from where they come from. You see that. So you are in a wrong place. Because for them in the villages, or wherever place they are coming from, the rural areas, these things are unheard of. So that is why they fear.

Facilitator: Ok. So they are reserved?

Tuti: Yeah, so that means the parents and any other person they stay with.

Facilitator: Thank you sir.

Oke: I happen to teach a school that is in the urban set up.

Facilitator: Yes?

Oke: The students have this knowledge. Basing on the fact that they come from kind of an urban area.

Facilitator: They have the information.

Oke: They have the information. Remember this, when you mention it, they are aware. Wherever they come from.

Facilitator: So your students have the information?

Oke: Yes.

Facilitator: So in contrary to his where he says that they don't know anything, so yours know but they, your students talk freely about sexuality or do they have the same fear?

Oke: A good number of them when given the opportunity to discuss about it, they are Ok.

Facilitator: They feel Ok. Is that the number that comes from town or?

Oke: Yes, most of them come from town.

Facilitator: They live in town. So are we saying adults and guardians in towns are able to talk about issues to do with sexuality more freely than with the ones in the rural areas?

Seng: What helps in the urban areas is the social media.

Facilitator: Social media?

Seng: It has really helped in the freeness of the information. So the students get the information.

Facilitator: So they get information on their own? Not from parents and other owners? So it means that even if they are in town, there are still taboos of talking about sex between grownups and children. Is that it? Is that what you are saying?

## Appendix F: Samples of Memory accounts and Reflective journals

After being guided on participatory and visual ways of teaching sexuality, I decided to use collage so that I can see to what extent the students would think about themselves and the stages of development in both types of sex. I tried this method because of my previous experience of being attacked by a student after handling this topic and giving them the details. I was very impressed when I used this method because this changed their perception and mine too. This was due to the fact that every detail came from them and not me, hence this made my work easier and it was also very interesting to the students.

I also used them to do role play whereby I watched great performances from them which made the lesson very enjoyable and students could now understand some details that are more real than the written documents in textbooks. In this session they turned the lack of hips and enlarged breasts to be an advantage like being an athlete.

During my first year of teaching, there was an incident that made me to change my way of tackling a topic in Biology of Growth and Development which is in form three. Due to the presence of a sub-topic that talks more on human sexuality.

One day I was teaching on characteristics of male and female during their development. I mentioned of presence of hips and breast enlargement for female at adolescent age. After the mention of all these I heard students murmuring and giggling. I did not understand why but I thought they were only discussing what I was teaching. What I did not know was that some students in that class had relationships among themselves so some of the boyfriends were questioning why their girlfriends did not have such features as I had mentioned.

Later in the evening when I was departing from school because it was a day school. I was attacked by one of the girls in that class and she accused me of breaking her relationship with the most handsome boy in school. The girl told me that the boy had broken up with her due to her lack of hips and enlarged breasts. I could not imagine that was happening to me. I was saved by some students who were behind and that made me to feel very embarrassed because I did not know what I needed to do at that point. I thought of fighting the girl but I did control all this despite her accusing me of wanting her boyfriend.

From that day I decided that I would always assign the students to read that sub-topic on their own so that I can avoid such incidents from happening because I feared so much.



Quiz

~~Quiz~~ Raed

22<sup>nd</sup> sept, 2016.

Using poetry as a learning method to interpret and understand of what human sexuality is.

A group of form 3 students were able to exploit their talent in development of poems.

Having seen a photo of a couple spending time together, they could not hide their excitement. They moved closer to the photo with lots of description of what they saw, even the known shy students were in the front line.

Writing of poetry was a fast way to learn/to share an idea about human sexuality.

They only see the positive side of life even when the negative is obvious. This means their understanding is that as sexual beings, love never ends.

It was less involving for the teacher and the students took the methods and owned them.

## Memory account

I usually have one lesson per week on guidance and counselling, and decided to teach on healthy relationship. In the course of our discussion, one girl asked me whether her father can be her best friend. "Yes" I quickly responded. The girl seemed not to be satisfied with my answer and so she posed another question: "Can your father become your boyfriend?" I was tongue tied because I was not so sure about the answer. So she told me I would respond later. Then she followed me to the staffroom and told me that I had refused to answer her question and she was really desperate for an answer. I had to explain the meaning of a boyfriend and a lover. She then confessed that her father had abused her sexually on several occasions. I felt sorry for her and also guilty for failing to explain what sexuality really means. This was because I did not have enough confidence in teaching sexuality.

