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The Sexuality Education Needs of Teacher Trainees in Kenya.

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This report is part of the post SLDF activities to be carried out by the fellow after the course and the views expressed in this project are those of the author and do not necessarily reflect the views of the ARSRC or any organization providing support

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Introduction

The Sexuality Information and Education Council of the United States (SIECUS, 2004) defines sexuality education as encompassing all forms of planned knowledge and skills offered in an age appropriate manner throughout life regarding human sexuality. The content covered includes more than 'sex' incorporating gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. SIECUS posits that the main aim of sexuality education is the promotion of sexual health.

The World Health Organization (WHO) defines sexual health as '…a state of physical, emotional, mental and social well being related to sexuality; and not merely the absence of disease, dysfunction or infirmity…' This definition describes 'sexual health' as being concerned with more than the bio-medical aspects of human sexuality, a trait which should also be taken into consideration when formulating sexuality education programmes (UNDP/UNFPA/WHO, World Bank, 2004).

Sexuality in Education Systems

Teacher trainees, like any other beneficiaries within educational systems, have a right to sexuality education especially since they are young people in their post-puberty years. The main goals in offering teacher trainees information on sexuality are aimed at benefiting teachers, for their own sexual health and for their empowerment as sexuality educators; so that they are able to influence the pupils they will interact with, towards the latter's sexual health. As recognized by Tijuana et al. (2004) teacher's attitudes, beliefs and values towards sexuality indeed affects their teaching. Long et al. (2003) emphasize that to be able to provide counseling on sexuality matters, the giver needs to be able to differentiate what forms of sexual behavior and beliefs are accepted to them at a personal level and differentiate this to what could be acceptable to their clients, or other people, in order to avoid unnecessary biases.

The inclusion of sexuality education within educational curriculums has had its share of controversy. Aggleton and Crewe (2005) in a review of education related to sexuality discuss the two main arguments that have emerged in regard to this. On the one hand, that teaching about sexuality leads to 'experimentation' and on the extreme end, that since sexuality is central to human life, its learning is necessary for the proper development of human beings. At global levels, the concern is that sexuality education curriculums focus on the physical aspects of 'sex' and modern sex practices which are considered western and are being imposed on third world populations. Alldred et al. (2003) on a study conducted in England found that sex and relationships education (SRE) was regarded with low priority partly because of the anxiety around sex education among parents, governors, teachers and their pupils.

Kirby et al. (2005) in an evaluation of the impact of sex and HIV education programs on sexual behavior of youth in both developing and developed countries found them to be effective. These findings confirms those of studies done earlier, which have found no correlation between offering education in sexuality to young people and increased sexual behavior (UNAIDS, 1997; Kirby, 2000; Grunseit et al., 1997). In asserting the need for sexuality education within the educational curriculum, the NERDC (2001) in a draft of guidelines for the inclusion of sexuality education in Nigeria cites a study done by the WHO in 1993 which conclusively showed that contrary to the belief that sexuality education programmes increases young peoples sexual involvement, no significant relationship exists between young people receiving formal sexuality education and initiating sexual activity, rather, the contrary is realized. Adepoju (2005) shows that Nigeria's youthful populations' continual poor sexual and reproductive health outcomes are justifiable for the inclusion of sexuality within the formal curriculum. Nigeria is since in the process of formalizing sexuality education within its educational curriculum.

Tabifor (2000) is of the view that the HIV/AIDS epidemic is two-tiered; On one hand, the human suffering that has been caused and on the other hand, as something of a 'blessing in disguise' which calls for humanity to rethink some of its sexual values, attitudes and beliefs. It has forced many cultures, especially African, to talk about sex even among groups where it was traditionally held as a taboo subject, such as among parents and their children, teachers and pupils and people of opposite sexes. Singh et al. (2005) in an evaluation of the need for sexuality education within educational systems in developing countries argues that with evidence of young people engaging in high-risk sex behaviour, sexuality education is necessary.

Teacher Training and Sexuality

Adequate teacher professional preparation for any subject is necessary. This preparation should involve understanding by the teacher of the content, nurturing of positive attitudes to subject matter and acceptable understanding on 'what it means to teach'. Akyeampong (2000) and Tabulawa (1997) in Botswana and Ghana respectively, describe how the socio-cultural backgrounds of teacher's understanding of what the process of teaching and learning is affects classroom norms. Teaching and learning of sexuality education requires facilitative methods.

Teachers are gatekeepers of knowledge and skills for the large majority of young people (Tijuana, et al. 2004); most who live in developing countries and attend school at least in their early years. It is also among these populations that HIV infections are highest in the world (UNAIDS, 2006), as well as poor reproductive health outcomes. At the same time, gender differences in school attendance and completion are also very wide (Mensch and Lloyd, 1998; Rogow & Haberland, 2005).

In Kenya, teachers work mainly in rural areas because this is where most schools are located. The Teacher's Service Commission (TSC) reports that there are more female primary schools teachers than male ones (Education Sector Report, 2006). The Kenya Demographic and Health Survey (CBS, 2003) showed that females, young people and rural dwellers have higher HIV prevalence. These are all categories where the large majority of teachers fall. The mitigation of the effects of HIV/AIDS should therefore take heed of teacher's plight. Data on teacher attrition and death shows that teacher's ill-health affects quality of education. GoK and UNICEF (2000) in a report on the impact of HIV/AIDS on the education sector show that teacher absenteeism and non-availability to their pupils in a country where the ratio of teacher to pupils is 1:43 according to UNESCO, 2006) interrupts teaching programmes, hence compromising the quality of education.

Studies in teacher training on aspects of sexuality show that it is necessary, urgent as well as effective. Studies cited in Tijuana et al. (2004) which were carried out in various sub-Saharan countries have shown that teacher training on sexuality and HIV positively impacts on teacher sexual health, attitudes, nurtures positive attitudes to issues of young people's sexuality and makes them more committed to teach topics in sexuality. Muramutsa (2002) in Rwanda revealed major gaps in teacher attitudes, knowledge and practices necessary for the success of the HIV/AIDS and life skills programmes (key components in sexuality education), to be introduced at the time in primary schools and teacher training colleges. In Zimbabwe, Chifunyise et al. (2002) evaluated a four-year HIV/AIDS education given to teachers in training institutions which was aimed at changing both the teacher's own behaviour as well as equipping them to teach it once they had graduated. The student teachers reported that the course had helped them to develop confidence to the teaching of sexuality issues and that they had also learnt skills in their negotiation for safer sex.

In using population projections depicting what Kenya education sector situation would be 'with and without HIV/AIDS,' Njeru and Kioko (2004 a. & b.) show the adversity that teacher mortality would cause on the education sector if unchecked. Primary school teacher deaths had increased by more than double in between 1997-2001. Part of their recommendation is that teachers should be given facts on HIV/AIDS and related topics. According to Gachuhi (1999) evidence is rife that trained teachers are decreasing. In Zambia, teachers' graduating from all teacher training colleges was less than those dying of HIV/AIDS. In Kenya, one of provinces had between 20-30 teachers dying each month while in Namibia, at an HIV prevalence of about 25% at the time, that of teachers was reported as likely to be higher.

The decision of inclusion or exclusion into educational curriculums is tied up to societal change. This is a responsive way to curriculum development and can be seen in the way that HIV/AIDS education was included into most curriculums only after it became a threat to human life. Parker and Aggleton (2005) underscore that indeed societal values play a role in this process as curriculums are expected to have the wider goal of socializing the learners into society. Rabenoro (2004) on a study conducted in Bestimisaraka region of Madagascar where culturally, 'sex' is a taboo subject, shows that this cultural trait affected the sexuality education offered in schools which was widely considered "useless" partly because many dropped out before joining the upper classes where it was taught. Though not mentioned in the report, teachers in such a cultural background are likely to be unwilling to cover sexuality topics within the classroom freely.

The Ministry of Education encourages teachers to practice 'guidance and counseling' as an alternative in the disciplinary process while abolishing forms of corporal punishment. As sexuality is a central aspect of humanity, it is inevitable that teachers time and again are needed to give sexuality counseling to their pupils.

Sexuality in Kenya's Primary Teacher Education Syllabus

The Government of Kenya (GoK) has through various reports and policy documents revised the primary teacher education (PTE) syllabus. A decade after the first HIV case was diagnosed in Kenya in 1981; HIV/AIDS was declared a national disaster. The Ministry of Health (MOH-Kenya) in *Sessional Paper No. 4 of 1997* on 'AIDS in Kenya' advocated for a multi-sectoral approach against the epidemic. In an earlier report, *Primary Education in Kenya: Access and Policy Implications, 1989-2002*, the idea that primary education can be used to check the spread of HIV had already been conceived (GoK, 1988). These developments led to the inclusion into the formal education curriculum the *AIDS Education Syllabus* (KIE, 1999), which was modeled for primary schools, secondary schools and teacher training colleges.

The current Kenya primary teacher education syllabus (KIE, 2004a & 2004a) are an improvement of previous syllabuses first introduced in 1986 and revised in 1994. Cited in these, are educational fora, 'The Third Teacher Education Conference' of 1994 and 'Conference of the College Principals Association' of 2000, which had emphasized changes within teacher education to correspond to societal changes in Kenya. Key to these improvements was the *infusion* and *integration* of HIV and AIDS, drug and substance abuse, human rights and gender awareness. The Education Sector Policy on HIV/AIDS (GoK, 2004) envisioned an education curriculum sensitive to culture and religious beliefs and is appropriate to gender, language, special needs and context of HIV/AIDS.

Infusion stands for the introduction of selected concepts across a traditional curriculum as they deem fit such as introducing topics in reproductive health within the science subject.

Integration is a philosophy of teaching in which content is drawn from several subject areas to focus on a particular topic or theme such as using population data on deaths experienced in a region due to HIV/AIDS has led to decrease in people in the course of teaching a subject such as mathematics.

The content included infused and integrated within the current primary teacher education syllabus is in no way adequate for teacher trainees' development of meaningful knowledge, skills and attitudes towards sexuality. The nature of infusion and integration also offers challenges:

- The tutors (trainers in teacher training colleges) are not likely to handle sexuality training satisfactorily if they lack training in sexuality.
- Infusion and integration leaves very little room for monitoring progress and evaluation of the effects of the content being brought in to the existing curriculum.
- As the topics in sexuality are not offered as a fully-fledged course within these institutions, specialization on sexuality is not viable. As a result, the contents have less attention in terms of time and resources. Majority of extracurricular activities with aspects on sexuality education have been fitted within guidance and counseling units.

Studies carried out on the experiences of other country's educational systems, which have since included messages of HIV/AIDS show dissatisfaction with infusion and integration modes. Kann, et al., (1995) on a study in the US shows that compared to health educators, HIV/AIDS infusion teachers were less likely to be adequately trained, and would not cover necessary topics. Many preferred to focus on the science and biological aspects and missed out on the more sensitive issues such as prevention. In general, they also spent less time on the subject and failed to utilize available resources and methodological teaching skills. Gachuhi (1999) analyses HIV/AIDS education in countries in sub-Saharan Africa and makes a case against infusing and integration preferring curricula where HIV/AIDS and other skills based subjects are taught as individually.

Research has shown that HIV/AIDS education, as well as other skills based programmes which have aspects of sexuality have had various challenges. Boler et al. (2003) found that in both India and Kenya, though teachers played a major role in giving young people information on HIV/AIDS and sexuality they were constrained by social and cultural factors. The result of this is that teachers resulted to 'selective' teaching where they restricted teaching only the biological aspects and left out those that have to do with sex and relationships. Experiences by the Centre for British Teachers (CfBT, 2005) in Nyanza province, Kenya which was set to test the impact of teaching HIV/AIDS education in the upper primary school classes between 2000-2003 reveal that even though both teachers and pupils responded positively to this programme, teachers still had difficulties discussing issues such as condoms, even after training. Pupils also reported that they were aware their teachers were having difficulties teaching them, as some were giving contradictory information. The recommendation is that teacher training on issues of sexuality should look at the context within which the teachers teach and give them support with regard to this (Maticka-Tyndale et al., 2004).

Visser (2005) on an evaluation in South Africa on the implementation of life skills and HIV/AIDS education found that the programme failed because of teachers' non-commitment, poor teacher-pupil relationships, negative attitudes of teacher about teaching 'sex' as well as the understanding by the teachers that their role was to impart knowledge and not get emotionally involved with the learners. In their conclusion, Tijuana et al. (2004) offer that an effective

sexuality education training for teacher's has to first have an impact on the teachers before they gain the confidence needed to teach topics they consider sensitive and controversial.

At the Association for the Development in Education in Africa Bi-Annual meeting (ADEA, 2001) which, had the goal of finding which approaches to the teaching of HIV/AIDS education was the more effective, different Ministries of Education in sub-Saharan Africa reported that education systems were paying more attention to developing student training curricula as opposed to the training of teachers to use the curricula which was a recipe for failure. The report recommends the need for policies and programmes to impart requisite skills so that teachers may feel confident to teach about HIV/AIDS and issues of sexuality. The curricula should also be sensitive to socio-cultural settings that the teachers are going to work in.

Conclusions

- The WHO definition of sexual health, which describes it as encompassing more than the bio-medical aspects of human health; '…not just the absence of disease, dysfunction or infirmity' requires that all the other aspects of sexuality are addressed to all groups where sexuality education is offered. Teachers are already beneficiaries of other forms of education where partial topics in human sexuality are covered. As a sexual right, teacher trainees have the legal right to comprehensive sexuality education.

- Sexuality has been described by the WHO as '…influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.' In a changing social environment, teachers need a source of knowledge for sexuality and its influences so that they can better understand it. Teacher comfort levels with topics in sexuality determine their willingness to teach the very topics.

- Teacher trainees are young adults, majority who are women and who will work in rural areas upon graduation, as most of the schools are located there. National HIV sentinel studies have shown HIV prevalence to be higher among rural dwellers, women and young people; categories where teacher trainees fall.

- Teacher trainees are in training as professionals who will work with youth in their pre-puberty years. With data showing that majority of youth in Kenya only attend school in their early years before dropping off (especially girls); adequate training for teacher trainees is necessary as this may be the only brush with formal sexuality education for many youth in need of it in years to come.

- Though not supported by empirical evidence, the argument that giving young people formal sexuality education may lead to increased sexual behaviour should not be logically used on teacher trainees, as they are more mature young adults. Teachers instead need to have profound knowledge on matters of sexuality so as to be able to guide young people that they interact with in the course of their profession from an informed point.

- The data on high teacher deaths due to HIV/AIDS shows that there is need to employ methods of changing teacher's sexual behaviour. In Kenya, a country where the ratio of teacher to pupil is 1:43 according to UNESCO; teachers' ill-health leading to absenteeism or death makes the teacher unavailable to their pupil's hence the quality of education is compromised.

- Subjects covering topics in HIV and reproductive health education have been embraced in the primary school curriculum. However, there is evidence that teachers are not able to go beyond cultural taboos of sexuality and teach these topics effectively. This has led to failure of such programmes sometimes simply because teachers have their own biases with regard to teaching sexuality and in some cases add their own values and attitudes when doing so. The success of school based HIV, life skills and reproductive health education is likely to be realized if teachers receive sexuality education.

- The current Kenya primary teacher education syllabus has infused and integrated with selected topics from the field of sexuality, mainly HIV/AIDS and reproductive health which do not comprehensively cover all the necessary themes in sexuality. The responsibility of teaching infused and integrated sexuality messages profession to teachers who have no such training means that the issues may not to be handled competently; and there's the likelihood that they receive less attention. There's need for specialized training on sexuality in teacher training colleges.

- The abolition of corporal punishment by the Government of Kenya offers guidance and counseling as an alternative.

- Teachers give counseling to young people on sexuality issues. It is necessary that teachers be informed on what would constitute sexual abuse to their pupils and how to help young people identify and report sexual abuse.

- As gatekeepers of knowledge, teachers need knowledge to protect young people from aspects of sexual exploitation, abuse, early marriages, forced sex and female genital mutilation, which are all sexual risks that youth in Kenya face. Today, we are bombarded by many sexual choices and issues. Teachers need to be in a position to offer proper guidance on sexuality matters to their pupils and from a knowledgeable point.

Notes

1. Kenya's education system follows the 8-4-4 system.
2. Primary school is basic education, which lasts for 8 years within the first section of the education system.
3. Upon completion of primary school, those who qualify, enter secondary school for another 4 years.
4. After secondary school, one can either join university for the next 4 years or any other tertiary institution.
5. Teacher trainee is a student at a teacher training college
6. Tutor is a professionally trained lecturer at a teacher training college.
7. Teacher training college is a tertiary learning institution, which trains professional teachers to teach in primary schools
8. Primary teacher education syllabus is the curriculum offered at teacher training colleges

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Appendix

The logo below represents support for the formal inclusion of sexuality education in teacher training colleges in Kenya.